Birmingham City Council

North Birmingham 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?	Requires improvement

Overall summary

The announced inspection took place on 3 December 2015 we gave 48 hours' notice of our inspection to ensure that staff were available to provide the information we needed and so we could make arrangements to speak with people receiving a service. We last inspected this service on 19 September 2013 when the service was compliant with regulations.

The service provided personal care and support to people in their own homes. There were 209 people receiving this at the time of the inspection. Most people were receiving a six week enablement service to support them to regain their independence in daily living task. In

Summary of findings

addition people were signposted to other useful services that they could consider using in the local area. The service also provided on-going personal care support to some people who lived in extra care sheltered housing.

At the time of the inspection there was no manager registered with us. 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. The registered manager position was vacant as the previous interim manager had recently cancelled their registration. They had only held an interim manager position whilst the previous manager had been on secondment to another post. The previous manager had now returned to the manager's post and at the time of the inspection had not applied to again become registered.

People told us that they felt safe with the care staff who supported them. Staff reported to their supervisors when they thought people were unsafe and action was taken. Risk assessments had been undertaken when people may be at risk in their environment, or if they had specific health care needs. Action was taken to minimise these risks.

Where some people either needed reminding or needed support to take their medicines, staff supplied the required planned assistance. Records were not clear enough about their medicines or failed to show that people had received the support they required in a timely way. Records did not follow available good practice guidance. Management oversight and procedures of medicine administration was not robust enough to ensure that errors could be identified quickly.

People had informed the provider that the numbers of different care staff providing support to individual people was too high and failed to ensure that they knew who was going to be delivering their care and support needs. Some people were concerned that time critical services were not provided at time that they were needed and had been agreed.

The issues related to high numbers of staff and lack of management oversight of some records needs to be addressed. You can see what action we have told the provider to take at the back of the full version of the report.

There were enough trained and appropriately recruited staff to keep people safe and to meet their needs. Staff received regular supervision and had regular meetings to refresh their knowledge and discuss any concerns about people's care.

People we spoke with told us that care staff only assisted them when they had given their consent. Care staff ensured that people who needed support with preparing meals and drinks received the support they needed. People told us that they were assisted to contact health professionals if they were unwell and care staff told us they were able to contact a range of health professionals if they were concerned.

All of the people we spoke with and comments on surveys we received or the completed surveys sent by the provider said that the care staff were very good, caring and supportive.

People were asked their views about the service as they came to the end of it and their views were considered. There was an appropriate complaint process when people had raised concerns about the service. Complaints or concerns raised were investigated and action taken where necessary.

Notifications about some incidents had not been sent to us as required by law. Immediately following the inspection the manager reviewed all of the incidents and sent to us a copy of the missing notifications.

The provider had processes for monitoring and improving the quality of the care people received. There were systems to signpost people with on-going support needs to services available in the community when the enablement service ended. Quality and safety checks had been made to ensure staff providing care to people in their own homes did this in the way each person preferred. There were regular meetings with other managers and with other professionals supporting people in the community.

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 safe.

People told us they were safe and risk assessments and plans were in place to maintain people's safety.

There were enough staff who had been robustly recruited to deliver care safely.

People told us that staff supported them to take their medication safely. However medication records did not contain information to identify if people had taken their medications as prescribed.

Good

Is the service effective?
The service was effective.

All of staff had a recognised qualification in care and were knowledgeable about the care people needed.

People were referred for capacity assessments when people were thought to lack mental capacity and staff did not provide care against people's wishes.

Care staff ensured that people were supported to maintain their health and well-being.

Good

Is the service caring?
The service was caring.

People said that they were supported by kind and caring staff.

People told us that were supported to regain their independence.

Good

Is the service responsive?
The service was responsive.

People received support quickly when needed and this support was reviewed so people's preferences could be accommodated.

Arrangements were in place to wherever possible meet people's language and cultural needs.

People were supported to express any concerns and when necessary, the provider took appropriate action.

Good

Summary of findings

Is the service well-led?

The service was not always well led.

Systems were in place to listen to the views of people and act upon them. However the system of staff allocation meant that people were supported by a number of different care staff. The lack of consistent staff failed to meet the needs of people to be supported by someone they knew and were familiar with.

Staff were supported to provide appropriate care and support to people.

There were systems in place that had been mainly effective at monitoring the service provided.

Requires improvement

North Birmingham 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.

We visited this service on 3 December 2015. The provider was given 48 hours' notice because the location provides a domiciliary care service. We needed to be sure that a senior member of staff would be present and arrange for staff and records to be available. Two inspectors and an expert by experience carried out this inspection which included consulting with people who received a service in their own home. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

In planning the inspection we sent 50 surveys out to people who had used the service. We received back 13 completed surveys; 11 from people who used the service and two from relatives on behalf of people. We reviewed notifications we had received from the provider. The provider is legally required to send to CQC notifications of certain incidents such as safeguarding, where serious injuries have occurred and in certain situations notifications of deaths. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This information helped us to decide where to focus our inspection.

