

West Bromwich African Caribbean Resource Centre

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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 announced inspection took place at the provider's office on 18 May 2017 with phone calls undertaken to people with experience of the service on the 22 May 2017.

West Bromwich African Caribbean Resource Centre are registered to deliver personal care. They provide domiciliary care to children and younger and older adults living in their own homes. At the time of our inspection 65 people were receiving personal care from the provider.

At our last inspection in April 2015 the provider was meeting all the regulations but we identified that some areas in the key question of well-led did not demonstrate effective governance. On this our most recent inspection we found that the specific areas identified as requiring improvement had been addressed.

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.

People were comfortable with the care staff supporting them and felt safe in their care. Care staff knew how to report any concerns they may have about poor or unsafe practices. Risk assessments were completed and care staff knew how to assist people safely. The provider recruited care staff that were of the correct character to carry out care work. Care staff arrived on time, stayed with people for the correct length of time and were reliable. Care staff were appropriately trained in how to support people with their medicines.

Care staff had the skills and knowledge to meet people needs effectively. The provider ensured all care staff received a good level of supervision and training, along with a full induction to ensure they were competent to work with people more independently. Care staff were able to describe how they supported people in line with the principles of the Mental Capacity Act 2005. Information about people's dietary intake was routinely recorded, allowing people's nutritional health to be monitored. Care staff supported people to maintain good health.

People were supported by care staff that took time to get to know them in order to provide the care they needed in the way they wanted it. People were receiving the support they required from care staff who had built positive relationships with them. Care staff supported people to make their own day to day care decisions. People's privacy and dignity was respected by the care staff supporting them. Records in relation to the support people needed highlighted their abilities, the importance of maintaining their independence by detailing the level of support they needed.

People had time spent with them before they starting using the service, asking them what they needed support with and how they wanted this help to be provided. The provider had effective systems in place to regularly review people's care provision, with their involvement. Peoples care was personalised to them and

care plans contained information about the person, their needs, lifestyle choices and cultural needs. Care staff knew people's individual needs. People were provided with information about how to make a complaint, including being provided with a blank complaints form on joining the service.

The provider had acted to improve the level of communication and inclusion of the registered manager in relation to the on-going management and future planning of the service. The provider's resources in place to monitor the safety and quality of the service were proving insufficient in relation to their recent expansion of the service. People were happy with the standard of care that they received and care staff were well supported by the management team. The registered manager had the knowledge and skills to develop care staff, deliver the service and was keen to continuously improve. Care staff were complimentary about the registered manager's leadership skills and management style. The provider gave people the opportunity to give feedback about the service through surveys and regular reviews of their care by phone or face to face.

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 were comfortable in the company of care staff supporting them and felt safe in their care.

Risk assessments were completed and care staff knew how to assist people safely.

Care staff were appropriately trained in how to support people with their medicines.

Is the service effective?

Good ●

The service was effective.

The provider ensured all care staff received a good level of supervision and training, along with a full induction to ensure they were competent to work with people more independently.

Care staff were able to describe how they supported people in line with the principles of the Mental Capacity Act 2005.

Information about people's dietary intake was routinely recorded, allowing people's nutritional health to be monitored.

Is the service caring?

Good ●

The service was caring.

People were supported by care staff that took time to get to know them in order to provide the care they needed in the way they wanted it.

People were receiving the support they required from care staff who had built positive relationships with them.

Care staff supported people to make their own day to day care decisions.

Is the service responsive?

Good ●

The service was responsive.

Peoples care was personalised to them and care plans contained information about the person, their needs, lifestyle choices and cultural needs.

People were provided with information about how to make a complaint, including being provided with a blank complaints form on joining the service.

Is the service well-led?

The service was well-led.

The provider's resources in place to monitor the safety and quality of the service were proving insufficient in relation to their recent expansion of the service.

The registered manager had the knowledge and skills to develop care staff, deliver the service and was keen to continuously improve.

People were given the opportunity to give feedback about the service through surveys and regular reviews of their care by phone or face to face.

Requires Improvement 

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 announced inspection took place at the provider's office 18 May 2017 with phone calls made to people with experience of using the service on 22 May 2017. The provider had 48 hours' notice that an inspection would take place so we could ensure they would be available to answer any questions we had and provide the information that we needed. The inspection team consisted of one inspector and an Expert by Experience. An Expert by Experience is someone who has personal experience of using or caring for someone who uses this type of care service.

The provider completed a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about their service, what the service does well and what improvements they plan to make.

