

Birmingham City Council

North Home Care

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

North Home Care provides short term personal care to people in their own homes. At the time of the inspection 100 people were in receipt of care. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. The service currently offered rehabilitation packages which were short term.

People's experience of using this service and what we found

People were supported by staff who knew how to promote their safety and who used equipment to reduce the risk of infection. Any concerns were reported to the office for action or review. There were enough staff to support people in a safe way which managed and reduce their risk of harm or injury. People's medicines were administered and managed by staff who had been trained and had their competencies checked. Where things had gone wrong the provider had listened and taken action to learn from those events.

People's needs had been assessed and staff had been trained and supported to provide the care people needed. Where needed people got the meals they chose and staff prepared these or made sure they were accessible to people later in the day. The provider worked with other professionals such as social workers and hospital staff in support of people's health care needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People received care from staff who were kind and considerate to their needs. Staff knew to respect people's homes, beliefs and wishes. Promoting independence was a key factor of the service and people had been successful in regaining the skills of daily living [and no longer needing care.]

People's care plans had been personalised to them and their needs and preferences had been recorded. Staff used these care plans to demonstrate they were meeting people's needs. Staff knew the best way to communicate with each person, [such as gestures or writing things down.] There was a complaints procedure in place which was accessible in people's homes. End of life care was not offered as the service was currently offering short term rehabilitation packages.

The registered manager oversaw the service provided and was supported in their role by a care manager. People's feedback showed they had received a service they were happy with. The quality of care people had received, and the performance of staff had been checked by the registered manager's systems and processes. The registered manager was knowledgeable about the service and understood their role and their requirements under the regulations.

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

The last rating for this service was good (published 25 April 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

North Home Care

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector and two assistant inspectors.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had 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 as we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 23 October 2019 and ended on 6 November with telephone calls to care staff.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with 13 people who used the service and two relatives about their experience of the care provided.

We spoke with 12 members of staff including the provider, registered manager, deputy manager, team leaders, care coordinator and care workers.

We reviewed a range of records. This included four people's care records and multiple medication records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People received care from staff who understood their responsibility to promote their safety and report any concerns about a person's well-being.
- Where concerns had been reported, the management team had followed the processes to protect the person, such as reporting to the local safeguarding team and to CQC.

Assessing risk, safety monitoring and management

- People's risk, such as mobility, had been looked at during their initial assessment. The actions for staff to take to maintain a person's safety had been recorded in the person's care plan.
- Staff told us they followed these plans and reviewed them to make sure any changes in the level of risk were known.

Staffing and recruitment

- The provider had a separate recruitment department as part of the local authority, however no new care staff had been recruited in the past five years.

Using medicines safely

- Medicines were administered safely as staff involved in handling medicines had received recent training around medicines. The provider ensured staff were assessed as competent to support people with their medicines. One person told us, "They apply my creams and they are gentle as I've got really thin skin, they seem well trained."

Preventing and controlling infection

- People told us staff used gloves and aprons when providing care and were helpful in cleaning up in the home. One person told us, "They wear gloves and aprons when I'm being washed and when they put my creams on and they leave the house clean and tidy after."

Learning lessons when things go wrong

- The registered manager had records of where things had not been completed as a person had expected. These had been reviewed to ensure learning was taken forward, such as following up with staff and sharing the outcomes across the team.

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.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant 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 were asked about their needs and choices, which the registered manager used to make sure the service would be able to meet them. The service offered a short term care package with the aim for people to successfully regain their skills of daily living.
- A care plan was then written to ensure people's needs and choices were met by care staff. One person told us, "Staff are well trained and I had an assessment before I started with them, they did involve me in planning what I needed, it's called a care plan."

Staff support: induction, training, skills and experience

- Staff told us they received regular training and had been with the service for many years, during which they had developed their skills and knowledge of care. One person told us, "They are highly trained, I'm really impressed by them."
- The registered manager ensured care staff completed refresher training and staff received spot checks to ensure their practice was in line with this training.

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

- People were supported with meals and drinks to maintain their health. One person told us, "They support me how I need them to and they offer me choice at mealtimes."
- Staff knew who needed supported with their meals and made sure people had easy access to drinks and snacks if requested. One person told us, "They do me a sandwich for lunch and leave it in the fridge for me."