During the inspection we spoke with 12 people who used the service and spoke with three relatives. We also spoke with 12 home care workers, two home care organisers and the manager of the service during the inspection.

In addition to direct contact with people this we looked at 82 completed returned surveys that the provider had sent to people at the end of their enablement service. We looked at the electronic care records for 10 people who were receiving a service and six paper based care records for people who had recently had a service. We looked at some computerised records for planning and monitoring home care staff visits. We looked at the complaints and compliments received by the service and the recruitment records of two agency staff. We also looked at monitoring records that the service used to ensure that they provided a quality service.

Good

Is the service safe?

Our findings

All of the people and the two relatives we spoke with said that people felt safe and comfortable with the carers. One person said: "Yes I feel safe with them and I trust them. I don't want to lose them" and another person said "They will let me do what I want to do, but watch me to see if I am safe." Information from our 13 completed surveys showed that people generally felt safe. The provider's own completed surveys did not raise any concerns about people's safety.

All of staff we spoke with confirmed that they had received training about safeguarding people from abuse and about how people could be discriminated against because of key characteristics such gender, age, race and sexuality. They were able to tell us what signs in people's behaviour that would indicate that a person may need to be safeguarded. They were able to tell us about their responsibility to report to their manager any concerns they had. There were records that showed concerns had been reported by staff and acted upon appropriately by the manager. Staff also knew who to report to if they were concerned that the manager was not acting to safeguard people. The staff action helped to ensure that people remained safe.

People told us that the service ensured that they ordered equipment to minimise the risk of harm such as key safes and pendant alarms. One person said: "They check on the jets on the stove. They check if the doors are locked." They told us that care staff had chased up this equipment if it was taking a long time to arrive. Risks to people's health and well-being were assessed by either occupational therapists or by senior care staff and plans were put in place to minimise these risks. Staff told us that they monitored people for any emerging health or environmental risks. For example, risk assessments included safe systems of work for supporting people to move from place to place safely and for the identification of and prevention of pressure areas. Staff were able to tell us about some of the risks they had identified and how they had reported these and the action that had been taken to lessen the risks of harm to people.

We asked about people's visits from care staff. People's comments included: "I don't know the times [of visits]. I've never asked them," "I don't know when they are going to come," "I don't mind as long as they get the job done; I am satisfied" and "They do everything they are supposed to do." One person said "They have phoned me to say when the carer was going to be 20 minutes late." Staff we spoke with told us that they were expected to support people with the tasks that were needed. If this took longer than expected they contacted the service and arrangements were made to inform the next person or in some cases arrange a replacement. Records and the services quality assurance measures indicated that there were enough staff to provide to meet people's assessed needs.

There had been no care staff recruited for over a year although the manager told us they were currently recruiting staff. Two of the staff files that we looked at showed that appropriate checks had been undertaken before staff started work and this helped to keep people safe. One management system we saw showed us that staff were not permitted to work without a current check from the Disclosure and Barring Service (DBS), and that they had received training in relation to manual handling.

The manager told us that the service did not administer the medicines for anyone using the service. The people we spoke with told us that they administered their own medicines or family members supported them with this task or staff reminded them about medicines. Staff told us they did prompt some people to take their medication. This medicine had to be already dispensed in blister packs so that staff could check that the person had taken their last dose and when the person had been prompted staff completed records. We spoke with staff about medicines. They told they had received training in medicine administration and that some were due refresher training. We asked staff about some specific medicines and they were able to tell us about what actions they needed to take to ensure the person took them safely.

We looked at four records where medicines had been prompted and we found gaps in recording in all of them. This meant it was not possible to tell whether medicines had been prompted and whether the person had taken them. The providers own audit systems had not determined or identified that this was an issue. There was no clear information about medicines so the service could not be certain in all instances that people who needed prompting were having the correct medicine.

Good

Is the service effective?

Our findings

Staff we spoke with said that they were given sufficient training. Their comments included: "The training is really good," "We get lots of training" and "We have done specialist courses in dementia." The training matrix indicated and staff we spoke with confirmed that all the staff had a recognised qualification in care; some staff had also undertaken a more advanced level in this qualification. The training matrix did not demonstrate that refresher training was given in a timely fashion. However staff and managers told us that at group meetings there was often a topic of discussion to refresh staff knowledge. The manager told us the provider was working with a partnership agency to create a new induction programme with the aim of ensuring that staff completed the care certificate however the records of two staff showed that they had received appropriate induction training.

