

Barchester Healthcare Homes Limited

Edgbaston Beaumont DCA

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?	Requires Improvement ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection took place on 27 January 2016 and was announced. We gave the provider 48 hours' notice of our visit because the location provides a domiciliary care service: we needed to make sure that there would be someone in the office at the time of our visit.

Edgbaston Beaumont DCA provides personal care for people in their own home. People's home are situated within a complex which includes a nursing home. There were three people using this service at the time of our inspection.

The registered manager was present during our inspection. 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.

People using this service told us they were safe. People told us they felt confident enough to raise any concerns they had. Staff we spoke with knew how to recognise when people might be at risk of potential harm and were aware of the registered provider's procedures for reporting any concerns. Systems had been put in place to minimise risks whilst still allowing people's freedom and choices. People we spoke with told us there were enough staff to support them. Recruitment procedures were in place to keep people safe.

People told us they received their medicines safely. We saw that medicines were managed safely and only staff who had received training were allowed to administer medicines.

Staff were appropriately trained and had knowledge and skills to provide care and support to people. Staff we spoke with had a good understanding of their responsibilities and understood how to apply the Mental Capacity Act 2005 guidelines into their work practices.

People who required support with their meals and drinks received the support they needed. People chose to use facilities within the complex and valued the companionship this entailed. People told us that staff supported them to access healthcare professionals when needed.

People told us they were happy with the service provided. People told us that staff were kind, lovely and respected their home whilst working. Staff were able to describe ways that promoted people's dignity and independence.

People were involved and made decisions to how they wanted their care needs met. People participated in the planning and development of their care plans. We saw care plans contained people's personal preferences and wishes which enabled individual care. We found that some care plan timetables were not up to date with the hours of care people were currently receiving. People and their relatives told us they did not always contribute to the review process when updating their care plans.

Procedures were in place for people and their relatives to make complaints. We were told that concerns had been raised on occasions and they had not been responded to in a timely manner. We found that concerns had not always been used to make improvements to the service.

There were systems in place to monitor and improve the quality of the service provided. These were effective in ensuring the home was consistently well led and compliant with the regulations. Staff told us they felt well supported and valued.

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 were aware of the signs of abuse and the correct procedure to follow to keep people safe from potential harm.

People were supported by a consistent staff who were aware of the risks associated with people's care and support needs.

People told us they received their medicines as prescribed. Medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

Staff received training to support them with the knowledge and skills for their roles.

Staff we spoke with were knowledgeable and understood their responsibilities to promote people's rights and gain consent.

People told us they were happy with their meals and healthcare arrangements.

Is the service caring?

Good ●

The service was caring

People were happy with the support and care they received. People told us staff were kind and considerate.

People told us staff were respectful of their choices and independence.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

People were involved initially planning their care and support needs. People and those that matter to them told us they did not routinely contribute to reviews of their care needs as they

changed.

People and their relatives were aware of how to make complaints but concerns that were raised had not always been captured.

Is the service well-led?

Good ●

The service was well-led.

There were effective systems in place to monitor and improve the quality and safety of the service.

The management team were effective, approachable and accessible.

Staff felt valued and well supported.

Edgbaston Beaumont DCA

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 27 January 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service. We needed to ensure the provider could make arrangements for us to be able to speak with people who use the service, office staff, care staff and to make available some care records for review if we required them. The inspection team consisted of one inspector.

Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care and any safeguarding matters. We refer to these as notifications. We reviewed the notifications the provider had sent us and any other information we had about the service.

We also contacted a Local Authority who commissioned services from the provider for views of the service. We used all information to help us plan the areas we were going to focus our inspection on.

During the inspection we met and spoke with all three people who used this service. In addition we spoke at length with two care staff, and the registered manager.

We sampled some records, including three people's care plans, two staff files and training records to see if people were receiving a quality and safe service. We looked at the provider's systems for monitoring and improving the quality of the service. We spoke with three relatives of people following the inspection to get their views.

Is the service safe?