We 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.

We 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.

We spoke with seven people who used the service and three relatives of people using the service. We also spoke with the registered manager, the chief executive officer, two senior care staff and three members of

care staff.

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 six people by reviewing their care records. We looked at three recruitment files, three medication records and a range of records used in the monitoring of the effectiveness of the service; these included people's feedback and quality assurance audits.

Is the service safe?

Our findings

People told us they felt safe, their comments included, "I feel safe and at ease with them [care staff], I've had them coming in for such a long time", "I feel safe with the carers help" and "Yes, I feel safe with them [care staff] and they have helped me have more confidence, as I'd lost a bit". Relatives told us they were confident that the safety of their family member was maintained by the care staff supporting them, one relative stated, "They [care staff] are very safety conscious and professional". This demonstrated that people who used the service were comfortable with care staff and felt safe in their care.

Care staff knew how to report any concerns they may have about poor or unsafe practices or abuse to the management team and/or external agencies where necessary. A care staff member told us, "If a person I was caring for was behaving oddly, just not themselves, I would talk to them and report and record my concerns". The provider's safeguarding and whistleblowing policies advised care staff what to do if they had concerns about the welfare of any of the people who used the service.

People's needs were assessed and care staff knew how to assist them safely; for example using moving and handling equipment. Relatives told us, "The carers are getting the level of protection right as [relative] learns to do more for herself, it's about just keeping her safe, they are very good at that", "They [care staff] help him shower and he's had no falls with them as he can be unsteady at times" and "If there are any risks they alert me straight away or if she needs the doctor". In addition, risk assessments were completed which assessed potential risks within the home environment where the care and support would be provided. The provider told us in their Provider Information Return [PIR] that risk assessments were carried out at least annually, but more frequently where a person's condition changed, after accidents and/or hospital stays. Care staff were clear about how to access information about people's risks and had received training on a range of topics linked to the promotion of health and safety of the people they cared for. Their comments included, "I know how to safely use the hoist for people to reduce any risks to them when they are transferring and also, I always check the equipment is in good working order" and "We have so much information as possible about how to protect people from any risks both verbal and written".

In addition the provider supported people's safety with effective recruitment practices. The provider told us in their PIR that they made sure care staff they recruited were compassionate and of the correct character to carry out care work. Records reviewed in relation to the recruitment of care staff demonstrated that appropriate references and all the relevant checks had been completed before care staff began working unsupervised. They included pre-employment history, references, identity checks and checks with the Disclosure and Barring Service (DBS). The DBS check supports employers to make safer recruitment decisions and prevents unsuitable people from working with people using the service.

People told us that care staff arrived on time, stayed with them for the correct length of time and were reliable. Peoples comments included, "I have a regular carer and we get on really well, she's always on time and she always turns up. I've never been let down", "They [care staff] are generally on time but if they are a few minutes late it's no problem but they are mostly okay", "They [care staff] take the time needed...they are not rushing to get away" and "They [care staff] are sometimes a bit late but they let me know by phone, I am

not left wondering". One relative said, "We are given notice of when our regular carers are away and they send good replacement carers". No one we spoke with ever felt care staff rushed them when providing their care. Care staff told us their rota allowed them enough time between calls for travel and to ensure that they had enough time to provide the care that people required.

In some instances people managed and administered their own medicines whilst care staff supported others. One person told us, "They [care staff] give me my medication if I need this, but it all depends on how my condition is affecting me, so they check with me first". Another person said, "There have been no medication mistakes, they [care staff] fill in the medication form and notes, it's all written down". Relatives spoken to were also satisfied with how their family member was supported with their medicines. They said, "Mum does her own tablets but they [care staff] do prompt her and make a note she has had them" and "They [care staff] do assist [relative] with tablets and they make a note on her medicine sheet". Care staff told us and training records confirmed that they had undertaken training to support people with their medicines. This meant that people received support to manage their medicines from care staff that had the skills and knowledge to keep them safe. A care staff member said, "I have had training in how to give medication and feel competent. I support people; people I care for need prompting to have their medicines, I do this and sign the MAR". Care staff knew they needed to sign the medicines administration record [MAR] when they had supported people to take their prescribed medicines; however we found that the providers auditing of the MAR was not being completed in a timely manner in order to effectively identify and remedy any errors that may have occurred.

Is the service effective?

