

Birmingham Business Associate Ltd

# Birmingham Business Associate Limited

## 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 ●

# Summary of findings

## Overall summary

This inspection took place on 8 March 2016 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 to people living in their own homes and we wanted to make sure staff would be available. At our last inspection in March 2015, the provider was found to be requiring improvement. This included recruitment checks, safe management of people's medicines and ineffective systems in place to encourage feedback from people. We re-inspected the service within 12 months as this is the standard set by CQC and found there had been improvements made to these areas.

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 to 15 people, ranging in age, gender, ethnicity and disability.

There was a registered manager in post at the time of the 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.

The provider had made improvements to their quality assurance and audit systems to monitor the care and support people received. However, improvement was required in matching staff with the right skills to meet people's individual needs. The frequency of staff supervision and spot checks also required some improvement.

People were left safe and secure in their homes. People were kept safe and protected from harm because staff understood their responsibility to take action to protect people. The provider had processes and systems in place that kept people safe and protected them from the risk of harm.

People were involved in planning their care and management of any risks identified in relation to the care they received. People received care and support from staff that were trained and supported to carry out their roles.

People were supported by staff that had been safely recruited. People were supported with their medication by staff that had received appropriate training.

People and relatives felt staff had the skills and knowledge to care and support people in their homes. Where appropriate, people were supported to access health and social care professionals.

The provider was taking the appropriate action to protect people's rights to ensure their liberty was not being restricted.

People and relatives felt the staff was caring and treated people with dignity and respect. People felt their independence was respected and promoted and staff responded to people's support needs.

People and relatives felt they could speak with the provider about worries or concerns and felt they would be listened to and have their concerns addressed.

## 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

People felt safe with the staff that provided them with support. People were safeguarded from the risk of harm because risk assessments were in place to protect them.

People were supported by staff that were recruited safely, to ensure that they were suitable to work with people in their own homes.

People were reminded by staff to take their medicines as prescribed by their GP.

### Is the service effective?

Good ●

The service was effective

People felt staff had the skills and knowledge to assist them and were happy with the care provided.

People were supported to make decisions about their care where possible. People's human rights and rights to liberty were maintained.

People received medical support when it was required.

### Is the service caring?

Good ●

The service was caring

People's independence was promoted as much as possible.

People were supported by staff that was kind and respectful.

People's privacy and dignity was maintained.

### Is the service responsive?

Good ●

The service was responsive

People received care and support that was individualised to their

needs, because staff was aware of people's individual needs.

People knew how to raise concerns about the service they had received.

**Is the service well-led?**

The service was not always well-led

Staff felt supported and valued by the management team. However, there was inconsistency relating to the frequency of supervision and spot checks to monitor staff skills and knowledge

People were happy with the quality of the service. However, sometimes the provider was not always effective when matching staff with people's support needs.

Quality assurance and audit processes were in place to monitor the service to ensure people received a quality service.

**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.

The inspection took place on the 8 March 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care to people in their own homes and we needed to be sure that someone would be available to meet with us. The inspection team consisted of one inspector and an Expert by Experience. An Expert by Experience is a person who has experience of using or caring for someone who uses this type of service.

We looked at the information we held about the service. This included notifications received from the provider which they are required to send us by law. 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. We contacted the local social care authorities that purchased the care on behalf of people, to ask them for information they held about the service.

We spoke with four people that used the service, five relatives, five care staff, the registered manager, a care consultant and a senior member of the care staff. We looked at records that included four people's care records and the recruitment and training records of three staff. This was to check that recruitment, training and support for staff were sufficient for them to provide good quality care. We also looked at other records relating to the monitoring of the quality of the service including complaints and audits completed by the provider.

# Is the service safe?

## Our findings

At the time of our last inspection although there were no breaches of regulations some improvements in the service were required. These included improvements in staff recruitment and the administration of medicines.

People we spoke with told us they felt safe when staff were in their homes and supported them with their care needs. One person said, "I feel very safe and look forward to them [staff] coming." A relative told us, "I believe my mum is safe when the carers are there because they know her very well now and always tell me if mum is unwell." We saw that staff had received safeguarding training and staff we spoke with identified the signs that could suggest abuse. Staff was aware of their responsibilities to report concerns. A staff member said, "If I saw any unexplained bruising or the person was very withdrawn, which was unusual for them, I would speak with my manager." We saw the provider had raised a safeguarding alert relating to a person they were concerned about with the local authority. This was being investigated at the time of the inspection.

