

Black Country Housing Group Limited

Black Country Care - Supported Living and Home Care

Inspection report

134 High Street
Rowley Regis
West Midlands
B65 0EE

Tel: 01215611969
Website: www.bcha.co.uk

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service: Black Country Care - Supported Living and Home Care provides care and support to people living in a 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. At the time of our inspection they were supporting 17 people who have a learning disability who received the regulated activity of personal care.

Enforcement: At this inspection we found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have told the registered provider to take at the back of the full version of the report.

People's experience of using this service:

People were not always kept safe because risks were not always assessed, monitored or mitigated. We received mixed views on staffing levels. People's medicines were not consistently managed well. Accidents and incidents were not being consistently investigated and followed up. Where lessons could be learned to improve the service and make the care people received safer; these were not always identified and addressed. Staff described how they would keep people protected from potential harm and knew how to report allegations of poor practice

People received care and support from staff who had not always completed key and specialist training to meet people's individual needs. People told us that staff sought their permission before providing care and support. However, we identified that the registered provider had not consistently understood their obligations under the Mental Capacity Act (2005). People told us they enjoyed their meals and they chose what they preferred. People were supported to meet their health care needs, when necessary.

People were supported by kind and caring staff that knew them well. Staff protected people's privacy and dignity when supporting people. People were supported to be as independent as possible.

People's care plans were person centred and staff told us they worked hard to ensure people were supported as individuals. People and their relatives knew who to contact if they had any complaints.

The provider had some systems in place to enable them to assess and monitor the quality of the service provided, but these systems were not being used effectively to manage all aspects of the service. The quality monitoring and assurance processes were not effective in ensuring that the risks to people's health and safety were appropriately assessed, monitored and mitigated.

Rating at last inspection: The service was rated Good overall. Our last report was published on 22 October 2016.

Why we inspected: This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

Requires Improvement ●

Black Country Care - Supported Living and Home Care

Detailed findings

Background to this inspection

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

Inspection team: The inspection was carried out by one inspector and one assistant inspector.

Service and service type: Black Country Care - Supported Living and Home Care provides care and support to people living with learning disabilities in four separate 'supported living' settings so that they can live as independently as possible.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: We gave the service 48 hours' notice of the inspection visit because it is small, and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. The provider was registered to deliver the regulated activity of personal care from 134 High Street, Rowley Regis B65 0EE. At the providers request, we visited an office location at 145, High Street, B65 0EE on 29 May 2019. Prior to the inspection the address change has been updated on the providers registration certificate.

What we did: When planning our inspection, we looked at the information we held about the service. This included notifications received from the provider about deaths, safeguarding alerts and serious injuries,

which they are required to send us by law. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We also asked stakeholders, such as the local authority safeguarding team and commissioners, for their views of the service.

During our inspection visit to the office, we met and spoke with four people who used the service who had come into the office to speak with us about their experience of care and support. In addition, we spoke with the Head of Care, the registered manager and four support workers. Following our inspection, we spoke with three support workers and five relatives of people who used the service. We used this information to form part of our judgements.

During our inspection visit to the office, we looked at five people's care records to see how their care and treatment was planned and delivered. Other records we looked at included four recruitment files to check suitable staff members were recruited and received appropriate training. We also sampled records relating to the provider's oversight of the quality and safety of the service.

Details are in the 'Key Questions' below.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations have not been met.

- At our last inspection in September 2016 we rated this key question as, 'Good'. However, we found the registered provider had not maintained this standard. We have now judged this key question as 'Requires Improvement' and the provider is in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

