Black Country Housing Group Limited

# Black Country Care – Supported Living and Home Care

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

| | |
|---|---|
| Is the service safe? | Good |
| Is the service effective? | Good |
| Is the service caring? | Good |
| Is the service responsive? | Good |
| Is the service well-led? | Good |

# Summary of findings

## Overall summary

This announced inspection took place on 7 September 2016 with phone calls made to people using the service and their relatives on 8 September 2016. The provider had a short amount of notice that an inspection would take place so we could ensure staff would be available to answer any questions we had and provide the information that we needed. This was the first time we had inspected the service.

Black Country Care are registered to deliver personal care. They provide support to older people living in their own homes. At the time of our inspection 120 people were accessing this care through the provider. The service also provides a supported living service, where people hold their own tenancy and staff support them within the property. 17 people were using this service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.'

Staff supported people in a way that made them feel safe. Staff understood the procedures they should follow if they witnessed or suspected that a person was being abused or harmed. Criminal records checks were undertaken before staff were able to begin their role. People were supported to take their medication at the appropriate times. People received the support they needed and were satisfied with the timings of calls. Staff had a detailed knowledge of the risks posed to people and acknowledged people's risk assessments.

Staff had the skills and knowledge required to support people effectively. Staff received a detailed induction prior to them working for the service and they felt prepared to do their job. Staff could access on-going comprehensive training and regular supervision to assist them in their role. Staff knew how to support people in line with the Mental Capacity Act and gained their consent before assisting or supporting them. Staff assisted people to access food and drink and encouraged people to eat healthily. Staff knew who to contact to support people's healthcare needs.

People were involved in making their own decisions about their care and their own specific needs. People felt listened to, had the information they needed and were consulted about their care. Staff provided dignified and respect to people. People were encouraged to retain a high level of independence with staff there ready to support them if they needed help.

People's preferences for how they wished to receive support were known and always considered by the care staff. Staff understood people's needs and provided specific care that met their preferences. Staff considered how people's diverse needs should be met. People knew how to raise complaints or concerns and felt that they would be listened to and the appropriate action would be taken. The provider requested feedback from people using the service and staff and acted upon information received.

People were happy with the service they received and felt the service was led in an appropriate way. Staff were well supported in their roles with a clear management structure. Staff felt that their views or opinions were listened to. Quality assurance audits were carried out to look for patterns and trends that may impact upon how the service is delivered.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good

The service was safe.

Staff supported people to keep them safe.

Detailed risk assessments were in place

People were supported to take their medication safely, at the appropriate times.

### Is the service effective?

Good

The service was effective.

Staff were provided with an induction before working for the service, ongoing supervision and support.

Staff knew how to support people in line with the Mental Capacity Act and gained their consent before assisting or supporting them.

Staff assisted people to access food and drink.

### Is the service caring?

Good

The service was caring.

People felt that staff were kind and caring towards them.

People were involved in making decisions about their care and how it was to be delivered.

Staff maintained people's dignity and provided respectful care.

### Is the service responsive?

Good

The service was responsive.

Staff were knowledgeable about people's needs.

Staff considered people's preferences when carrying out care.

People knew how to raise complaints or concerns and felt that they would be listened to and the appropriate action would be taken.

## Is the service well-led?

Good

The service was well-led.

People were happy with the service they received and felt the service was well led.

Staff spoke of the openness and visibility of the registered manager and senior staff team.

Quality assurance audits were carried out and used to shape how the service developed.

# Black Country Care – Supported Living and Home Care

**Detailed findings**

## Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This announced inspection took place on 7 September with phone calls made to people using the service and relatives on 8 September 2016. The inspection was announced to ensure staff would be available to answer any questions we had or provide information that we needed. The inspection was carried out by one inspector.

We reviewed the information we held about the service including notifications of incidents that the provider had sent us. Notifications are reports that the provider is required to send to us to inform us about incidents that have happened at the service, such as accidents or a serious injury.

