

West Bromwich African Resource Centre

West Bromwich African Caribbean Resource Centre

Inspection report

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Date of inspection visit: 14 April 2015
Date of publication: 08/06/2015

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

This announced inspection took place on 14 April 2015. The provider had a short amount of notice that an inspection would take place so we could ensure staff would be available to answer any questions we had or provide information that we needed.

West Bromwich African Caribbean Resource Centre is registered to deliver personal care. They provide care to people who live in their own homes within the community. At the time of our inspection 36 people received personal care from the provider.

Summary of findings

At our last inspection in April 2014 the provider was not meeting the regulations which related to safeguarding people who used the service and staffing. Evidence that we gathered during this, our most recent inspection, showed that improvements had been made.

The service had a registered manager. 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.

Staff had been provided with training and were knowledgeable about how to protect people from harm. We found that medicines were managed effectively within the service.

There were a suitable amount of staff who had the skills, experience and training in order to support people and meet their needs. People and their relatives told us they felt confident that the service provided to them was safe and protected them from harm.

People told us staff maintained their privacy and dignity at all times. Staff told us they encouraged people to remain as independent as possible.

People's cultural and diverse needs had been considered as part of their assessment. Information regarding how to access local advocacy services was displayed in communal areas.

Care was planned with people and their relative's involvement. Records showed that people's progress and satisfaction was reviewed on a regular basis.

Feedback was routinely sought from people and their relatives as part of the provider's quality assurance system; these were analysed, with plans for improvements outlined.

People, relatives and visiting professionals spoke positively about the approachable nature and leadership skills of the registered manager. Structures for supervision allowing staff to understand their roles and responsibilities were in place.

Assessments to identify issues that may put people using the service at risk were in place.

It was evident that the registered manager promoted a culture in the service of putting people at the centre of decision making and shaped the service according to their needs. However, the provider was not always open and inclusive in their involvement of the registered manager in key developments about the service.

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.

Risks for people in regard to their health and support needs were assessed and reviewed regularly.

Staff acted in a way that ensured people were kept safe and had their rights protected when delivering care.

Staff were knowledgeable about how to protect people from abuse and harm.

Good



Is the service effective?

The service was effective.

Staff received regular training and had the appropriate level of knowledge and skills to meet people's needs.

The registered manager and staff were fully aware of their responsibilities in relation to the Mental Capacity Act 2005.

People were supported to access appointments with specialist healthcare professionals.

Good



Is the service caring?

The service was caring.

People and their relatives were complimentary about the staff and the care they received.

Information about how to access independent support or advice for people was available.

People and their relatives told us that staff respected people's privacy and dignity.

Good



Is the service responsive?

The service was responsive.

People and their relatives were actively involved in planning care.

Regular reviews of care provision were undertaken with people or their relatives, either by phone or face to face.

The service provided written information about how to make a complaint.

Good



Is the service well-led?

The service was not always well-led.

The provider did not consult openly with the registered manager in respect of key areas of concern and arising developments.

Requires Improvement



Summary of findings

People and their relatives all spoke highly about the approachability of the registered manager.

Staff received regular support and told us this was as an opportunity for them to discuss their development and progress.

Quality assurance systems including feedback from people were routinely undertaken.

West Bromwich African Caribbean Resource Centre

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 14 April 2015 and was announced to ensure staff would be available to answer any questions we had or provide information that we needed. The inspection was carried out by one inspector.

Before the inspection we looked at and reviewed the Provider's Information Return (PIR). This questionnaire asks the provider to give some key information about its service, how it is meeting the five key questions, and what improvements they plan to make. We also reviewed the information we held about the service including notifications of incidents that the provider had sent us.

Notifications are reports that the provider is required to send to us to inform us about incidents that have happened at the service, such as accidents or a serious injury.

Prior to our inspection we also liaised with the local authority and Clinical Commissioning Group (CCG) to identify areas we may wish to focus upon in the planning of this inspection. The CCG is responsible for buying local health services and checking that services are delivering the best possible care to meet the needs of people.