Assessing risk, safety monitoring and management; Using medicines safely

- We found examples where risks to people had not been documented as assessed or where they had been assessed, plans to mitigate the risks contained insufficient guidance to ensure people's safety. This included risks associated with sheath care, stoma care, catheter care, nutritional needs and moving and handling. A member of staff told us, "I've not had training on stoma care. I'm able to do this but have just learned from other girls [staff]." Records we reviewed confirmed this.
- Two people needed lap belts and bedrails to keep them safe. There was no risk assessment in place regarding how to manage the risk.
- One person's care plan identified they needed enough to drink to help prevent their known risk of developing water infections. The person's fluid intake was not calculated daily to ensure they had enough to drink to stay well. A staff member told us they did not know if this person had enough to drink on a daily basis.
- We found medicines were not always managed safely. We saw examples where topical creams had not been listed along with instructions for staff to know how and where they were to be used. In addition, this had been identified in the provider's external medicine audit in January 2019 but not addressed.
- One person had been assessed as being at risk of pressure sores. However, their Medication Administration Records (MARs) identified that their prescribed daily pressure care treatment had been out of stock for ten days. This put the person at risk of developing pressure sores.
- Another person had taken their PRN 'as and when' medication every day and for some days on more than one occasion, for six consecutive days. Daily records we looked at identified the PRN medicine was used to manage the person's behavioural needs and we could not determine that other ways to reduce the person's anxieties had been considered.
- We had to bring the above oversights to the provider's attention because they had not been identified. We prompted for these issues to be addressed immediately to ensure people's safety. We received information following our inspection to demonstrate how these concerns had been mitigated.

Failure to provide care and treatment in a safe way and do all that is reasonably practicable to mitigate risks to people, including medicines is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Possible risks associated with people's management of money, identified in December 2018, had not been robustly addressed and mitigated. This did not help protect people from financial abuse. The Head of Care sent us information following our inspection to demonstrate the control measures which had been put into place to reduce risks.

- The provider investigated safeguarding matters, accidents, incidents and complaints. However, this was done on an individual basis. There was a risk patterns and trends would be missed as there was no overview analysis of all safeguarding matters, accidents, incidents or complaints.

- People told us they felt safe. One person said, "I feel safe at my home." Another person told us, "If I was scared I would tell [name of staff]."

- Staff confirmed they had received safeguarding training and were aware of their responsibilities to report and act on any concerns they had. Staff knew how to spot the potential signs of abuse.

- The registered manager knew about their responsibilities to protect people from the risk of abuse. They had notified us when they made a referral to the Local Safeguarding Authority.

Staffing and recruitment

- Most of the staff we spoke with told us there was not enough staff available, especially at weekends.

- Relatives we spoke with did not raise any concerns regarding staffing levels. One relative told us, "There is always staff available when I visit."

- The registered manager advised us they were recruiting new staff to fill the current vacancies. Staff rotas we looked during our inspection met the providers recommendations for staffing levels.

- Staff had been recruited safely. All pre-employment checks had been carried out including Disclosure and Barring Service (DBS) checks.

Preventing and controlling infection

- Staff told us they followed infection prevention and control procedures to protect people from infection. A staff member said, "We have plenty of gloves and aprons."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations have been met.

- At our last inspection in September 2016 we rated this key question as, 'Good'. However, we found the registered provider had not maintained this standard. We have now judged this key question as 'Requires Improvement'.

Staff support: induction, training, skills and experience

- People were not supported by staff who had ongoing training.
- At the time of inspection, we identified significant gaps in training associated with complex health conditions. For example, Percutaneous endoscopic gastronomy (PEG), stoma care, and catheter care. One person required staff to support them with their Percutaneous endoscopic gastronomy (PEG). Some staff had not received training or competency assessments to ensure tasks associated with PEG care were undertaken safely. A member of staff told us that they had not received training and said, "I could do with some proper training around the use of PEG's."
- In addition, staff told us they had not received training in how to support people who are presenting with behaviours that are challenging. Other staff had not received any specialist training around supported people with a learning disability. Records we reviewed confirmed this. This meant people were being supported by staff who had not received appropriate training to support them with their individual needs.
- We prompted the provider to take remedial action and they demonstrated this was underway after our inspection.
- New staff received induction training to the service which included the Care Certificate. The Care Certificate is the nationally recognised benchmark set as the induction standard for staff working in care settings.
- Staff we spoke with told us they received regular supervision and felt supported by their team leaders. A member of staff told us, "[name of team leader] really listens and is approachable."

Ensuring consent to care and treatment in line with law and guidance

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.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- One person told us, "[name of staff] asks me what I want to wear." Staff ensured people were involved in

decisions about their care; and knew what they needed to do to make sure decisions were taken in people's best interests. A member of staff told us, "We don't assume [people] don't have capacity or can't make decisions."