We liaised with the local authority commissioning team to identify areas we may wish to focus upon in the planning of this inspection. The team are responsible for monitoring services that provide care to people.

We spoke with ten people who used the service and three relatives, four care staff, two senior managers and the registered manager. We reviewed a range of records about people's care and how the service was managed. This included looking closely at the care provided to seven people by reviewing their care records, we reviewed three staff recruitment records and five medication records. We also looked at records that related to the management and quality assurance of the service, such as staff training, rotas and audits.

Good

# Is the service safe?

## Our findings

People were positive about the care they received from staff. One person told us, "I am happy with how they [staff] care for me safely". A second person told us, "They [staff] keep me safe when they get me up in the mornings". A relative shared with us, "My [relative] trusts them [staff] to keep her safe and she doesn't trust many people at all". A staff member told us, "People are kept safe, rotas are completed, so we know where we should be and nobody goes without care". A second staff member said, "Spot checks are carried out on personal care and people's welfare, consent and dignity. If staff don't meet requirements then retraining is given. I also think that our risk assessments are more than adequate".

Staff were able to describe to us any possible signs or symptoms that may indicate someone was experiencing abuse. One staff member said, "I know people's behaviour very well, so I would look for any changes in that, such as becoming withdrawn or fearful. People may also have bruises or marks on their body". Staff were aware of the process to take should they have any safeguarding concerns and a staff member said, "If there are any safeguarding worries staff let senior managers know and they [managers] then contact the local authority". A second staff member told us, "Safeguarding meetings with the local authority take place if required". We reviewed records in relation to safeguarding and found that referrals had been made where necessary to the appropriate external agencies. Staff also told us that they had received training in safeguarding and this was updated as needed. Staff told us that should they have any concerns that were not dealt with effectively by management they would have no hesitation to whistle blow and to contact the relevant people outside of the organisation.

A staff member told us, "We try to reduce any incidents by maintaining a safe environment and learning how to keep people safe. This includes making sure that the person's home was secure when we leave. Reminding people to be careful with electrical items and things plugged into plug sockets and supporting people in the kitchen if they want to use sharp implements and have difficulty". We reviewed the records the provider kept in relation to incident and accidents that occurred within the service and found that they were appropriately recorded and enabled staff to take learning on board.

We found that risk assessments were in place to keep people safe. Risk assessments covered areas such as risk from medical issues, personal hygiene, falls, skin viability and lack of awareness of danger. The risk assessment looked at the control measure in place, action required to reduce the risk and action to be taken with a target date. We saw that assessments were completed as required and reviewed regularly. A staff member told us, "Risk assessments are in place and we inform people of risk posed to them, but ultimately they make their own choice what they want to do, as it's their own home and we can only support them and minimise risk, by providing safe care".

A behaviour support plan had been implemented to keep people and staff safe and one staff member told us, "We are clear on how to react to people's behaviour, so not to cause any upset and to keep them safe". We saw that the plan guided staff to use the personal care methods of the persons choosing, to follow the person's likes and dislikes and to stay calm at all times. Guidance was also available for staff regarding how medical issues may affect people's behaviour and in the event of recurrent urine infections staff were

advised to note this and contact the person's family or in the case of supported living the person's GP. Staff told us that they found this information useful and that it assisted them in their role.

People told us that there was consistency of staff that supported them and that they had not experienced any significant delays in receiving their care. "One person told us, "They never miss a call". Another person said, "They arrive on time and I know them very well". There were some slight concerns over cover staff not knowing people's specific needs in the manner that they were used to, but people stated that they understood that this could not be helped and felt that staff had some knowledge of their needs? A Staff member told us, "There are sufficient staff and if there is illness within the team then care co-ordinators provide cover as they know people better than agency staff would, so it's not quite so unfamiliar for people if staff are away". Staff we spoke with felt that they were given adequate time to provide care to people. Where people lived in supported living they were very satisfied with the amount of staff available to them and how they were cared for.

