

Birmingham Business Associate Ltd

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Inspection report

Nechells Regeneration Centre
Nechells Park Road
Birmingham B7 5DP
Tel: 0121 328 4439
Website: www.bbacare.com

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

The inspection took place on 3 March 2015 and was announced. We gave the provider 48 hours notice that we would be visiting the service. This was because the service provides domiciliary care and we wanted to make sure staff would be available at their office. This is the provider's first inspection.

Birmingham Business Associate Limited is a domiciliary care agency registered to provide personal care to people living in their own homes. The service currently provides

care and support for nine people, most of whom are older people. The registered manager had resigned in January 2015 from the service and the provider was in the process of recruiting a replacement. In the interim, the provider was acting as a temporary manager and had also engaged the services of a private consultant, to assist with developing and managing the service in order to make improvement where needed. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

We found that suitable arrangements were not in place to ensure staff was effectively supporting people to take their prescribed medicines.

There was a recruitment process in place, however the provider had not completed robust pre-employment checks before staff had started to work with people.

People told us they felt safe and secure with staff coming into their homes.

People and relatives told us they were involved in completing risk assessments with the provider before staff came to their homes.

We were told by people and relatives, they felt the staff had the skills and knowledge to care and support people in their homes.

People were supported by staff to access other health and social care professionals when needed.

People and relatives told us that staff were caring and treated people with dignity and respect.

People and relatives told us that staff responded to people's support needs.

Effective systems were not in place to monitor and improve the quality of the service provided to people.

Birmingham Business Associate Limited was suspended from receiving any new services by the local authority in March 2015. The local authority concerns were about the resignation of the registered manager, the ineffective management practices and a number of safeguarding alerts. The provider had drawn up an improvement action plan in response to the local authority.

Summary of findings

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 consistently safe

Suitable arrangements were not in place to ensure staff were able to safely support people to take their medicines. Staff training to support people with their medicine was required.

Staff told us they had completed security checks, although the recruitment practices showed the systems were not robust.

People told us they felt safe with staff coming into their homes.

Requires improvement



Is the service effective?

The service was effective

People told us their care was consistent and met their needs and that they felt staff had the skills and knowledge to support them.

People were supported to access other health and social care professionals when needed.

Good



Is the service caring?

The service was caring

People told us the staff were caring, kind and treated them with dignity and respect.

People and relatives said they were involved in the planning of their care.

Staff supported people to maintain their independence where ever possible.

Good



Is the service responsive?

The service was not consistently responsive

There were insufficient systems in place to encourage feedback from people who used the service and relatives.

People did receive care that was centred on their individual needs.

Requires improvement



Is the service well-led?

The service was not consistently well led

The provider had some systems in place to monitor the quality of the service but these were not effective

The provider had outstanding improvements to be made within the service.

People said that the overall quality of the service they received was good.

Requires improvement



Birmingham Business Associate Limited

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 inspection took place on 3 March 2015 and was announced. The inspection was conducted by one inspector.

The provider was given 48 hours notice, because the location provides a domiciliary care service. As the service is small, the provider can often be out of the office supporting staff and we needed to ensure that someone would be in.

Before our inspection, we looked at the information we held about the service. This included information received from the provider about safeguarding alerts, which they are required to send us by law.

Prior to the inspection visit, we undertook telephone calls to three people that used the service and two relatives. During our visit, we went to the provider's main office location. We reviewed the care records of four people, to see how their care was planned and delivered. We spoke with three care staff, the provider and their private consultant. We also looked at records relating to the management of the service and some of the service's policies and procedures.

As a result of the Registered Manager's resignation and some safeguarding alerts; the local authority had suspended the provider from receiving any new services. The suspension will remain in place, until improvements have been made.

Is the service safe?

Our findings

People we spoke with told us they felt safe when staff entered their homes. One person told us, “I leave the chain off the door so they [staff] can come straight in, they are always on time.” Staff told us how they had supported a person to secure a key safe, because they were concerned about the person’s safety. A relative told us, “[Person’s name] trusts the staff; there is a key safe so when I’m not around they can let themselves in, we feel they [staff] provide a very safe service.” People and relatives told us, if they were worried or concerned about anything they would call the provider, the police or the local authority.

Staff were able to explain what signs they would look for, that would help them to recognise abuse. One staff member said, “If someone who is usually very talkative but then becomes very quiet, I would ask them what was wrong and try to help them tell me then I would go straight to the manager and report it.” We found that the provider had a safeguarding procedure in place. This supported staff to recognise different signs of abuse and help to reduce the risk of harm to people. Staff had raised safeguarding matters with the manager, where they had concerns and positive outcomes for the people were achieved.

The provider had raised a number of safeguarding alerts with the local authority. These had been fully investigated and are closed. The provider developed an action plan and reviewed its safeguarding policy. A copy of the policy was contained within people’s welcome packs, which they were given when they agreed to the service.

