

RM Qualicare Ltd

118a Erdington High Street

## Inspection report

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08 June 2017

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

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 07 and 08 June 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be available.

118a Erdington High Street provides personal care and support to people living in their own homes. At the time of our inspection there were seven people using the service.

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

This was the first inspection of this location since it was registered on 16 January 2017.

People received a good quality service in which they had confidence. Although there were some processes in place to monitor the quality of the service these were not yet embedded, so that all aspects of the service were being monitored so that shortfalls in the systems were identified and rectified. Records management needed to be improved so that records were easily accessible and included all the information needed.

Staff were provided with some training but not all staff had undertaken the required training and staff recruitment procedures were not always completed thoroughly.

People received a safe service because the provider had procedures in place to ensure that staff followed the procedures to ensure the risk of harm to people was reduced. The risk of harm to people receiving a service was assessed and managed appropriately; this ensured that people received care and support in a safe way. Where people received support from staff with taking prescribed medicines, this was done in a way that ensured the risk to people was minimised.

People received care and support from staff that knew people's needs and involved people in making decisions about their care. People's rights were protected and they had choices in their daily lives. People were supported to maintain their diet and health needs where required.

Staff were caring and people's privacy, dignity, independence and individuality was respected and promoted by staff and the management. Staff communicated with people and their families so that they were confident in the support provided.

People knew how to raise their concerns or complaints although none had been raised. Relatives felt reassured that any concerns would be appropriately addressed. People were asked to comment on the quality of service.

Staff felt supported by the management team and felt able to contribute suggestions for improving the service.

## 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 not always safe.

People received a safe service, procedures were in place to keep people safe and most staff knew how to keep people safe from abuse and harm. Recruitment checks were not always sufficient to ensure checks were completed with the most appropriate people.

Risks to people were assessed and managed appropriately and there were sufficient staff to provide care and support to people. People received their prescribed medicines as required.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective

People received care from staff that had received some training but not always all the training needed to equip them for their roles.

People received care and support with their consent, and people's rights were protected. Where necessary people received support from staff to maintain their food and drink intake. People's health care needs were met where needed.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

People said staff were caring and they had a good relationship with the staff that supported them.

People were able to make informed decisions about their care and support, and their privacy, dignity and independence was fully respected and promoted.

**Good** ●

### Is the service responsive?

The service was responsive.

People were involved in all decisions about their care and the

**Good** ●

care they received met their individual needs.

People were able to raise concerns and confident these would be dealt with to their satisfaction.

**Is the service well-led?**

The service was not consistently well led.

There were systems in place to monitor the quality of the service however, these were not yet embedded and some records needed to be improved so that they were accurate and could support the monitoring process.

People received a service that met their needs and the management of the service was open and responsive to people's comments. People and staff were able to give feedback on the quality of the service provided.

**Requires Improvement** 

# 118a Erdington High Street

## **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 07 and 08 June 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be available. The inspection was undertaken by one inspector.

In planning our inspection, we looked at the information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts. A notification is information about important events which the provider is required to send us by law. We reviewed regular quality reports sent to us by the local authority that purchases the care on behalf of people, to see what information they held about the service. These are reports that tell us if the local authority has concerns about the service they purchase on behalf of people.

We also looked at the provider information return that had been completed and returned to us as requested. This provides us with information about how well the service is being managed and what improvements have been identified by the provider. We used this information to inform our inspection.

During our inspection we spoke with two relatives, four care staff, the registered manager and provider. We sampled three people's care records; this included their medication administration records and daily reports. We also looked at the recruitment records of two care staff and quality assurance processes that the provider had in place to monitor the quality of the service.

# Is the service safe?

## Our findings

Staff told us that they were asked to provide evidence of identity, right to work, DBS (Disclosure and Barring Service check) and references relating to previous work. The DBS helps providers to make safe employment decisions. We saw that although employment checks were carried out before staff were employed they were not always robust. For example, Disclosure and Barring Checks (DBS) brought by staff were sometimes from employers not identified on the application forms and no follow up with staff about these discrepancies had been made. This meant that on occasions work references were not obtained from the most recent employer as required by provider's recruitment policy.

Relatives told us they and their family members received a safe service. One relative told us, "Never heard anyone shout or be disrespectful with people." The risk of harm to people was reduced and managed because there were procedures in place to help staff to keep people safe from abuse and harm. All staff spoken with knew the procedures for keeping people safe from abuse and records looked at confirmed that staff had received training on how to keep people safe from harm. All staff knew about the different types of abuse and the signs to look for which would indicate that a person was at risk. Staff understood how to report concerns both within the service and to external agencies that they could contact, should they have any concerns about people's safety

People's relative's told us that they and their family members had been involved in the assessment of risks and they knew how staff were to minimise any identified risks. One relative told us, "There was a risk assessment. They [staff] checked the property, access to the facilities and if there was the correct equipment for moving mum." Staff told us that risk assessments and risk management plans were available to support them in caring for people safely. Records looked at confirmed this. Staff told us that any new risks would be reported to the managers so that risks could be reviewed so that care could be reviewed to ensure people's continued safety.