Within supported living people's finances were kept safe by staff, if this was required. Staff told us that people's incomings and outgoings were recorded as the money was used. In order to withdraw money from people's accounts, signatures were required from up to two senior staff members and a manager.

We looked at three recruitment files and saw that not all staff members had provided a full work history. Upon speaking with a member of staff in the human resources department we were told that the company only requested a ten year employment history from new staff. We spoke with a senior manager who told us that the organisation would ensure that in future a full work history would be requested from potential employees. Staff told us that prior to commencing in their role they had been requested to provide references, identification and to undertake a Disclosure and Barring Service (DBS) check. The DBS check would show if a prospective staff member had a criminal record or had been barred from working with adults due to abuse or other concerns.

Where people received support to take their medicine they told us that this was in a safe way and at the appropriate times. One person said, "I take the tablet myself, but they get it ready and give it to me and it's always on time". Relatives were happy with how the care staff supported their loved one to receive their medicine and one relative told us, "[Person's name] always takes their medicine for the staff, because they are really patient with them". A staff member told us, "Staff only give medicine if they have been trained. We are observed administering meds every six months and if there is a problem then staff are retrained". We saw that medicines in tablet and liquid form were correctly signed for on Medicine Administration Records (MAR) as they were administered. However we found that where people had creams applied by staff recording was not as comprehensive. We found numerous gaps in recording and where some creams were "taken as required" this was not stated on the record. Records showed that the forms used to record what cream had been applied didn't state what the cream was and instead used the wording, 'prescribed cream'. We spoke with the senior manager who acknowledged these omissions and said that it would be raised as soon as possible with staff who give medicines. Records showed that where medicines in tablet and liquid form were given on an "as required" basis a protocol was in place to inform staff what the medicine was for and what dosage to give.

Good

# Is the service effective?

## Our findings

People told us that the staff had the skills and knowledge required to support them effectively. One person told us, "The staff are great, ever so knowledgeable". A relative told us, "The staff understand my [relative's] needs very well. It has been a learning curve for us and the staff, but they treat [person's name] as an individual and have learnt what they need to do to provide the right support". We saw staff training records and staff told us about the level of training that they had completed. One staff member said, "The training is very good, I have asked for specific training in end of life care and I received it". All of the staff that we spoke with felt that the level of training provided to them was of a high level and assisted them in their role.

Records showed that staff had received a detailed induction period with one staff member saying, "My induction lasted for two weeks. In that time I shadowed other staff. I also learnt about the company, its values and the people we support". We were told by staff that they received supervision around every 3 months, but that they could have discussions with senior managers whenever they required. Appraisals were carried out annually and staff told us that these were used as an opportunity to review the previous years practice and set aims and goals for the coming year.

The Mental Capacity Act 2005 [MCA] provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

Staff told us that they had received training on the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards [DoLS] and they were able to discuss with us their understanding. One staff member said, "We have to assume a person has capacity unless it is proved otherwise. You can't deprive people of their liberty just because you feel like it, there has to be reasons and agreements behind the decision". We saw that capacity assessments had been carried out where required and that there was a specific checklist for staff to assess a person's level of capacity. Where best interests meetings had been held records of decisions made were kept.

People told us that staff asked for consent prior to carrying out tasks. One person told us, "They [staff] always ask for my consent". A relative shared with us, "Staff have a client profile to refer to, so they know what the person can consent to. My relative will let them know if they don't want something doing and staff always accept that". A staff member told us, "I always ask people before helping them, it is the right thing to do". Records showed that throughout people's care plans there was guidance for staff reminding them to gain people's consent and there was a specific process for them to follow to ensure that people had the opportunity to refuse care.

People told us that staff assisted them to make sure that they ate and drank regularly. One person said, "They help with my food and leave drinks out for me". A relative told us, "We are happy that [person's name]

eats properly". A staff member told us, "We encourage people to make nutritious choices, but can only do so much with what people have available at home. Drinks are left out for people and our managers text staff to remind them to leave drinks out for people especially when it is hot weather. We leave notes out telling people to have a drink, we update notes throughout the day, so it's not just the same note left in the same place". A second staff member said, "In the supported living environment people eat well and we plan menus with them. We can't make decisions for people, but we share our knowledge and the dietician has been out to see people". We saw that where food and fluid intake forms were required these had been completed.