- In some of the care records we reviewed we saw some people had signed tenancy agreements although they had been assessed as lacking capacity. CQC does not regulate premises used for supported living, however, we identified this potentially exposed people to not having their legal rights protected. We had to prompt the provider to address these concerns although their own internal audits had identified these oversights as early as December 2018.
- We identified that some relatives had given consent on their relations behalf. Records did not demonstrate, and the registered provider was not aware if the relative had the relevant powers to make these types of decisions on behalf of their relative. No proof had been correlated to ensure this was the case. This meant that the provider had not reassured themselves that they were seeking clarity and confirmation of people's care needs correctly from people's relatives, allowing them to make decisions about care.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. The authorisation procedures for this within the community, such as in people's own homes falls under the court of protection and is called Deprivation of Liberty Safeguards (DoLS).

- The provider had followed the correct process of notifying the local authority so that appropriate applications could be made to the Court of Protection.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- There had been no new referrals to the service since our last inspection. However, we saw that an assessment tool was in place which included assessing people's physical, mental, social and cultural needs.
- Staff had a good understanding of people's needs and spoke knowledgeably about their preferences.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink enough and maintain a healthy diet. All the people we spoke with told us which foods they enjoyed. One person said, "I love Chinese food." Records we looked at confirmed people had their preferred meal choices.
- Staff we spoke with described how important it was to involve people in choices about the food they wanted.
- Care plans listed people's likes and dislikes in relation to food and drink and any specific dietary, cultural or religious requirements.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- We saw details of healthcare involvement and advice documented in people's care files. This supported staff to understand any changes of need.
- A relative said, "Communication is excellent, [name of staff] always goes with [name of person] to hospital appointments and lets me know what's happened."
- When people needed referring to other health care professionals such as GP's, occupational therapists, speech and language therapists or district nurses, staff understood their responsibility to ensure they passed the information onto the relevant professionals.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- All people we spoke with told us they were treated with kindness and we observed people had positive and warm relationships with the staff who supported them. One person told us, "[name of staff] is lovely, we do fun things." A relative said, "Staff are very caring and attentive."
- Staff explained people's individual needs and preferences and the things they knew that made people feel reassured and happy. A member of staff said, "We spend 1-1 time with people and know what they enjoy in life."

Supporting people to express their views and be involved in making decisions about their care

- People were supported to make choices about their care. We saw people being asked about their day and what they wanted to do. One person said, "I go to bed when I want to, and I like to watch football." A relative told us, "[name of relative] has a good life; they are always out doing the things they enjoy the most."
- People had been asked about how they wanted to be supported. Staff knew people's expressed preferences and acted on this information to help promote positive outcomes.
- Staff understood how people communicated and this meant people were involved in making everyday decisions and choices about how they lived their lives.
- People's relatives were involved in decisions about people's care, where this was appropriate. One relative told us, "I attend all [name of relative] reviews with the staff."

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us staff respected people's privacy and dignity.
- Staff explained how they supported people to prepare their own meals. This helped people to develop and maintain independent living skills.
- People's confidentiality was maintained; records were kept securely in the office of the service.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received care that was responsive to their needs.
- This was supported by person-centred care plans, which gave staff vital information about the individual including their strengths, abilities and where people needed additional support to develop or maintain independent living skills.
- Staff we spoke with told us how they worked to ensure care and support they provided was person centred. One staff member said, "Give them [people] individual care, supporting them with the life that they want."
- One person's care plan identified their individual preferences and routines in a person-centred way. Daily notes we looked at confirmed staff had reflected this in practice.
- The provider was aware of the accessible information standard. This standard sets out a specific, consistent approach to meet people's communication needs. People's communication needs were met, for example information was available in different formats as required.
- People were involved in their care planning and reviews and the records were in easy-read formats where necessary to enable this.
- Through talking to staff and reviewing people's care records, we were satisfied care and support was delivered in a non-discriminatory way. The rights of people with a protected characteristic were respected. A member of staff told us, "We have to treat people fairly and not the same, as we are all different. People have different race, disabilities and sexual preferences."
- People were supported to participate in a wide range of hobbies, interests and new experiences which reflected their interests. For example, some people had been supported to go on holidays. One person told us, "I go to a disco every week, I enjoy that." A relative said, "The staff give [name of relative] a good life."
- People were supported to develop and maintain relationships with their families. One person told us, "My cousin visits me, and I like that."