Our findings

People told us they had confidence that care staff had the skills and knowledge to meet their needs. A person said, "The manager makes sure I get my care from staff that are trained around my specific needs, as these are specialised". Another person told us, "My usual carers are well trained and even the carers they send when my regular carer is off know what they are doing and they are all very respectful". A relative said, "They [care staff] are well trained and I know they are always updating themselves to improve how well they work". Care staff demonstrated they had the skills and knowledge to meet people's individual needs effectively and told us they were provided with a good level of training.

Care staff spoke positively about the level of supervision and training they received, telling us, "I have had a good amount of training and it has helped me to feel more competent" and "I had all the training I need when I first came here, before they let me work with people, it was good". The registered manager was keen to develop care staff working at the service and supported them all to access a range of accredited vocational training in addition to their basic training. Records showed that care staff had access to regular supervision. All of the care staff we spoke with were satisfied with the level of support available to them. Their comments included, "I get all the support I need" and "I have supervision when I need it and we discuss how I can improve".

A person said, "The carers are well trained in how to help me. They sometimes have new carers doing shadowing with them, but they always check with me first by phone to see if it's okay". We saw that new care staff were subject to completion of an induction period, where they were supported by senior care staff, reviewed the provider's policies and completed their basic training. Their induction also included shadowing more senior care staff, whilst being observed and assessed supporting people before being deemed suitable for working more independently. A care staff member said, "I had a good induction, they [senior care staff] told me about the company, its procedures and I was guided about how to do things by shadowing them [senior care staff] when they visited the people I would be caring for".

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. Applications are made to the Court of Protection for services that provide personal care.

People told us that care staff sought their consent before supporting them. They said, "[Care staff] checks with me to make sure I am happy before doing anything", "They [care staff] check what they are doing is okay at each stage with me" and "They [care staff] check everything with me to see its ok". Care staff were clear about the need to ensure the people they supported gave their informed consent to them before they provided them with assistance. A care staff member said, "I let people guide what happens when I support them, make choices and then support them when they are happy for me to do so". Another care staff

member said, "People's ability to give consent changes every day in some instances and sometimes they [people] may be less accepting of care. I talk and encourage the person, make a drink and chat with them, and then try again later, that's all I can do. I report any issues with people refusing the care they need to the office and record this in their notes". We saw that care staff had received training or updates relevant to the MCA and the Deprivation of Liberty Safeguards [DoLS]. Care staff were able to describe how they supported people in line with the principles of MCA.

People told us they felt supported to eat meals of their choice and were offered a choice of food from what was available in their home and care staff would prepare what they asked for. A person said, "[Carers name] wears gloves and washes their hands before preparing any food". A relative told us, "The meals are from our pre prepared meals stock and [care staff] they just cook it, but they do it nicely and [relative] gets involved as well. They [care staff] use gloves and aprons". Care staff had been trained in relation to safe food preparation and handling and demonstrated they had a good understanding of people's specific dietary needs. We saw that information about people's dietary intake was recorded by care staff, allowing people's nutritional health to be monitored.

People were cared for by care staff that had the knowledge and skills to support them appropriately with their health and welfare. People gave us examples of how care staff supported them, saying, "[Care staff member's name] helped me when I was being sick, she did not fuss and made me feel more normal", "They [care staff] let me know if they find things like sores on my body, they keep an eye on me" and "They [care staff] tell me about any skin issues or anything that needs to be attended to and they help me get the doctor. They always check I am healthy and point out any changes". Relatives echoed these positive comments by telling us, "They [care staff] alert me if [relative] needs the doctor, there is good communication with me about [relative] health", "They [care staff] do alert me if [relative] has sore skin or pressure areas coming on" and "They [care staff] have helped keep [relative] out of hospital". Information about people's health which including a summary of any medical conditions and what support or monitoring may be needed from care staff with these was available. One person told us, ""I have epilepsy and they know what to look out for". Care staff were able to explain what they did to help people maintain good health and described how they provided feedback either to the office or to a person's relatives if they observed a change in someone's condition.

Is the service caring?

Our findings

Care staff were described by people as 'polite' and 'friendly'. Other comments given to us about care staff included, "The carers are always polite and respectful. I've nothing but good to say about them", "They [care staff] give very good care and they are patient" and "The staff are pleasant and polite lovely girls; I look forward to them calling". Care staff spoke in caring terms and with compassion about the people they cared for. They told us they made time to talk and get to know the person they visited in order to provide the care they needed in the way they wanted it.