Where people remained in their own homes they told us that they felt staff would know what to do if they were taken ill. One person said, "If I was poorly they would call the doctor and they have done this before". A relative told us, "Staff send me a message if my [relative] is unwell". A staff member told us, "We can pick up on illnesses and changes in people and can see if people aren't their usual self. The continuity of the carer means that we know people well".

Where people lived within supported living we were told that staff ensured that people's on-going health needs were maintained. People told us that they saw their doctor if they needed to. One relative told us, "Whatever [person's name] needs medically they [staff] help with". Records showed that correspondence related to medical appointments were retained within people's files and that a hospital passport was available detailing important information about the person, such as allergies, eating and drinking needs, communication and level of support required. We saw that people has been assessed to ensure that their medicine remained appropriate and that they had signed a consent to medicine form. People also saw their dentist or optician regularly.

Good

# Is the service caring?

## Our findings

People told us that they felt that staff were kind and caring. One person said, "They are friendly and jolly staff". A second person told us, "I know the staff well, they are kind and caring stop for a chat with me". A relative told us, "[Relative] is happy, so I am too". A staff member told us, "Staff are caring and compassionate and we know people well. We use the 'mom test' and think how would we like our mom to be cared for?"

People told us they felt listened to and one person said, "What I say matters". A relative told us, "Before [person's name] started to use the service, the staff came out to see us to listen to the care we wanted and to make sure they could provide it". Records showed that care plans had asked questions, such as, the name the person wished to be addressed by. Their background and beliefs and who they wished to be cared for by. People told us that their opinions were used to plan the care they received.

People shared with us that they were offered choices by staff and that they were encouraged to make their own decisions. One person told us, "I make my own decisions, such as what I want to wear, when I get up, what to eat, but the staff offer guidance sometimes and I am always grateful to take it". A relative told us, "The staff don't talk over [person's name] they talk to them and ask them for their views". A staff member told us, "We always give people a choice and encourage them to make their own decisions".

People told us that they were encouraged to be independent. One person told us, "I do what I can around the house, they [staff] just do what I cannot do". A relative of a person within the supported living scheme told us, "[Person's name] loves to be independent and has their own life now. [Person's name] wants me to visit once a week as they have such a social life with the staff". A staff member told us, "I love to see the re-ablement of people. It sees our calls reduced when people don't need us anymore, but that is a good thing, it's about care not money".

People told us that they were treated with dignity and respect and one person told us, "They [staff] care about covering me up when helping me to have a wash". A second person told us, "Staff are very respectful". A staff member told us, "Privacy and dignity is important. I keep doors shut and close curtains when providing personal care and knock on doors before entering".

Staff were aware that if a person required the services of an advocate to get their wishes and views heard, that could be accessed through a senior manager. We saw records that showed how people within the supported living environment were referred to a local advocacy service when in need of assistance. Examples we saw of this included where people required assistance regarding tenancy agreements.

Good

# Is the service responsive?

## Our findings

People told us that they had been involved in discussions to develop their care plans. One person told us, "Staff asked what I wanted in my care and this is what I have received". A relative told us, "The care plan was started from before day one. The staff worked with us to plan ahead". We saw that the care plan discussed the care that people required, this included assisting people with personal care, maintaining hygiene, assisting with mobility and giving food and drinks and medicines. We found that care plans were reviewed and updated in a timely manner. Staff were able to discuss with us people's care needs and they were able to relate the care that they provided to the content of the care plan.

Preferences were considered within the care plan and people's likes and dislikes were noted. One person told us, "They asked if I was happy with a man or woman caring for me". Cultural and religious preferences were noted and people told us that these were acknowledged. One person gave an example by saying, "They [staff] asked what my preferred language was". A relative told us, "The staff put on cultural evenings, which reflect people's background and this can involve food and music" (within supported living).