People told us they had been involved in their care planning and that it reflected the care given. A relative said, "When my nan was discharged from hospital they [management] came out straight away to re-assess her needs." The care plans we looked at contained detailed risk assessments. They included information about the person's home and living environment, identifying potential risks for staff to be aware of. One staff member told us, "If you're helping someone in the bathroom, you must check the floor is not wet because they could slip." Staff we spoke with also explained how they ensured people were kept safe in their homes. A staff member said, "I always check the windows are closed and put the key back in the keysafe."

We saw there was information for staff on what symptoms to look out for that could suggest a change in people's medical conditions. This gave staff guidance on what to look for should people become unwell. Without the correct information and guidance for staff to follow, this could lead to symptoms not being recognised and a delay in staff identifying the risks to people. For example, the symptoms to watch for that could indicate when a person with diabetes required immediate medical assistance. We asked staff what they would do if presented with symptoms they did not recognise. One staff member explained, "I have looked after [person's name] for a long time and know them very well, if there was a change in their colour, or they had abdominal pain or vomiting, I would call for assistance." Another staff member said, "Most of the people I support live with a relative so I would tell them straight away and contact the office."

The people we spoke with told us they were 'generally' supported by the same staff members. A person said, "I have three calls a day and mostly have the same carer but if they are running late I am kept informed by the office." Another person told us, "I generally have the same staff." A relative said, "There have been occasions in the past with different carers turning up but the manager is excellent and I will always call them if there is a problem." Everyone spoken with told us they had not experienced any missed calls.

The staff we spoke with felt there was sufficient numbers of staff to support people on their regular area rounds. A staff member said, "There are enough staff working here." Another staff member told us, "I think

we have enough staff, if anyone needs times off, we provide cover between us, we are a good team."

Staff we spoke with confirmed they were interviewed by the provider and references sought before they started to work with Birmingham Business Associates. Records we looked at confirmed staff was interviewed and their references had been completed before they started to work for Birmingham Business Associates. We checked the recruitment records of three staff that showed current Disclosure and Barring Services (DBS) checks had also been completed. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from being appointed.

We saw the provider had reviewed their medication policy and staff had received or were scheduled to receive medication training. Only three people currently receiving a service from Birmingham Business Associate Limited required prompting to take their medicines. One relative told us, "They [staff] make sure mum has taken her tablets." Staff confirmed to us that they reminded people to take their medicines. One staff member told us, "I put the medicine in front of them with a glass of water and remind them to take it before I leave." Staff spoken with also told us they had received training in how to support people with medicines. We saw that risk assessments had been carried out. These identified what support people needed with their medicines. We saw that systems were adequate to accurately record what medicines staff had prompted people to take.

## Is the service effective?

### Our findings

Generally people and relatives we spoke with felt that the quality of the support delivered by staff was consistent. People spoken with felt that staff had the correct training and knowledge to meet their needs. Although one person told us, "They [staff] are very good but sometimes I struggle to understand them." The staff we spoke with was able to demonstrate their knowledge of the people they provided support to. They explained to us about the individual needs of the people they supported. One staff member said, "When I arrive, I check the care plan to see what has been done and if there is anything I need to be aware of." Another staff member told us, "[Person's name] always tells me what they want, what they like and don't like." The provider told us some staff was undertaking training to improve their communication skills.

Staff we spoke with told us they received supervision approximately every six to eight weeks. Two of the three records we looked at showed staff had received regular supervision and a limited number of spot checks had been completed. A spot check is an unannounced visit conducted by a senior member of staff to ensure care staff complete their tasks and duties to a high standard. On one file we could not see any record that supervision or spot checks had taken place. However, all staff spoken with told us they felt 'well supported' by the management team and would seek their guidance and advice when required.

We saw that new staff members had completed induction training which included working alongside an experienced member of staff. One staff member told us, "My induction was for three weeks and I shadowed a colleague for a week which I found very useful." Another staff member said, "You were not expected to make your first visit alone, someone from the management team would always come with you, I found this reassuring and helpful." We saw that at the end of a staff member's induction the provider completed a checklist. Staff skills were validated against the checklist to ensure they had reached the standard expected, before being permitted to support people unaccompanied.

Staff told us they felt they had the necessary training that gave them the skills and knowledge to be effective in their job. One staff member told us, "The training is good." Another staff member said, "I have found the training very helpful." The care consultant and registered manager confirmed and we saw that new staff had completed the Care Certificate. Staff that had been working for Birmingham Business Associate Limited for a longer period of time had been registered to start the Care Certificate. The care consultant told us, "This was to ensure consistency of training amongst the staff." The Care Certificate is a set of standards that social care and health workers abide by in their daily working life. It is the new minimum standards that should be covered as part of induction training for new staff.