All the people we spoke with said they had the same group of care staff who were reliable, consistent and understood their needs and preferences. They told us, "I have one carer who is now a main regular and she comes most days. It's nice because of the rapport we have built between us" and "I mainly have the same lady, but they [care staff] are all nice. I mainly have regulars anyway and I'm at ease with them all" and "I have mostly regular carers that I know; they [the provider] seem to be able to keep the same carers. They obviously have a break for holidays but the replacements are okay and know me as well. The office staff phone me to tell me who will be calling". This meant people were receiving the support they required by care staff they had built positive relationships with who knew them and their needs well.

People were supported to be actively involved in planning their care with their views and preferences being sought. A person told us, "My care plan is built around me and my family". A relative shared with us, "They [registered manager] met with us all and did the care plan, we were fully involved and it's very good [the care plan] in fact the best one I've seen very much to [relative] needs. They [care staff] kept to it as well". Care staff provided examples of how they supported people to make their own day to day care decisions, such as choosing their clothes, meals and drinks.

People told us their privacy and dignity was respected. Their comments included, "They [care staff] are marvellous I think of them as family, they treat me with such respect and love. They are great and it's always nice to see them", "When I was having help with washing I was rather self-conscious at first about having to have help, but they [care staff] made me feel at ease", "It's [care provided] all done with dignity" and "They [care staff] speak to me like I'm a human being, showing me respect and they are polite". Relatives also spoke positively saying, "[Relative] enjoys the carers coming, we think. They [care staff] like to see her too and they are respectful towards the family also", "[Relatives] wash is done with safety and dignity and they respect her choices, they take the full time to do care properly". Care staff described how they supported people to maintain their privacy and dignity whilst assisting them with personal care, for example, ensuring that were drawn and people were covered.

People told us that the care staff encouraged them to remain as independent as possible and the support the care staff provided enabled them to continue to live in their own homes. Their comments included, "They [care staff] ask me if I can do things when I get help...checking as they help me. They give me the right amount of help and they don't do it if I don't need it" and "They know I like to do things myself but I can't do a lot of things so they do give me help to have a good shower in the morning". A relative said, "[Relative] gets up early herself and they [care staff] can see if she needs help or not or if she wants to do things for herself".

Care staff demonstrated a good understanding of supporting people to maintain their independence. Records in relation to the support people needed highlighted their abilities and detailed the level of support they needed.

Is the service responsive?

Our findings

People told us that before the support they received from the service began a member of senior care staff or the registered manager had spent time with them, asking them what they needed support with and how they wanted this help to be provided. One person told us, "[Registered manager's name] came to see me and assessed me, asking what I needed and set it out in a care plan. I am very agreeable with it all". A family member described how they and their relative were given the opportunity to be involved in care planning their relative's package of support. Care records we looked at showed that people's needs had been assessed prior to them starting to use the service and the information was used to develop their plans of care.

People and their relatives told us were actively encouraged to be part of reviews of their care and make any changes required. Their comments included, "I have a review each year by phone or they [senior care staff] come out, they check how I feel and they listen and they take it all on board", "They [the provider] do annual reviews and my husband is part of this" and "I have a review done each year and we go through the care plan and see if its ok and if it's still working, but I like to keep it just as it is". This meant the provider had effective systems in place to regularly review people's care package, with their input.

A person using the service told us, "It was all set up around me and my needs [their care plan]; they asked me about the type of carer I wanted, their age for example, so I've got the right person for me". Care plans we reviewed provided care staff with information about the person, their needs, lifestyle choices and cultural needs such as the gender of care staff requested to provide support. The provider's information guide included photos of people from a variety of ethnic backgrounds which promoted the equality and diversity of the service available to people.

People gave us many examples of how their care was personalised to them and how care staff accommodated any extra support they may need. Their comments included, "The staff have a chat with me and they will do anything extra for me, they always ask me before leaving. I look forward to them calling and I would be lost without them, they help me get up and about", "I have [health condition] and they [care staff] will sit with me and listen to me and they help to give me a different perspective. They seem to know how to do that, they have been really good and if I'm upset they cheer me up, they know how to be there for me", "My care feels tailored to me and my needs, so they don't rush", "The staff are not clock watching and say if I decide I want my hair washed they will stay longer without rushing" and "They [care staff] will do little extra tasks". A relative told us, "The staff help [relative] have a wash and dress; they do all this as [relative] wishes". Care staff spoken with were knowledgeable about people's individual needs. Care records available to care staff included information about people's likes, dislikes and preferences with regard to how they wanted their care and support provided.