During our inspection we spoke with three people who used the service, two relatives, three care staff, the registered manager, the Chief Executive Officer and three of the provider's board members. We reviewed a range of records about people's care and how the service was managed. This included looking closely at the care provided to three people by reviewing their care records, we reviewed three staff recruitment records, the staff training matrix, one medication record and a variety of quality assurance audits. We looked at policies and procedures which related to safety aspects of the service.

Is the service safe?

Our findings

Our previous inspection of April 2014 identified that the provider was in breach of the law in relation to safeguarding people using the service. We found that delays in reporting a safeguarding concern to the local authority had occurred in the absence of the registered manager. Concerns were raised that staff who covered the managers role may not have the required knowledge or experience to carry out the regulated activity, such as dealing with

safeguarding allegations. We saw that improvements had been made; these included prompt responses to safeguarding concerns through ensuring senior staff understood their responsibilities for reporting or investigating concerns and by making information more accessible within the service to those that require it, in the absence of the registered manager.

Our previous inspection of April 2014 identified that the provider was in breach of the law in relation to staffing. We found that when the registered manager was on leave or absent from work insufficient management cover was available to respond to matters of concern arising. During this inspection we found that the provider had actioned the contingency management plans described in the action plan they sent us in May 2014. Positive measures that had been put in place included increasing the working hours of key administration and management staff, ensuring the appropriate cover of the service was available.

People and their relatives told us they felt the support provided by the service was safe. One person told us, "I feel safe, they are always asking me if I am ok when they call". Another said, "They make sure the house is locked up and that I am safe when they leave". One relative told us, "[My relative] is kept safe, they look after him second to none".

Staff we spoke with were clear about their responsibilities for reporting any concerns and were able to describe the procedures they would follow if they witnessed or were concerned that a person was experiencing some form of abuse.

Records we reviewed showed that staff had undergone training in how to protect people from potential abuse or harm. One staff member said, "The training we had made me more aware of abuse that can go on and made me want to set a better example and protect people". Staff

described how they ensured people were safe at home, for example, removing any trip hazards or checking that any equipment they used was in good working order. Another staff member told us, "I always advise the people we care for not to answer the door if staff have no identification on them when they call round". Staff were able to describe the different types of abuse, discrimination and avoidable harm that people may potentially be exposed to.

People and their relatives spoke positively about the reliability of the support provided by the service. One person said, "They let me know if they are going to be late; they have never not come or missed me out". Another said, "They are really good to me; they ring if they are going to be late, but it's only ever been a few minutes really". Staff we spoke with told us that they felt they were able to deliver support to people in a timely manner. We saw each staff member was provided with a detailed rota that outlined their calls, with adequate time allowed between calls to account for travel time. One staff member said, "Rotas are really clear so I always know who I am visiting day to day". We spoke with the registered manager regarding how rotas were covered when staff allocated to undertake calls were sick or absent. They showed us the system used by staff to cover any absence between themselves, which was dually authorised by the registered manager. Sickness was covered internally and as necessary the registered manager would go out and cover calls as required, to ensure continuity of the service provided. Staff we spoke with confirmed this and felt the system worked.

We saw records to confirm that risk management plans were available in the office and in people's homes for reference which outlined how to prevent the risk of accidents and injury to the people who used the service. These referred to the individual's abilities and areas where they needed assistance in order to avoid harm and reduce any potential risks. One relative said, "They have assessed any risks and I know that they follow the plan to the letter with [My relative]". We saw that the plans were updated and reviewed as necessary. Staff we spoke with knew the risks related to providing support to the people they regularly cared for; they told us if they had to cover a call to a person they were less familiar with, they would refer to their care records in order to support them safely.

Is the service safe?

Staff we spoke with knew what emergency procedures to follow and knew who to contact in a variety of potential situations. This included an awareness of the provider's procedure to follow if they were unable to gain access to a person's home.

We found the recruitment and selection process in place ensured staff recruited had the right skills, experience and qualities to support the people who used the service. We saw and staff we spoke with confirmed that the appropriate checks and references had been sought before they had commenced their role.