Our findings

People we spoke with told us that they felt safe when staff were in their home providing care and support. One person we spoke with told us, "I feel very safe in the company of the staff." Another person said, "I feel safe when staff are in here." A relative we spoke with told us, "My mom is as safe as she can be. Staff have done everything they can to keep her safe."

People told us that if they had any concerns they would feel confident to report them. One person told us, "If I had any worries I think I would discuss it with [name of staff]. She is the one I feel would go the extra mile to help me."

Staff we spoke with told us and we saw that staff had received training on how to keep people safe from potential harm. Staff could consistently describe the services safeguarding procedures. They were confident who they would contact in the event of abuse both within the service and external agencies. Staff were able to describe different signs and symptoms that people may present that would indicate they were at risk of potential abuse. One member of staff told us, "Any skin marks, confusion, change in their behaviour or avoiding conversations would give me concerns. I would report straight away." All the staff we spoke with understood and were knowledgeable about the registered provider's whistle blowing policy. This meant the service encouraged and supported people to speak up if they see anything they were worried about. We spoke with the registered manager who was aware of their responsibilities for safeguarding people including the appropriate action to take.

People's risks had been assessed when they started receiving care from the service. We found that individual risk to people had been identified and the necessary action had been taken to minimise the risk to both people and staff. A person using the service told us, "I have a personal pendant alarm and an internal alarm call system that I can call if I was in any trouble. It's peace of mind for me." We found risk assessments had been reviewed regularly and were recorded in people's care plans.

We looked at the services procedures for reporting and recording accidents and incidents. We found that where accidents or incidents had occurred appropriate systems were in place to identify the cause of the incident and control measures were put in place to reduce the chance of reoccurring accidents and incidents to the person. One member of staff we spoke with told us, "All accidents and incidents have to be reported and recorded in detail. It may prevent another one happening."

We looked at what systems were in place to deal with emergencies. All the staff were able to describe the action they would take should an emergency arise for the person they were supporting. The service operated an out of hours call system. One person we spoke with told us, "I have had to call the alarm system once during the night and it was responded to immediately."

People we spoke with told us there were enough staff to support them. One of the people we spoke with told us, "There have never been any missed calls". The registered manager told us that agency staff were not used and in the event of any staff absences, staff worked together to ensure there was sufficient cover. One

person using the service told us, "There is a team of three girls [staff] who come to see me. I like that I only get the same faces." All the staff we spoke with told us there were enough staff to support individual people and to meet their needs.

We looked at the processes in place for safe staff recruitment. We found that these included obtaining Disclosure and Barring Service (DBS) checks and references to ensure people employed were safe to be working with people. We looked at two staff recruitment files and the necessary employment checks had been made. We did note that one reference was missing from a staff file. This was rectified before we finished the inspection.

People we spoke with told us that staff administered or prompted them with their medicines. One person we spoke with told us, "[name of staff] pops in and reminds me to take my medicine. I'm sure I would forget if she didn't come in. She signs in the book when I've taken them." The manager told us that each individual person's medicines came in blister packs to make it easier for staff to administer safely. Systems were in place to check that medicines had been administered safely and only staff who had received training about medication were able to administer medicines. We did note on one person's medicine administration record that a code was being used that was inappropriate and not in line with guidance and recommendations. The registered manager advised us that this would be rectified following our inspection.

Is the service effective?

Our findings

People we spoke with expressed their confidence that staff had the knowledge and skills to meet their individual needs. A person we spoke with told us, "[name of staff] knows exactly what to do with my medicines." A member of staff told us, "You build a relationship with people and get to know them well." Staff told us and the records confirmed that staff received sufficient training to enable them to carry out their job effectively and to keep their skills current. One member of staff we spoke to said, "I have done all the necessary training and this organisation also supports me to undertake clinical assessment training as well." Another member of staff told us, "I've achieved my diploma level 3." This is a recognised qualification in the care sector.