Staff told us that they had regular supervision and in addition group meetings to discuss the care of people. They all told us they felt supported by their supervisors and the manager of the service.

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. We checked whether the service was working within the principles of the MCA.

People told us that staff asked them before giving any personal care. Among the comments from people were: "They don't insist but they do offer help when needed" and "Yes – they let you be helpful to yourself." Staff told us that they always ensured that they gained a person's consent before assisting a person with personal care and were consistent in their response that they would always tell a superior if a person was refusing personal care. People rights to refuse care and treatment were not overridden. The service ensured that any assessments and decision had been properly taken in line with the principles of the MCA.

People told us that carers made simple meals for them, which was often a light breakfast or heating up a microwave meal. They said that care staff also made them drinks and made sure before they left that they had plenty to drink. People were satisfied with the meals they were being made and thought that they had sufficient choice. One person was disappointed that carers were not able to make him any 'proper food' with real cooking as they only had time to warm up a meal. Staff confirmed the same staff completed food diaries about meals and drinks when they were responsible for ensuring people received this rather than the person themselves or relatives.

We asked people about how care staff supported them with their health. One person told us that care staff had offered to contact a doctor for her when they noticed that she was not feeling well. They told us: "They know when something is wrong with me." Another person told us that staff found out about their well-being: "They ask me questions like 'have you got any friends?' and 'who is getting your shopping in?'" A comment on a survey stated: "They gave me lemon drinks when I was not well." The provider had trained staff to provide nail care to people. This meant at the start of using the service people could get their nails checked and cut.

Staff told us that they were able to speak directly to district nurses, GPs and occupational therapists if they had concerns. They also could contact their supervisors if they were worried about a person's health. Appropriate arrangements were in place to support people's health.

Good

Is the service caring?

Our findings

People we spoke with and information from surveys indicated that people thought that the care staff were caring. Amongst people's comments about staff were: "Nice and friendly," "Helpful" "Absolutely fantastic," "Magnificent. Ever so caring" and "Brilliant. Sympathetic".

People told us that staff asked if there was anything they wanted doing if they had supported people with the agreed tasks. One person said: "They noticed little things that I need, like a new flannel or soap, [staff] changed her water and little things that I don't even notice myself." Another person said that care staff had: "…Battled through bad weather, arriving dripping wet but still with a smile on their face." Staff spoke about people in a kind way when we asked how they managed their time with people. The service's PIR indicated that no person received visits of less than 30 minutes duration which indicated that people were not being rushed. This indicated that staff were not just undertaking tasks but providing emotional support to people.

Staff were able to tell us the different ways they communicated with people who had difficulty understanding verbal communication. A relative told us: "[Relative's name] talks to care staff and they talk back. They go along with [relative's name]." Another service user said: "They do talk to you as best they can." Some people found that the numbers of different care staff providing the care failed to ensure that they were able to enjoy a supportive relationship with people who provider their care. People told us that they often had different care staff visiting and whilst there was a communication book available and used in their home for staff to pass information on to other staff, the people receiving the service did not think that communication was good.

People told us that they were supported to become as independent as possible. One person told us that: "I'm working to get stronger….they make the bed but I wash myself. I prefer to do all that myself." Another person said: "They watch me walking around. They watch me washing my front and then they wash my back." Staff told us that they got a lot of satisfaction from seeing people regaining their independence. Commenting that allowing people to become independent with their personal care helped them to maintain their dignity.

Staff we spoke with were aware that they were entering the person's own home and had to be respectful of the person's rights and of their property. One person said that care staff respected that she had a cream carpet in her house [so were careful not to bring mud in].

Good

Is the service responsive?

Our findings

One person told us: "I had a thorough assessment before receiving a service." We looked in detail at the assessments of care for 10 people. Some people had received an assessment from the home care organiser and in other more complex situations the assessment had been undertaken by a social worker. Some people had urgent support needs and their visits had been arranged quickly so staff and supervisors saw people for the first time to provide care as the care support started. In such circumstances we saw that the care was reviewed with people shortly after. Records showed that the level or support needed was reviewed and changes had been made to the care plan to make it more personalised for the person. Care plans were signed by the person if they were physically able and had the mental capacity to do so. Relatives sometimes signed if the person wanted them to.

The manager collected information about the different languages that care staff could speak so as to try and ensure where a person did not have English as their first language that they provided an appropriate service. Staff told us that whilst most people who spoke an Asian language and could not speak English would have appropriate support this was not available for all languages spoken. We looked at people's records and found that requests had been made for a care worker with a specific language but that this had not provided as the person could speak English.