People and their relatives told us they were supported to take their medication in a safe way, at the appropriate times. A person told us, "I get my medicines on time". A relative said, "[My relative] always gets his medicines on time, he has to have certain ones before meals, so staff always make sure they are here on time to support him". Arrangements were in place to ensure that checks on medicines management took place regularly. Staff told us and records confirmed that all staff had received medication training.

Is the service effective?

Our findings

People and their relatives were complimentary about the abilities and skill of staff within the service. People said they felt confident that staff were competent and trained to support them and care for all their needs. A person said, “The carers always look after me, they are always ready to help me”. A relative told us, “The staff seem really well trained and know exactly what they are doing”.

We spoke with staff about how they were able to deliver effective care to people. They told us the provider offered a range of training in a variety of subject areas that were appropriate to the people using the service, for example diabetes care. In addition to the standard training on offer, a number of staff had or were in the process of completing training linked to the Qualification and Credit Framework (QCF) which is a vocational qualification in health and social care to further their knowledge and skills. A staff member said, “Training I have received has prepared me to know what to expect and things to be mindful of when caring for people”. Staff told us that management were supportive in respect of them wanting to undertake extra training to improve their knowledge about people’s health conditions.

One staff member on induction said, “I am shadowing other staff at the moment, they have all been very supportive”. Records showed that new staff did not work alone or provide direct care to people until they had received induction training. Induction training comprised of the providers basic training package, familiarising themselves with the providers policies and procedures and a period of shadowing more experienced staff by accompanying them to people’s homes; this allowed new staff to become more familiar with the people they would be supporting in the future. Staff received supervision on a regular basis; this was through one to one meetings and through observations of the care they provided undertaken by more senior staff. Staff told us that they felt supported by the management team and confirmed that supervisions provided them with an opportunity to discuss any issues and receive feedback on their performance.

People and their relatives told us that they had a core of regular staff who supported them, which was their preference. One person told us, “The staff who visit me know me and my preferred routine as they have been visiting me since I started using the service”. A second

person said, “My carer knows me well, we get along fine”. Staff we spoke with told us that they had regular calls to complete on a rota basis, which only changed occasionally when sickness or absence occurred. A staff member told us, “People have at least one regular carer that they are used to; they try to match staff according to the persons particular needs”.

We spoke to staff about how they gained people’s consent before assisting or supporting them. A staff member said, “I tell the person what I need to do and ask them if they are okay with that before starting”. A second staff member told us, “I talk to people throughout any care I am providing to check they understand and are happy for me to do it”. One person said, “My carer is so patient, they are always go at my pace and check I am happy with what they are doing and how they are doing it”.

Staff had received training and understood the relevance of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). This is legislation that protects the rights of adults by ensuring that if there are restrictions on their freedom and liberty these are assessed by appropriately trained professionals. Records showed that people’s mental capacity and ability to give informed consent had been considered as part of their initial assessment. The registered manager told us that if a person refused support or care they would contact the person’s family or representative. Staff told us they encourage people to agree if they refused care or support and then report any concerns to the office or person on call should such an issue arise.

All staff we spoke with told us that when there was a need they would support people to make doctor’s appointments and/or access other healthcare professionals. This was confirmed by the relatives that we spoke with. Staff told us that when they identified that a person may be in need of assessment and or/treatment from healthcare professionals they may also discuss this with the person and/or their relative for them to take action. Records we reviewed evidenced that any additional support needs had been identified and shared accordingly. Staff we spoke with gave us a good account of what they would do if they found that someone was ill or they had injured themselves.

People and their relatives we spoke with confirmed that staff knew of people’s specific dietary needs and potential risks. One person said, “I can only eat certain things due to my condition, staff guide me away from certain foods as

Is the service effective?

they know I could become ill". A relative told us, "The meals [My relative] has are prepared properly; carers follow the plan provided by the dietician". Records showed that staff followed the guidance in care plans to support people's health care and dietary needs; this included guidelines to follow for people requiring culturally specific foods and

guidance for preparing these correctly for staff. Staff had all received training in food hygiene. One staff member said "We prepare meals as outlined in the care plan and complete food monitoring forms; we also make sure the person has enough food available to eat in their home".