Staff rotas we saw demonstrated that the registered manager had ensured there was a mix of skills and abilities amongst the staff and had a core of staff members who provided the service. This ensured good continuity of care. The registered manager told us that medication administration competency was checked and advised that they had recently introduced care observations to check staff competency in practice. All the staff we spoke with told us they had received regular supervision and felt well supported. One member of staff told us, "I have regular supervision with the nurses and we discuss all my training needs."

The registered manager advised us that any new staff recruited had to complete the care certificate, which was a key part of the provider's induction process for new staff. We saw records to confirm that staff were prepared and inducted into their role.

Staff told us that they completed daily records to ensure communication was effective between the staff team. A member of staff told us, "Communication is important, so we all are kept up to date with people's specific care needs."

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.

Staff we spoke with were knowledgeable and had received training about their responsibilities to promote people's rights in relation to the MCA. People told us that staff supported them in a way that reflected the principles of the Act. One person using the service told us, "Staff do ask my permission before doing things for me, even if they need to move a chair in my home, they ask me first." A member of staff told us, "It is important just to ask people. Let them make decisions. If they told me to get out of their home, I would just leave."

All the people we spoke with told us that they use the facilities in the nursing home within the complex for their main meals. One person told us, "The food is exceptional." Another person said, "Meal times are a real social event for me. I enjoy the companionship." All the people we spoke with told us they prepared lighter meals independently throughout the day. A member of staff we spoke with told us, "Whenever I pop in, I offer and remind people to have a drink. Fluids are important."

We asked people about how staff supported them with their health needs. One person using the service told us, "A doctor visits the nursing home weekly. I can access this service or go to the surgery myself. It's my choice really." A relative we spoke with told us, "The nurses have responded well if dad's been unwell. I'm

very pleased."

Is the service caring?

Our findings

People who used the service spoke positively about staff. One person we spoke with told us, "The staff are lovely. [name of staff] is wonderful and extremely sensitive. She goes above and beyond her call of duty." Another person said, "[name of staff] is most exceptional and is very warming." One relative we spoke with told us, "Staff are excellent, patient and friendly."

Staff we spoke with told us they knew people well and spoke with compassion about the people they supported. A member of staff we spoke with told us, "When I'm supporting someone, I don't just take over. I let people do as much as possible independently." We saw that people were supported with their initial care planning. People told us that they were able to decide which days and times they preferred their care to be provided. A relative we spoke with told us, "All the staff are good with mom. One member in particular has a fantastic relationship with my mom."

All of the people we spoke with told us that their dignity and independence was maintained and respected by staff. One person told us, "[name of staff] knows me well. I'm not treated like a piece of wood. I try hard to keep my independence and she respects that." Another person told us, "Staff are all respectful. Some just have different ways about them." A member of staff told us, "You just have to be mindful and respect you are in someone's own home. I always knock on the door and wait to be asked to be let in."

Staff we spoke with had a good appreciation of people's human rights. A member of staff told us, "Dignity is an important part of our job. I always ask people things and explain to them what I'm doing." Another member of staff told us, "People have the same rights in their house as I do in mine."

We saw staff treating people with dignity and respect. We observed people going out for their meals both independently or with the support of staff. We saw that staff actively engaged with people and communicated in an effective and sensitive manner.

Is the service responsive?

Our findings

People told us they had been involved in discussions to develop a plan of their individual needs. The plans we sampled provided evidence that people had been consulted. Care plans were tailored to each person, taking into account people's preferences, culture and religion. One person we spoke with told us, "I can recall [name of manager] asking me what sort of things I like to do."

We saw that plans had been updated in response to their needs changing. However, we saw that people and those that matter to them had not always contributed to the process. One person we spoke with told us, "I'm not sure if I have attended another meeting." A relative we spoke with said, "I have not been invited to a review." The registered manager advised us she would address this with future reviews. We saw that some care plan timetables for people were not a true reflection of the hours of service they were currently receiving. This was rectified before we left the service.