Supporting people to live healthier lives, access healthcare services and support

- Staff supported people to contact other professionals to support their wellbeing. One relative told us, "[Person's name] had a sore spot on their leg and it was worsening, they asked for us to contact the Dr, the social worker too."

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 when this is in their best interests

and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- People made their own decisions and staff always offered choice when completing care. One person told us, "They help me to choose my clothes."

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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

- People were pleased with their care and enjoyed the company of the care staff. One person told us, "Everyone is absolutely lovely, there isn't a bad one amongst them."
- People and staff told us they had developed relationships which had benefitted their health and care needs. One person told us, "We were reluctant at first because we didn't know how it would impact family life, but it's the best thing we ever did."
- Staff told us they considered people's lifestyles and knew how best to offer their support. One relative told us, "The carers are great, really helpful and caring. They've built a really caring relationship with [person] and me."

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

- Staff listen to people's choices and requests. One person told us, "I don't have a man to wash me, they've never sent a man, I said that from the start."
- People told us they were able to make changes to their calls times if needed. One person told us, "They move call times for me if I have a hospital appointment."

Respecting and promoting people's privacy, dignity and independence

- People who used this service were doing so to regain their independence and staff were clear this was the aim and outcomes people wanted.
- People told us the care they received assisted them to manage and promote their independence with their daily living skills following a stay in hospital. One person told us, "They try to get [person's name] to do as much as they are able to by herself but won't let her do things that are unsafe."
- Staff told us it was important people felt comfortable, so they were able to provide the right care and support. One person told us, "They treat me with dignity and respect and listen to what I need."
- People were pleased with how staff supported them and were considerate of their overall well being, along side the care needed. One person told us, "The care staff are excellent, they've made a vast difference, I'm aware now of how they help in the small ways, not just helping with washing and dressing but with talking to us."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through Good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People told us they had been involved in developing their care preferences and these had been recorded and followed by care staff. One person told us, "Their gaffer has got them well sorted really, they come at the right times, which I'm really pleased about, because they come when my pain killers are at their best, so it isn't painful for me."
- Staff used people's care plans to understand the care needed and how best to support the person in line with the choices. One person told us, "They always read the book before they do my care."
- People were able to direct their care at each call if they needed to make small changes. One relative told us, "They do lots of little things, they helped me put the duvet on the bed this morning, they let me know when [person's name] needs things, so I can add it to the grocery list."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People were able to communicate their needs to care staff though a variety of methods. Staff provided examples of how they supported people, "One care staff told us, "There's one person who we communicate with her through gestures." Another staff member said, "There's a lady who is deaf and we can communicate with some signs or writing down."

Improving care quality in response to complaints or concerns

- People told us they were happy with their care and had no complaints. One person told us, "I had a recent update with the boss about if I'm happy with my care, and I am."
- Where people had raised a query the registered manager had recorded these, along with the response and any action taken. This included, updating care plans and the use of mobile phones during a call.
- Care staff told us they were made aware of any concerns and were supported to improve any practices.

End of life care and support

- North Home Care does not support people at the end of their life and the registered manager confirmed they were not supporting anyone with end of life care at the time of the inspection. There were basic details of people's preferences and choices in relation to end of life care which related to protected characteristics, culture and spiritual needs.

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.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Since the last inspection the provider and registered manager had made changes to how the service was monitored.
- The system and processes in place, showed how the provider maintained a good standard of care and checks were in place which involved people's feedback.
- The registered manager had a clear understanding of their responsibility to provide safe care to people and when they needed to report any notifications to us.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were happy with the care and support they received. People had been able to tell the provider about their care and one person told us, "The boss has reviewed my care, he looked at my record book and shared it with me and asked if I thought it was right."
- People told us they had felt included and had achieved the outcomes they wanted. One relative told us, "We're so very happy with the care, it's all absolutely fine."
- People were supported by a staff team which were inclusive and provided a service which supported people to live their lives, including any protected characteristics.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider and registered manager had recorded and responded to complaints and offered an apology where appropriate.

Continuous learning and improving care

- The registered manager worked with staff and their training department to look at the best way to continually improve and develop care staff in their role.
- People's feedback had been used to make adjustment to their care, which had then be cascaded to the staff team for learning opportunities.

Working in partnership with others

- The provider worked with social services, district nurses and there other registered service to further

support people's care.