People were supported to make decisions about the care they received. People we spoke with said staff would always explain what they were doing and ask them for consent before carrying out any support and care needs. One person said, "Staff explain to me what they are doing." Staff confirmed that they had regular calls and had got to know the people they supported. For example, staff told us they could recognise facial expressions, hand gestures and sounds that confirmed people were happy to be supported by them. Relatives told us that they were able to have an input into planning care with their family member. Staff explained how they involved people in their day to day choices. For example, people were asked what

they wanted to wear and eat and if they refused support this was respected.

We were told by the provider that most of the people they provided a support service to, were able to make decisions about their care. We saw that where people were not able to make decisions a best interest decision had been made in line with the requirements of the Mental Capacity Act (MCA). MCA is important legislation that sets out the requirements that ensure where people are unable to make significant and day to day decisions, these are made in their best interest. Deprivation of Liberty Safeguards (DoLS) are in place so that any restrictions are lawful and people's rights are upheld. The registered manager confirmed to us there was no one whose liberty they felt was being restricted. They explained to us what process they would follow if this changed and gave us examples of what could constitute a deprivation of a person's liberty. This showed that people were supported in line with the requirements of the MCA and DoLS.

The people we spoke with did not require assistance from the staff with their nutritional diet. This was because they either maintained it themselves or their relatives supported them. Staff we spoke with explained they did sometimes support people with their food preparation. A staff member said, "We do sometimes make sandwiches for clients or put a ready meal in the microwave but mainly their family prepares their meals for them." Staff we spoke with explained when they had finished their tasks they always left people with sufficient snacks and drinks. A staff member said, "I always leave juice or water close by for people so they don't get thirsty."

We saw from care plans there was input from health and social care professionals, for example, district nurses, GPs and social workers. A staff member told us, "Any change in [person's name] health I let the office know and the manager contacts the nurse or doctor." We saw that staff understood when it was necessary to seek emergency help, which ensured people's health care needs continued to be met.

## Is the service caring?

### Our findings

Everyone we spoke with was complimentary about the quality of care and support from the staff. They told us the staff was caring and kind and that they received the help and support they needed. One person said, "They [staff] are very good and will do whatever I want." We were told staff treated people with respect and dignity; always sought consent and explained what they were doing, before they provided any care and support. One person said, "[Staff name] is spot on, they are amazing." A relative said, "I am happy with the care [person's name] receives."

People told us they were involved in planning the care they received from staff and that the staff listened to them. One person told us, "They [staff] let me do things for myself." All the staff we spoke with told us they always sought a person's permission before supporting them. One staff member said, "Before I do anything I always ask them what they would like me to do and if they would like to try for themselves." Another staff member told us, "[Person's name] is very independent and they might not always be able to tell me what they want, but I always try to encourage them to do what they can."

Staff told us they always treated people with respect and maintained the person's dignity. One person told us, "Staff are smashing, I can't fault them." Another person said, "Staff are very polite," a third person told us, "I couldn't manage without them." Staff gave us instances of how they ensured a person's dignity and privacy was maintained. For example, always making sure people were covered, wherever possible, when supporting them with personal care and curtains and doors were closed.

People and relatives told us that they never heard staff talk disrespectfully about another person while they were in their home. There were no reports of confidentiality being broken by staff discussing other people. One staff member said, "We never talk about other people when we are with somebody." People told us staff was discreet and they felt assured their personal information was not shared with other people on the service.

## Is the service responsive?

### Our findings

At the time of our last inspection, the service was found to be requiring improvement in this area. Whilst there were no breaches of the regulations, the provider did not have an effective process to gather feedback from people who used the service. People we spoke with confirmed and records we looked at showed improvements had been made.

People and relatives we spoke with told us they felt people's needs were being met. People and relatives confirmed they had been involved in the initial assessment process with how care and support needs would be delivered. Each of the care plans we looked at had a copy of the care plan, which had been or was due to be, reviewed. The care consultant and the registered manager told us that reviews took place every six months. People spoken with told us that they had been asked about the care and treatment they needed and if they were receiving it. One person said, "The manager has been out to talk about my care needs." A relative told us, "I am involved in all the care reviews." We saw that assessments were carried out regularly and care plans written to reflect people's individual care and support needs.