Is the service caring?

Our findings

People and relatives we spoke with told us that the staff were kind and caring and from their description of staff they clearly felt at ease and comfortable with them. One person said, “My carer is a good person”. Another said, “The carers are kind and helpful; they are always pleasant”. A relative said, “I am happy that the carers are caring and we have no concerns”.

People told us that staff respected their wishes and if they wanted to address any specific cultural or spiritual needs, they felt they would be fully supported by staff to fulfil these. We saw that one person had requested preparation of food related to their cultural heritage; the service matched the care staff who had the knowledge of how to fulfil this aspect of the persons support needs, following the appropriate cooking methods.

Records showed that people were supported to maintain their independence. For example, people’s care plans directed staff on the level of support each person required and what they were able to do for themselves. People told us they were encouraged by staff to remain as independent as possible. One person said, “Carers encourage me to do small tasks for myself”. A staff member said, “I always encourage people to be as independent as possible”.

Information about local advocacy services was made available for staff to refer to and provide for people using the service. Staff we spoke with knew how to access advocacy services for people and in what circumstances an advocate may be required. We spoke with the registered manager who gave examples of people whom advocacy services had been sought.

All of the people we spoke with felt that the staff maintained their [or those of their relative’s] privacy and dignity. One person said, “The carers always knock the door and say who they are before coming into the room”. Another said, “They cover me up with towels, whilst dressing me after my shower”. Staff we spoke with were able to tell us how they supported people in a dignified and respectful manner. A staff member said, “You have to remember it’s their private space, their home and remain respectful at all times; keep people covered, close doors and ask family to leave when providing personal care”.

A leaflet and written guide containing information about the service was provided to people on joining the service and a copy was also available in their care records in their home. People and their relatives told us that they had received written information about the service and that staff also took the time to verbally explain or answer any questions or queries they had.

Is the service responsive?

Our findings

People and their relatives told us they thought the care provided by the service met their current needs. People we spoke to were confident that they had been asked about the care they needed and wanted; they understood this was written down in the form of a care plan. One person said, “They sat with me and asked me what I wanted done”. A relative said, “I was totally involved in planning [My relatives] care”.

We saw that regular reviews were undertaken with people or their relatives, either by phone or face to face. One person told us, “They do contact me now and again to check I am happy with everything”. For example, one person told us they had recently had a review and said they told the assessor that they enjoyed staff visiting them and did not wish anything to change. Care records showed that people had been involved in their care planning and their views had been gained about what was working. Records showed that regular discussions took place around their needs and whether the care they received met their needs effectively.

People and their relatives told us they felt they were at the centre of decisions about their care and had been given the information they needed. One person said, “They keep me up to date, like if they are going to be late or a different carer is coming”. A relative said, “If there’s a situation or issue, they are straight on the phone to me; we discuss any changes that might need to be made”. We were able to

review the records kept in people’s homes as a duplicate copy of their records were available in the office; we saw they were detailed and gave a clear account of the support they had received and their health and well-being.

Staff we spoke with knew people well and were knowledgeable about their individual preferences. Records showed that referral forms completed prior to people accessing the service included a completed section called ‘expectations and preferences of the person’. People’s preferred names were recorded in their care records to ensure staff addressed them in the way they wished.

The provider’s complaints procedure was displayed at the service base and a copy of the complaints procedure and form was available in the person’s records in their home. The procedure included contact details for external agencies that people could also raise complaints with. One person said, “I know there is a form to fill in, but I would pick up the phone and speak to the office if I was not satisfied with anything”. A second person said, “I have never had to make a complaint but I know how to”. We saw records of written complaints that had been made; these had been investigated and responded to appropriately and in a timely manner.

