

WEST MIDLANDS HOMECARE LTD

Suite 23 Digbeth Court Buisness Centre

Inspection report

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Ratings

Overall rating for this service	Good •
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service: Suite 23 Digbeth Court is a domiciliary care agency that was providing personal care to four people aged 65 and over at the time of the inspection.

People's experience of using this service: Relatives and staff told us that there were enough staff to meet people's needs and that staff had been recruited safely.

Staff received the right levels of training and support to meet people's needs.

Relatives said staff were kind, compassionate, and respected people's independence and privacy.

There were systems in place for managing people's medicines and risks to people's safety. Also, procedures for responding to safeguarding concerns which had been used effectively.

There were systems and processes in place for managing complaints. Relatives said they were confident they could approach the registered manager with any concerns.

The registered manager had relevant qualifications and experience. They used quality assurance processes to monitor and improve the service.

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

Rating at last inspection: This was the service's first inspection.

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.

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. Details are in our Safe findings below.	Good •
Is the service effective? The service was effective. Details are in our Effective findings below.	Good
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 well-led. Details are in our Well-Led findings below.	Good •



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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: This inspection was carried out by one inspector.

Service and service type: This service is a domiciliary care agency. It provides personal care to older people and people with a learning disability living in their own homes.

The service has 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 we needed to be sure that the registered manager would be available to speak with us.

What we did: We visited the office location on 7 March 2019 to see the registered manager and office staff; and to review care records and policies and procedures. Between 7 and 14 March we contacted relatives and care workers.

Before the inspection: We reviewed the information we held about the service. This included notifications sent to us by the provider and other information we held on our database about the service. We used the information the provider sent us in the Provider Information Return. This is information we require providers to send us when requested to give some key information about the service, what the service does well and improvements they plan to make. We used this information to help plan the inspection. We also sought feedback from the local authority safeguarding team and Healthwatch to gather their views of the service.

Healthwatch is an independent consumer champion for people using health and social care services.

During the inspection: We spoke with relatives of two people who used the service and were unable to communicate verbally with us. We spoke with the provider's nominated individual, the registered manager and two members of staff. We reviewed four people's care records, four staff personnel files, audits and other records relevant to the management of the service.



Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- There were systems and processes in place to investigate and report abuse. The registered manager initiated and investigated safeguarding concerns appropriately.
- Staff had received training in safeguarding vulnerable adults and were able to describe how they would take steps to protect people at risk of abuse.

Assessing risk, safety monitoring and management

- Risks to people's safety was assessed. Measures were in place to remove or reduce risks, for example the use of safe moving and handling techniques and completing accurate records.
- Risk assessments covered a range of areas, from environmental risk to communication, falls and skin damage.

Staffing and recruitment

- The provider followed appropriate recruitment procedures. Staff files contained application forms, professional references, proof of ID and interview notes.
- There were enough staff in place to meet people's needs. Staff and relatives told us staff arrived on time.

Using medicines safely

- People were supported to take their medicines safely. Staff were trained in medicines administration.
- People's needs were assessed and described in their care plans. Medicines administration records were completed by staff and showed when medicines were given.

Preventing and controlling infection; Learning lessons when things go wrong

- Staff received training in preventing and controlling infection. Spot checks included monitoring whether staff used appropriate handwashing techniques.
- There were policies and procedures in place for recording and investigating accidents and incidents.



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.

People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they began using the service. A relative said, "We had an assessment, I gave most of the info and said to the manager I'll go outside you have a chat with [Name] they chatted for around 15 minutes, they asked questions and everything was fine".
- Assessments included people's individual preferences about their daily lives as well as their health and wellbeing.

Staff support: induction, training, skills and experience

- Staff were confident the training and induction they received was sufficient for them to meet people's needs. One staff member said, "Training was good, you do learn. We did shadowing for three or four days. We were shown how to use the hoist with the client."
- New staff completed an induction which included the Care Certificate; staff shadowed experienced staff before working alone.
- Staff received regular supervisions for support; random spot checks were conducted to make sure staff were meeting the required standards.

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

- People were supported to eat and drink enough nutritious food which matched their personal preferences.
- Staff recorded what food and drink people had in food and fluid monitoring charts where required.
- Staff worked with district nurses and other healthcare agencies where necessary. Staff followed professional advice to ensure people's needs were met.
- One member of staff told us about a person's medical condition they said, "The district nurses used to come twice a week and now once, so it's gotten a lot better."

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

- Care plans included details of people's healthcare networks such as GPs, pharmacists and social care workers.
- One relative told us how staff accompanied their loved one to a hospital appointment and had worked with healthcare workers to improve their health outcomes.

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.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. For care agencies these deprivations are called Court of Protection orders. We checked whether the service was working within the principles of the MCA.

- Staff were aware of the principles of the MCA including capacity, power of attorney and decision making.
- Staff always obtained consent before delivering aspects of personal care.



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

- Relatives said staff were kind and respectful. One said, "Staff have a really good relationship with mum, they are respectful and kind, definitely." Another relative said, "Staff time keeping perfect. They stay for the length of time they go over and above, nothing they won't do if I ask them. They will get washing out and tumble dry".
- Staff received training in equality and diversity legislation and practice.
- Staff could describe the people they cared for, their families, interests and preferences with good detail.

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

- Care plans contained information about people's communication preferences.
- Information was available in accessible formats if required. This was discussed at the initial assessment before people used the service.

Respecting and promoting people's privacy, dignity and independence

- Relatives said staff respected people's privacy and dignity when delivering care.
- Staff described how they delivered respectful and dignified care. One staff member said, "I always ask if they are comfortable, we always close all curtains and doors. It's important for people".
- Staff offered people choices and respected them. One staff member said, "We ask them what they want to drink, if they want to use the commode, everything. If they don't want to do a task, then I'll move on to the next task and ask later if they want to do it then."



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

- Care plans contained good person-centred information for staff to meet people's needs and ensure their preferences were considered.
- In their care plans; people were asked about their food choice, dress and bathing preferences at each visit.
- Care plans were reviewed annually or in response to a change in need.
- Relatives said the registered manager listened and took into account people's life histories, hobbies and cultural needs; these were included in care plans.

Improving care quality in response to complaints or concerns

- Suitable policies and procedures for handling complaints were in place so that any complaints received could be responded to effectively.
- Relatives were confident they understood the complaints process. One relative said, "I feel confident I could go to the registered manager with any complaints."

End of life care and support

• There was training in place for meeting people's needs at the end of their lives and the registered manager understood their role in ensuring good partnership working with healthcare professionals.



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.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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 experience in delivering care and had management level qualifications.
- Relatives we spoke with were confident in the leadership of the service. One relative we spoke with said, "I said I'm looking for a company that's small, tightly knit, can come in and do things for mum the way I would. I had one meeting and knew they were right for mum and I could confidently leave mum in their care they are brilliant."
- There was a clear vision for the future of the service as a business. There was a clear statement of purpose in place.

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

- Relatives and staff told us the manager was approachable and friendly.
- There were quality assurance measures in place that were appropriate for the size of the service. These included spot checks and records reviews.
- The registered manager understood their role and responsibility to ensure that incidents and important updates to service delivery were provided to the appropriate authorities when required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager contacted people who used the service to gather feedback about what the service did well and what they could improve on.
- Quality calls we reviewed were overwhelmingly positive.
- Staff and the registered manager communicated with a range of health and social care professionals to ensure people's needs were considered and met.

Continuous learning and improving care

- The service employed a third-party service to provide automatic updates to policies and best practice guidance.
- Policies and procedures were in place for investigating and learning from incidents.