Although one person told us that there were not enough male staff for them to the give the gender of care staff they preferred, the majority of people told us that they either they did not mind the gender of the person providing their personal care or confirmed that they were receiving care from care staff of the appropriate gender. The allocation of staff centrally was not always able to accommodate people's preferences.

Although the service was not responsible for ensuring that people had activities or had support to maintain social contacts people were being signposted to suitable local activities to prevent social isolation. The service had started accepting referrals to support people to go to their place of worship. There were staff who helped people access hair dressing services and to make contact with social activities in their community to help them to become involved as part of helping them to become settled in their community.

Most people said that they would telephone the office if they had any concerns, although only one person (a relative) said they had done so, and many people were not aware that the telephone number was in the "blue book" supplied by the service. In all of CQC contacts with 23 people and five relatives one person and a relative raised concerns with us. One person said that they were unhappy that their time-critical visits were not carried out at the right time. We asked the manager to investigate this and report back to us. One relative told us that they had concerns about the lack of continuity of staff providing the care and support telling us this affected the service's ability to provide effective enablement care to people with living with dementia. This was also mentioned in approximately 15 per cent of all feedback information sent to the provider that we looked at and indicated that the arrangements for the deployment of staff needed to be improved.

The service had an appropriate complaint procedure and records. A complaint procedure was delivered with the communication book to a person's house when visits started. Staff told us if people wanted to complain they showed them where the complaint leaflet was that they could complete. They told us that they would also offer support to complete this form or to ring the manager of the service. The service had recorded nine formal complaints in the year prior to our inspection visit. The majority of these had been investigated and responded to appropriately including apologies being made and actions being taken where appropriate. We reviewed the 27 compliments the service had received in previous year where for example people had reported staff showed: 'Kindness,' 'Caring,' 'Professional,' qualities and one person reported: "They gave me confidence."

Requires improvement

Is the service well-led?

Our findings

Although there were systems in place to review records of medicines administered this did not ensure that errors or gaps were spotted or that staff checked to see if people had been prompted to take their medicines at the previous expected administration. There was not enough information about people's medicines available for staff. The provider was not ensuring that medicine management was following available good practice guidance on medicine.

Our conversations with people and responses to both our questionnaires and the provider's surveys indicated that people who used the service were more than happy with the staff that supported them and with the management. Comments included: "Excellent," "Well organised" and "Friendly office staff." People felt they could raise concerns about how the service was provided. However about 15 per cent of all of the people's views although happy overall they spoke negatively about the large number of care staff who were involved in supporting them. In summary, people said that building relationships with care staff was difficult, especially for people living with dementia and this could challenge the effectiveness of enablement strategy. In addition some people found that the service was not predictable about when the care staff were going to arrive and this was of concern to relatives and people with time critical care and support needs.

The provider had arranged for allocation of care workers to be undertaken from one central point for the city as a way of deploying staff effectively. People we spoke with did not complain to us about missed visits and staff told us they did not receive complaints about this. The service's own monitoring systems showed that the number of missed calls had lessened since this system was introduced however people wanted care staff that were familiar to them. We saw that surveys were reviewed to look at trends. The manager was aware of the dissatisfaction of significant numbers of people with the lack consistent care staff but action had yet to be taken to improve the quality of the service in respect of this issue.

The systems in place to assess, monitor and manage quality and risks were not fully effective. They had failed to address the issues noted at inspection related to numbers of staff involved in supporting people and reviewing records maintained about medication administration. This was a breach of Regulation 17 of the health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff we spoke with told us the manager was supportive and that they were able to raise any concerns about their supervisors or the care of people and this would be addressed. Staff knew about the whistle-blowing process and felt confident to use this to keep people safe knowing that they would not feel any repercussions. Staff had regular supervisions and meetings with their supervisors and had appraisals. We were told the manager had responded when there had been an issue with their work life. Staff who worked in the service felt they were listened to. We saw that care staff supervisors conducted observational audits of how staff provided care to people in their homes to ensure that staff were working in safe, kind and professional way.

The manager was previously registered with us for this service but they had taken on another post on a short-term basis and recently returned. They have yet to apply to be registered again with us for this service.

We saw that they were aware of their responsibilities to notify the local safeguarding authority of concerns about people's safety and we saw evidence that this had been done. However notifications to us about these had not always been sent especially where the alleged perpetrator was not a member of care staff. They are required to send these notifications to us by law. Following the inspection the manager retrospectively looked through their records and sent to us any notification that had not previously been sent.

The provider was looking to ensure that the service provided was joined up with health services and the community so that people's long term support needs would be met. They did this by having dedicated staff to signpost people to community and health services.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance How the regulation was not being met: The provider was not always ensuring that they acted upon relevant information that was available from people who use the service and records. This meant they did not always evaluate and improve their practice in processing this information. Regulation 17(2)(e) &(f)