All the people we spoke with told us they had consistent care staff and that staff knew their preferred routines. One person using the service said, "Staff don't rush me, they know I'm not an early riser." One relative we spoke with told us, "Staff seem to be very responsive to mom's needs. The support she has is very personalised to her." Staff we spoke with could describe things that mattered to people they were supporting and were able to tell us things about their life histories.

One member of staff we spoke with told us, "I've built a rapport with people. You get to know about people and have an understanding of their life histories through spending time talking with them."

We saw that people using the service were supported to participate in activities offered by the nursing home within the complex. One person told us, "Staff will support me to walk to the nursing home so that I can participate in the activities. It keeps me mobile. I enjoy my crosswords and getting the staff to help me." One person who liked writing spoke of the support they had received from the service to keep up their interests and told us, "I'm often asked to play the piano for the nursing home." A relative we spoke with told us, "I'm pleased the staff support mom to have social contact. It's really good for her well-being and stimulation."

The service encouraged people to express their views and concerns. There was a procedure by which people could raise complaints. We saw complaints had been received and had been dealt with appropriately. We saw that there was one current complaint being investigated. There was a detailed audit trail of the complaint and action that had been taken. The registered manager had analysed complaints received regularly to ensure appropriate action had been taken and to identify any trends or patterns. One person using the service told us, "I've no complaints, if I did I would tell [name of staff] or [name of manager]. A relative we spoke with told us, "I've raised a number of concerns, nothing major, just niggles. It sometimes takes too long for things to be responded to." We discussed this further with the registered manager who told us that concerns were not always recorded or used to make continuous improvement to this service. The manager told us this would be addressed following this inspection.

Is the service well-led?

Our findings

Our conversations with people indicated that people who used the service were happy with the care and support staff provided for them. People knew who the registered manager was and felt confident in her abilities to lead the service. One person told us, "[name of manager] is lovely. She will always listen to me and is so approachable." Another person said, "[name of manager] is always there if I need her. I have nothing to complain about." A relative we spoke with told us, "I'm very pleased with the manager's support and approach." Another relative said, "We receive regular newsletters informing us about what's happening."

We saw that the service used questionnaires to find out people's and their relatives views about the quality of the service. This was undertaken by an external agency. The results were analysed and returned to the manager. The manager demonstrated how she used the information to make improvements and plans for the future. Although there were systems in place to capture feedback, there was no differentiation between this service and the residential side of the service. Discussions with the registered manager confirmed that this had already been identified and addressed. The registered manager told us that questionnaires due to go out February 2016 would go out separately to people using the service. This would enable data specifically for improvements pertinent to this service.

The culture of the service supported people and staff to speak up if they wanted to. Information about raising concerns was clearly displayed around the complex which was accessible in different formats to meet people's individual communication needs. Staff we spoke with were knowledgeable about how to raise concerns and were confident they would be addressed. There was a clear leadership structure in place which staff understood. They were able to describe their roles and responsibilities and knew what was expected from them.

Organisations registered with the Care Quality Commission have a legal obligation to notify us about certain events. The registered manager had ensured that effective notification systems were in place and staff had the knowledge and resources to do this. Our discussions with the registered manager showed that they were aware of changes to regulations and were clear about what these meant for the service.

Staff told us they had regular supervisions. Staff felt supported and felt the manager was approachable should they need her advice and guidance. Surveys to capture staff feedback were available on-line. The registered manager told us that staff awards for both achievement and length of service were regularly presented to staff. The previous staff survey identified that staff felt communication was ineffective between the provider and themselves. The provider has now developed an app [mobile phone communication device] to aide communication and to ensure changes within the organisation are disseminated. Staff we spoke with told us staff meetings were held on a regular basis.

We looked at how the quality and safety of the service were monitored. There were systems in place to monitor the quality of the home which ensured the home maintained robust records and a focus on continuous improvements. We did note that the audits in place for reviewing people's daily notes had not identified what we had during the inspection. For example there were some notes and signatures missing in one person's records. The registered manager told us the audits would be reviewed following our

inspection.