People and care staff told us that the on-call staff were accessible and responsive to their needs or any concerns. One relative said, "There is good communication between me and them [care staff]. I can get hold of them 24 hours". The registered manager along with senior care staff provided the on-call service and had access to information they may need.

People spoken with all knew how to make a complaint and told us that if they had any issues they contacted the office or [registered manager's name] in the first instance; they felt sure they would be re-solved. Peoples comments included, "They [care staff] listen to any concerns and if we request things they follow them up. They are obliging, flexible and they take the trouble to help", "Not had to complain at all, I can get in touch with the office if needed so we can sort things out but it's not been needed" and "If I had a complaint I'd tell them [care staff] and if I have a problem I can just speak to [registered managers name] or someone in the office". One relative said, "No formal complaints but they [office staff] have dealt with our occasional enquiries. Like when we had a carer who was just not suitable for us and [the provider] respected this, they dealt with it well".

People were provided with information about how to make a complaint, including being provided with a blank complaints form on joining the service. We reviewed the complaints received by the provider and found that the provider acknowledged, investigated and responded to complaints in line with their own policy. Care staff spoken with were clear about how they should direct and/or support people to make a complaint.

Is the service well-led?

Our findings

During our last inspection of the service in April 2015 we found that the provider was not always open and inclusive in its sharing of important information or decision making about the service with the registered manager. At this our most recent inspection, we found that the necessary improvements had been made. Communication between the provider and registered manager in terms of information about the performance of the service and any current or future planning for the service was more inclusive. The issues we noted in relation to the lack of involvement of the registered manager in care staff disciplinary interviews/hearings had also been addressed.

We found that the daily reports and medicine administration records [MAR] returned to the office base each month from people's homes had not been audited to ensure information was up to date and completed accurately. These records had in some instances not been checked for several months. For example a selection of the MAR we reviewed had multiple gaps in care staff signatures, which without the necessary checks being undertaken could mean that people may not have received their medicines as prescribed. We spoke to the registered manager about this issue and they advised that their systems for checking had fallen behind due to the lack of capacity of office staff to complete these processes. The provider told us in the provider information return [PIR] that they had sent to us in February 2017 that they were providing the regulated activity to 48 people. At the time of our inspection just over three months later, they had taken on a number of extra packages of care, increasing the number of people they were supporting to 65. Based on our findings the providers resources in place to monitor the safety and quality of the service were proving insufficient in relation to the expansion of the service.

People told us they would recommend the agency to others and were happy with the standard of care that they received. Their comments included, "They are excellent. I have them call four times a day so they really help me, they are very good to me", "I've used them for about eight years and I would not change them, they are the best firm I've used", "I'm grateful and very pleased with the service I receive, I like it" and "It's like a family feeling; they treat us like family and vice versa. I would recommend them, they are excellent". A relative said, "It's been excellent for [relative] and me. They have been most impressive in what they say and in what they do".

The registered manager had the knowledge and skills to develop care staff, deliver the service and was keen to continuously improve. All of the people spoken with knew the registered manager by name and clearly had confidence in her abilities as the registered manager. One person told us, "[Register manager's name] is always very polite and she takes pride in her work, she really does care". Care staff spoken with were complimentary about the registered manager's leadership skills and management style. They told us the registered manager was always available should they have any concerns about people's welfare and they were available to provide them with guidance when needed. Care staff comments included, "[Registered manager's name] is a good manager and easy to get hold of" and "I get the support I need from [registered manger's name], she encourages me to learn and develop myself".

The provider told us in their Provider Information Return [PIR] that they carry out telephone reviews, spots

checks and other forms of home visit during each of these they actively request feedback from the person and their family. From the comments we received it was clear that the service had a positive culture where people, families and care staff felt valued. We saw evidence that the provider gave people the opportunity to give feedback about the service through surveys and regular reviews of their care by phone or face to face. We saw that if people raised any issues remedial action was taken where required. This meant that the provider was keen to actively involve people to express their views about the service provided.

The registered manager understood their responsibilities for reporting certain incidents and events to us and to other external agencies that had occurred at the service. We saw that information about any changes to practice following incidents was cascaded to staff in a timely manner. Care staff told us they were well supported and speaking openly at meetings was encouraged by the registered manager. We saw that in meetings with care staff the registered manager shared any developments planned for the service and revisited their expectations in relation to the standards of care provision.

Care staff gave a good account of what they would do if they learnt of or witnessed bad practice and how they would report any concerns. The provider had a whistle blowing policy which care staff were aware of and knew how to access.