Staff told us they were not directly involved in the reviews; however, all staff spoken with confirmed any changes in a person's health or needs would be notified to the management team immediately.

Staff we spoke with confirmed their knowledge of the people they supported; including an understanding of people's likes and dislikes. Staff demonstrated to us, through examples, how they supported people. For example staff told us how they could respond to people's needs because they recognised a change in a person's mood. We saw from records that people generally received support from the same member of staff. The consistent approach ensured staff knew the people they supported and was better prepared to respond to people, who were not always able to tell staff what they wanted.

People and relatives we spoke with told us they were happy with the service received from the provider and had no complaints they wished to raise. One person said, "I've no complaints and very happy with my carer." A relative told us, "I have complained and they quickly sorted it out, if I do have complaints I will go straight to the manager. People we spoke with confirmed if they did want to complain they felt confident the management team would deal with their concerns quickly. A relative told us, "We [relative and management] speak regularly and are open and honest with each other." We saw there had been two complaints recorded since the last inspection that had been satisfactorily resolved. People and relatives told us if they contacted the provider, they were quick to respond. People and relatives we spoke with confirmed they had received questionnaires asking their opinion of the service. We saw there were a number of comments received. For example, 'Very pleased with your service', 'Very happy with the service' and 'All services are needed and very satisfactory.'

## Is the service well-led?

### Our findings

At the time of our last inspection, the service was found to be requiring improvement in this area. Whilst there were no breaches of the regulations, the service did not have a registered manager in post and some quality assurance processes required improvement. We saw some improvements had been made.

We spoke with the care consultant and the registered manager about the inconsistency of staff supervision and spot checks. They confirmed spot checks and staff supervisions had not been completed as regularly as they would like. They explained that supervision had been arranged for a number of staff but this had been cancelled by the staff at the last minute or the staff member had not attended the supervision. We discussed the importance of regular supervision and spot checks to ensure the quality of support and care being delivered to people was maintained and consistent. The care consultant and registered manager agreed this was an area that required improvement and this would be addressed immediately.

It had been brought to our attention there were instances where the management team had not been effective in matching the right staff to meet people's needs. The care consultant explained to us there had been, on occasion, when staff had refused to complete tasks asked of them by people. We were told by people and relatives although there had not been any impact; they had wanted to bring the examples to our attention. They also confirmed to us that these instances had not been repeated. We talked about the occurrences with the management team. They told us meetings and discussions had taken place with everyone involved and the issues had not reoccurred. The management team assured us they considered every judgement to ensure they matched the right staff to meet people's individual needs.

People and relatives we spoke with were positive about the service they received. One person said, "This agency is the best thing that has happened to me." Another person said, "The quality of the service is excellent." A third person told us, "I can't fault it at all, it's exceptional." A relative said, "I speak with the management team regularly, they are lovely and very supportive." People and relatives told us they had received visits from the members of the management team and were asked if the service was to their satisfaction. We saw there were monitoring systems in place for recording people's views.

The staff we spoke with told us staff meetings had taken place every two to three months. One staff member said, "We meet up about every couple of months." We saw the provider had kept a record of staff meetings and minutes were available to staff. The staff we spoke with told us they found the meetings helpful. One staff member told us, "They are good, we can share good practice and talk through any problems we might have." Another staff member said, "We are a good team and work well together." All the staff we spoke with thought highly of the management team. Staff confirmed to us they knew what was expected of them. One staff member said, "I love working here." Another staff member told us, "I'm enjoying it, I know all the clients, and I wouldn't change anything."

Staff told us they would have no reservations raising anything they were worried about with the management team. One staff member said, "I would go straight to the manager if I was worried about anything." Another staff member said, "I could contact CQC." We saw the whistleblowing policy and staff

had told us, they were confident if it became necessary they would contact other local agencies, for example, the police and Care Quality Commission (CQC).

There was a registered manager in post who had provided continuity and leadership, supported by a care consultant. There was a clear management structure within the service so that people and staff knew who to speak with if they had any concerns. The Provider Information Return (PIR) had been completed and the information provided on the return, reflected what we saw during the inspection. The provider had a history of meeting legal requirements and had notified us about events that they were required to by law.

We saw the provider had adequate systems in place to monitor the quality and safety of the service provided to people. These were used effectively and included the monitoring of care plans, medication recording sheets, daily records and training management systems. This ensured there was consistency in quality of the service being delivered to people and prompt action taken by the management team, where issues were identified.