People told us they knew what action to take if they wanted to raise a concern or a complaint. One person told us, "If I had concerns I would speak to staff and tell my family. I know that between everybody it would be sorted out". A relative told us, "If I have a complaint I tell the care staff. They address it if they can or hand it over to a senior manager and this always gets sorted, I am always listened to". We saw that a complaints policy had been put in place by the provider. Any complaints were recorded and responded to with an investigation and then a written reply to the complainant. People told us that they had received a complaints policy and felt that any concerns they had would be acknowledged and dealt with effectively. Where any complaints had led to disciplinary measures being put in place for staff, this had been carried out appropriately.

We found that feedback was requested from people who used the service, their relatives and staff members. When looking at the most recent survey results for domiciliary care we saw that 21 responses had been received, these were largely positive, with a small amount only raising slight concerns. Within supported living three responses were received, which were all positive. Analysis of the results were provided to people in graph form presented within a booklet. Surveys for people using the service were provided in pictorial form. We saw that the staff engagement survey questioned staff on their satisfaction at being employed within the service. Specific questions were asked including how would staff like to see certain issues dealt with. Staff told us that senior managers acted on information that they received.

Good

# Is the service well-led?

## Our findings

People told us they were happy with the service they received. One person told us, "This is a really good service, it couldn't be better". A second person told us, "This service ticks all the boxes". A relative shared with us, "I am very happy with the care, this is the best thing that has ever happened to [person's name]". Staff felt positive about working within the service and one staff member said, "This is a great place to work. It is a team effort and it wouldn't work if it wasn't, everybody holds it together".

People and staff spoke about how well the service was led and managed. One person told us, "This organisation is very well led". A relative told us, "I work within care and I can see how inferior other care providers are in comparison to this one". A staff member told us, "This place is well led. We are a good team with a good rapport between everybody". A second staff member said, "Black country housing is the best company I have ever worked for".

People told us that they felt able to speak with managers and that their concerns would be acknowledged. One person said, "I would speak to any staff or the manager, they are so understanding". Staff we spoke with told us they understood the clear lines of management and that they knew who to approach with any concerns. One staff member told us, "The manager is very visible and is always available". Staff told us that team meetings took place every six months. Staff added that they were "always kept in the loop" regarding any planned changes to the service and that they were given an opportunity to put forward their own thoughts and ideas for the service.

People told us that they felt listened to. One person said, "I can give my opinion and they [staff] listen". A relative told us, "They [staff] wanted to know all about [relative] before she moved in [supported living] to tailor the care she would receive. They [staff] listened to me, but before they would make an opinion on her needs they made sure that they knew her first hand and not just how I described her".

A whistle blower is a person who tells someone in authority about wrong-doing they witness. Staff told us that they felt supported to whistle blow. They told us that should they witness any practice carried out by colleagues that they felt was unacceptable and didn't feel confident that it would be dealt with by management they would contact CQC and the appropriate external agencies.

We found that in addition to regular staff meetings, people in supported living were able to attend tenants meetings, which were held monthly. Questionnaires were given out prior to the meeting in pictorial form and people's responses formed the agenda for the meeting. Where there were concerns about people using the service we found that 'welfare meetings' discussed the specific issues and put forward plans on what actions should be taken.

The provider showed us evidence of how they monitored the quality and safety of the service. Audits undertaken included those on health and safety, fire tests, customer involvement, supervision and staffing, finance, equality and diversity, care plans and risk assessments. We found overall that their systems were effective, however our medicine audit raised the issue of the occasional omission of the recording of staff

signatures when topical creams were administered. This had already been raised by an external audit and senior staff member told us that staff were being reminded about the importance of recording in their supervisions. We saw that regular observations were taken on staff administering medicines and no concerns had been raised about how medicines were given.

We found that notifications of incidents were sent to us as required, which enabled us to see how staff responded to incidents or concerns.