People and relatives we spoke with were aware of the office contact number and knew where to find it in the records kept in their home. People we spoke to were confident they could request a change of any aspect of their care, for example alter the timing of their call. Staff we spoke to were aware of who was ‘on call’ out of hours and how to make contact with them.

Is the service well-led?

Our findings

People and their relatives we spoke with all felt the service was well-run and managed. One person said, “It seems well organised, I get good quality care”. Another told us, “This is the best agency I have used; I am pleased with the support I get”. One relative said, “The people I have dealt with have been very professional”. Staff were complimentary about the leadership skills of the registered manager. One staff member said, “The manager is really good”. Another said, “The manager is very supportive, if you have any problems they offer you support”. The registered manager demonstrated a good level of knowledge about the people who used the service and understood their legal responsibilities for notifying us of incidents and/or injuries that affected people who use the service.

Staff we spoke with were generally positive about working at the service and described being supported by the registered manager. In recent weeks some issues had arose in respect of delays in staff salaries and shortly before our visit, the provider had issued letters to several senior staff members, including the registered manager outlining potential plans for redundancies. We discussed these issues with the registered manager. They told us that no prior information was shared with them by the provider about these issues and that they only became aware of the issues with the financial status of the provider at the same point as the rest of the staff. This meant that the provider was not always transparent and open in its sharing of important information with the registered manager.

We met with the Chief Executive Officer (CEO) and the three of the provider’s board members to discuss our concerns in respect of the service being able to continue to meet the requirements of its registration if the registered manager was at risk of redundancy. They met with us and advised that a further meeting would be taking place later in the week and that they would keep us informed of any developments in respect of the future of the service. Following the meeting we subsequently received feedback from the CEO. They told us that the letters of redundancy had been withdrawn, with plans for further financial review of the service by the board to take place in the coming weeks. They gave us assurances that the people using the service would in the meantime continue to receive the service as usual.

The registered manager told us that provider had not fully involved them in a number of areas affecting the future operational status of the service. A number of staff had given notice of their intention to leave the service in the days following delay in payment of salaries. The registered manager reassured us that no impact regarding this would be felt by people using the service and that all calls would continue to be met as usual. One staff member told us, “The board members do not have an understanding about what we do here; the manager doesn’t get support from them”. Another told us, “I couldn’t tell you who the board members are, I have never met them”.

Disciplinary procedures within the service were reviewed. Records showed that the provider had taken the appropriate action by internally investigating allegations and dealing with staff involved in line with their policy, when incidents had arose. The registered manager was responsible for preparing any documentation and/or taking statements from staff involved in disciplinary action. However, disciplinary interviews/hearings were undertaken by the board members without the registered manager present. This meant the person with the most comprehensive understanding of the impact of any actions or omissions by staff on people using the service, was not fully involved in the process.

We saw that an effective system was in place to monitor and assess the quality of the service and any risks to the health safety and welfare of people who used the service. The registered manager reviewed any risks to people regularly and responded to any actions required in a timely manner. These included reviews of people’s care plans and risk assessments, audits of staff training and regular supervisions. Supervision included competency checks, observations of staff interactions with people and checks of how they were carrying out the care and support. These ensured that staff were supporting people appropriately. Staff meetings were held regularly, we saw that agenda’s aimed to cascade important information to staff and encouraged their involvement in the development of the service.

Staff gave a good account of what they would do if they learnt of or witnessed bad practice. The provider had a whistle blowing policy which staff received a copy of on

Is the service well-led?

induction and a copy was also available in the office. This detailed how staff could report any concerns about the service including the external agencies they may wish to report any concerns to.

We found that people's views, comments and concerns had been appropriately considered and responded to by the registered manager. Staff told us they would have no concerns about speaking to the registered manager if they

wanted to raise issues about the delivery of care or running of the service. In addition, people using the service told us they had been encouraged to share their views in on-going communications or through regular reviews of their care in telephone and face to face contacts undertaken by the registered manager or senior care staff. People told us that they felt any concerns they had would be acted upon by the registered manager.