Improving care quality in response to complaints or concerns

- All the relatives we spoke with told us they knew who to complain to and felt confident any concerns would be listened to and acted upon. One relative said, "Any complaints I would go straight to [name of team leader]."
- Most complaint records we saw had been appropriately logged and recorded. Records demonstrated investigations and learning had taken place, and a response was given to the complainant. However, the provider did not keep an overview to identify any patterns and trends and how lessons had been learnt.

End of life care and support

- There was no-one at the end of their life at the time of this inspection. We saw care plans contained some

information in relation to people's individual wishes regarding their end of life care.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may not have been met.

- At our last inspection in September 2016 we rated this key question as, 'Good'. However, we found the registered provider had not maintained this standard. We have now judged this key question as 'Requires Improvement' and the provider is in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Systems in place were not effective to consistently assess, monitor or mitigate the risks relating to the health, safety and welfare of people using the service.
- We looked at how the registered manager monitored the service for patterns and trends in the event of any accident, incident or safeguarding concerns. Although information in relation to these types of incidents were recorded, there were no robust and effective systems in place to identify if there were any changes in people's needs. The registered manager and provider did not maintain oversight of such incidents, and take appropriate action, evaluate and use lessons learnt to reduce the likelihood of re-occurrence.
- People's medicines were not always managed safely. We found failings in the provider's quality assurance systems around medicines management to identify and act on shortfalls.
- The provider had failed to identify where staff had not completed training they had identified as key and mandatory and some had not completed training associated with complex health needs. There were no effective systems in place to check the competency of care staff to ensure they were equipped with the skills needed and were applying their learning into practice. This included assessments of staff who were undertaking clinical tasks.
- The provider's quality audit system for staff supervision and spot checks was not effective. For example, the provider's system showed some staff had not received spot checks for 12 months.
- Governance and oversight systems had failed to ensure the registered provider was working consistently in line with the principles of the Mental Capacity Act (2005).

The provider had failed to have effective systems and processes in place to assess, monitor and improve the quality and safety of the service provided to people. This is a breach of the Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager had notified Care Quality Commission (CQC) of events which had occurred in line with their legal responsibilities. They had displayed the previous CQC inspection rating as required.

- Any notifications that the registered manager and provider were obliged to make such as those alleging abuse, had been made to the CQC and local authority
- Throughout the inspection we found the management team honest, open and transparent regarding the failings of the service in line with the Duty of Candour. The Head of Care and registered manager were new in post and both demonstrated enthusiasm and commitment to making the required improvements to ensure people received safe and good quality care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People's views about the service were continually sought through daily interactions and meetings with staff, in care planning and reviews.
- Not all relatives knew who the registered manager was but felt confident to raise any concerns with the team leaders.
- Staff told us they felt supported in their role and found their team leaders helpful and approachable.
- We looked at some staff team meeting minutes and found they covered a variety of topics. Staff told us they found meetings useful and felt they worked well as a team. One member of staff said, "Great team work here."

Continuous learning and improving care

- The registered manager had developed an improvement plan to improve the quality of care provided which had included some of the shortfalls we identified. For example, the registered manager had identified there was a lack of audits in place to monitor the service and a lack of risk management. Whilst this had been identified, not all had been addressed at the time of our inspection.

Working in partnership with others

- The registered manager and care staff worked in partnership with other professionals and agencies to help meet people's needs. This included working with GPs, community health services, adult education and local social activity groups.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>A failure to ensure risks for people had been effectively assessed and plans developed to mitigate these risks, including the management of medicines. Regulation 12 (2) (a) (h)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not have robust systems in place to monitor the quality of the service.</p> <p>The provider did not have effective systems in place to assess and monitor risks relating to the health, safety and welfare of people using the service.</p> <p>Regulation 17 (1) (2)(a)(b)</p>