People and relatives we spoke with told us they had been involved in completing a risk assessment before staff undertook visits. We saw from care records that the manager and senior carer had completed risk assessments, involving the person and their relatives. The assessments included the person’s environment they lived in, their surroundings, their health condition and any other issues relating to the person. For example, one person had diabetes and there was a list of symptoms to consider, listed in the care plan, if the person was to become ill. Staff spoken with, were able to identify some of the symptoms and confirmed they would call emergency services.

People and relatives told us that care workers were consistent and they knew when they were coming to their home. A relative told us, “[Person’s name] does tend to get

the same care worker but even when it’s somebody different, which is not very often, they know what to do.” Staff we spoke with said there were currently enough staff to meet people’s needs. People told us they were allocated the same care worker which helped with the continuity of care. One staff member told us, “When I go on leave, I go through the care plan with whoever is covering for me so they know what to do.” The provider told us that current staff did not have enough hours because of the suspension. In addition, the provider told us there was also two bank staff that could be called upon in an emergency. The provider told us once the suspension was lifted and more people came onto the service, they would employ the bank staff on a more permanent basis.

People and relatives said they felt that the staff skills and knowledge met people’s needs. For example, a staff member told us new staff would be ‘matched’ with senior staff to observe their work practices before being permitted to attend to people on their own. One person said, “[Person’s name] thinks the world of [staff member], they are so patient and know exactly how to encourage them.”

We looked at staff files and saw that the recruitment process had not been vigorous. Although the staff told us they had completed pre-employment checks, the application form did not contain sufficient information from the applicants for vigorous checks to be completed. We found that the provider had applied for Disclosure Barring Service checks (DBS) for staff, however, the provider had not recorded if the checks had identified whether staff were suitable for their role or not. The local authority had raised this point with the provider and they were in the process of reviewing the staff DBS checks and ensuring staff had references. The overall recruitment process was being improved in line with the improvement action plan agreed with the local authority.

People we spoke with managed their own medicines. Although we saw from care records, there were some people that required staff to support them to take medicines. We found there was inconsistency with how people’s medicines were being recorded. The document being used to record medicine was not sufficient to ensure staff could accurately evidence people had taken their medicine. The provider was in the process of setting up a new medicine administration record (MAR) chart for staff to use. Therefore, the administrative system in place for staff to record people’s medicine in their homes was not reliable

Is the service safe?

because it could not identify whether the medicine had been taken or left for the person to take at a time of their choosing. We saw there was no evidence to show staff had

received training on how to support people with their medicines. The provider explained to us, this was identified in their action plan and would form part of the staff supervision.

Is the service effective?

Our findings

People told us they felt the care they received was consistent and that staff had the training and knowledge to meet their needs. One person said, “They [staff] look after me really well, I have no complaints.” Staff were able to explain to us about people’s needs and how they supported them. A relative told us, “I can only vouch for the care worker that comes to [person’s name] but they are absolutely marvellous, they know how to look after them”.

Staff told us they felt ‘well trained’ and that they had recently completed training in moving and handling, safeguarding and health and safety. One staff member told us, “I have to use a slide mat to move a person and the training has helped me to do this properly.” The staff we spoke with told us that staff meetings and supervision did take place. Records showed that staff had received training and supervision, with ongoing refresher training and regular one to one supervision meetings being arranged.

The provider told us there were some people that lacked mental capacity to make some decisions. The Mental Capacity Act 2005 (MCA) sets out what must be done to protect the human rights of people who may lack mental capacity to make decisions about care and medical treatment. Staff told us they had completed mental

capacity training and demonstrated a limited knowledge of Deprivation of Liberty Safeguards (DoLS). DoLS requires providers to submit applications to a ‘Supervisory Body’ for the authority to deprive someone of their liberty, in order to keep them safe. The provider had effectively identified people that lacked mental capacity and had made the appropriate referrals for assessments to be completed.

People we spoke with told us they did not require assistance from the staff with their nutritional needs. This was because they either maintained their diet themselves or their relatives supported them with their meals. However, the staff told us they did support some people with food preparation for meals. Staff told us that people would show them what they wanted to eat and staff would prepare and cook it for them. One staff member said, “I do try to encourage [person’s name] to eat more healthy because of their health condition, but they buy their own food so it can be difficult.” Staff explained to us, they would leave a drink for a person, when they had finished their call, to help keep people hydrated.

Staff told us they worked closely with other professionals for example, social workers, nurses and GPs. We saw from care records that other health and social care professionals were involved and staff understood the need to seek emergency help where people needed this.

Is the service caring?

Our findings

Everyone we spoke with were complimentary about the quality of the care and support from the staff. They told us the staff were caring and kind and that they received the help and support they needed. They said the staff were patient and treated them with respect and dignity; always sought consent and explained what they were doing, before they provided any personal care and support. One person said, “The staff do treat me with respect, they are very nice, no discrimination, they are lovely.” A relative said, “[Person’s name] really likes the care worker, if there was any problem they would say.”

People told us they were involved in the care they received from staff and that the staff listened to them. One person told us, “If I tell [staff name] what I want, they always listen to me.” We saw that people were provided with a ‘welcome pack’ which was made available in different languages. Contained within the pack were contact details for the office, the name of their care worker and other related information. A staff member told us, “I read through the entire pack for one person so they knew what was in it.” A relative said, “We were given a lot of information by social services about Birmingham Business Associate Limited and their welcome pack just backed it up.”

We saw that staff employed by the agency reflected the diversity and culture of the people they supported and the wider community in which they worked. People could be confident that staff would understand their specific requirements relating to their faith and being able to communicate in the person’s chosen language.

Staff told us they would always call somebody by their title ‘Mr or Mrs’ unless they were told otherwise by the person. One person told us, “The staff always tap on the door and call before they come into my house so they don’t startle me.” People and relatives told us that they never heard staff talk disrespectfully about another person while they were in their home. They said that staff were very discreet and they felt assured that there was ‘no gossip’ shared with other people on the service. Staff were able to give us examples of how they ensured a person’s dignity and privacy. A staff member told us, “We make sure we respect people for who they are.” A relative said, “[Person’s name] has some complex health needs, [staff name] always finds time to sit and talk to them, [person’s name] thinks the world of [staff name].”

Is the service responsive?

Our findings

People and relatives told us they had been involved in the assessment process and the decisions made about their care and support needs. They confirmed that staff arrived on time, when they were supposed to and no calls had been missed. One person told us, “[Manager’s name] came out to see me, with a copy of my plan and we went through it.” A relative told us, “[Person’s name] likes this care agency very much, never more satisfied with the care they are receiving at the moment.” Records showed that assessments were carried out and a care plan drawn up. Each of the care records we looked at had a copy of the care plan which had been reviewed within the last month.

Staff we spoke with demonstrated knowledge of the people they supported; including an understanding of their likes and dislikes. They told us that they regularly supported and cared for the same people. A relative told us, “Staff will always encourage [person’s name] to do what they can but they get tired and sometimes it’s not always possible.” A staff member told us, “We use a ‘no hands’ method and try to encourage people to do things for themselves and only help them when they ask us to.” We saw from records that people had named carers, who provided regular support to them. Staff demonstrated to us, through examples, how they supported people, by encouraging people to do as much as they can, for themselves.

People and relatives we spoke with told us they were very happy with the service they received from the provider and had no complaints. One person told us, “The service has been excellent,” and “I have the information in the papers I’ve been given about who to complain to if I wasn’t happy with anything.” The provider explained there had been one complaint. We saw this had been logged and that a satisfactory outcome had been achieved. As part of developing the service and learning from experiences, an action had been identified. The provider was currently working towards implementing the changes within the service, as a result of the complaint.

Prior to the resignation of the registered manager, some people and relatives had received telephone calls from them to ask them about the quality of the service they received. A relative told us, “I recall being asked to score the service out of five, but that was a while ago.” There is currently no system in place to gather feedback from people who use the service or their relatives. Therefore the provider is unable to use feedback to improve the level of service. We asked the provider if there were any processes in place to collate feedback about the quality of the care. We were told this was part of the ongoing development of the service and formed part of the action plan, agreed with the local authority.

Is the service well-led?

Our findings

Generally, people and relatives we spoke with were positive about the service they received from care staff; although there was a mixture of responses with regard to the management team. One person said, “Overall the service is good and I’m happy. But the change of management is a concern although this hasn’t affected the care at the moment. It would be nice to have been kept up to date with what’s going on.” A relative told us, “Since the manager left it has been all up in the air, when I have called I have had to wait for up to half an hour for the phone to be answered. They’ve always apologised for the delay.” We spoke with the provider about what action they had taken in the absence of a registered manager. They told us, “We’ve had a number of applicants for the post of registered manager and short listed for interview.” A member of the care staff had agreed to take on the administrative duties and maintaining office systems. The independent consultant is supporting the provider to introduce new office systems with regards to recruitment, medicine and customer feedback.

Staff told us they had started to have regular team meetings. One staff member said, “We meet up at least once a week for a business check.” We were told the staff had suggested to the provider they would like to introduce a uniform as this looked more professional. The idea was

discussed and the suggestion was agreed. Staff said they felt supported and valued by the management team one staff member said, “I have confidence in the management team despite the previous manager leaving.”

Staff told us they would have no concerns about whistleblowing and felt confident to approach the manager, and if it became necessary, to contact CQC or the police. One staff member said, “I would go straight to the manager.” Some staff had approached the provider regarding concerns they had about another member of staff and an investigation was conducted. The provider met their legal responsibility and kept us; the Care Quality Commission, (CQC) updated throughout the investigation.

There was no registered manager in post. The provider was acting manager and had started the process to recruit a replacement. The provider had engaged the services of an independent consultant who was assisting them to improve the management of the service and implement the changes identified through the action plan agreed with the local authority. The provider had notified us about events that they were required to by law.

The provider had some quality assurance processes but they were not fully implemented. We saw that some audits had been completed, for example, a review of staff training and care records had been reviewed. We saw that there were still areas of improvement outstanding on the action plan. The provider said they were intending to have addressed all issues identified on the action plan by the end of April 2015.