Staff told us that there was an on call system and a senior member of the staff team was always available. This meant staff had access to guidance and support in emergency situations. Staff told us what they would do in a medical emergency to ensure people were safe. This included calling the emergency service and reporting issues about people's welfare to the office and people's family members.

People's relatives told us that they felt there were enough staff and they received the service they needed. People's relatives told us that they always knew who was going to be assisting them because they had access to the rota and were always kept informed if there were any staffing changes. A member of staff told us, "There is enough staff. We get asked to cover occasional calls."

People were supported to take their medicines as needed. All the relatives we spoke with told us they dealt with their relatives medicines. Staff told us that they did support one person with their medicines and this was done when they visited the person and recorded that they had supported the person to take their medicines on each visit. Staff confirmed that they had been trained in how to support people to take their medicines through prompting and assisting to take the medicines out of the medicine containers. This

showed that staff knew what to do if they needed to support people.



## Is the service effective?

### Our findings

Staff told us that they had had some training and there was ongoing training available to them. We saw that there was a board displayed in the office that showed that the training for staff was based on the modules of the care certificate but not all modules had been completed by staff. The care certificate sets the standards for the fundamental skills, knowledge, values and behaviours expected from staff within a care environment. We saw that the provider did not have access to moving and handling equipment in an environment other than in people's homes to train staff in the use of moving and handling equipment.

Staff were supported to carry out their roles effectively. Staff spoken with told us they had been provided with an induction into their role and had had some training to help them to do their job well. This included some shifts where they observed and then worked alongside experienced staff so that they got to know people's needs, likes and preferences. Although some staff felt this was sufficient to assist them, some staff did not feel this was sufficient for those staff that had not had previous care experience. Whilst speaking with staff after actions they would take if they suspected abuse was happening one member of staff told us that they would investigate any issues themselves and talk to the perpetrator. We raised with the provider that they needed to ensure that staff fully understood the actions they should take to ensure people were kept safe. We asked the provider for records that showed that staff had been assessed as being competent to carry out their roles alone. Although competency assessments were not available we saw that spot checks were completed where staff practices were monitored. The provider told us, and staff confirmed that the provider was often working alongside staff where they were able to monitor staff practices. Staff told us that they had had at least one supervision and they were able to get advice and support whenever they needed by telephone or Whats App. What's App is a mobile phone messaging service that enables messages to be shared through a chat room in a safe way.

Relatives spoken with told us that staff supporting their family members had the training and skills required to understand and meet people's needs. One relative told us, "They [staff] seem to know what they are doing. They communicate with mum and always check her skin." Relatives told us they, and their family members, had been involved in the assessment procedure so that the staff were aware of people's needs, preferences and desires. One relative told us, "I like how staff relate to mum and the family specifically."

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.

Some staff told us they had received training to enable them to understand how to protect people's rights. A member of staff said, "We have touched on the MCA but I need to read up on it. If a person didn't have capacity we would liaise with the family about their preferences and develop communication with the person." Another staff member said, "We get to know people's needs from the care plans but we always ask people what help they want. We ask their choices, for example, what they would prefer to wear or what they

would like to eat." We asked staff what they would do if they felt someone could not make informed decisions about their care. All staff said if they had any concerns about people's ability to give consent to receiving care they would report it to their line manager, so that the person's needs could be reassessed. This meant care staff had a good understanding of their responsibility in relation to the MCA and people were given the opportunity to consent to and be involved in their care.

Where people needed support with preparing food and drink, they told us that staff always supported them in a way that they wanted. One relative told us, "If mum's dinner is ready they [staff] will give mum her lunch. Mum has difficulty initiating tasks so they [staff] give her the spoon so she can eat." Another relative told us, "She (person receiving support) is slow with the spoon, and staff assist her. I prepare the meal. They [staff] will tell me if she is not eating. They have a chart to say how much she ate." Staff spoken with were knowledgeable about people's needs. Records looked at showed that where needed staff monitored food and drinks and fed back any concerns to the family and senior staff.

Relatives told us that they generally supported people with their medical appointments but felt sure that if needed staff would contact them, the doctor or emergency services. One member of staff told us they would contact the emergency services if needed. They would then inform the family and senior staff but they would be secondary to contacting the emergency services. This showed that staff were able to take actions, if needed, in emergency situations to ensure that people's needs were health needs were met.

## Is the service caring?

### Our findings

People were provided with care and support that they said was of a good standard and where the staff were caring. One relative told us, "The care is good and staff are caring. There is not one person we are not happy with."

People and their relatives were involved in discussing and agreeing their care and support needs. Relatives told us that staff did what people wanted them to do and staff described how they involved people in their care.

People's privacy and dignity was respected by staff. One relative told us, "They [agency] are trying to keep to a certain number of staff. There are regular faces that may come at different times. There's about a team of eight staff during the week. They try to keep some consistency in the day as mum has some cognitive issues. They told us they were looking at having regular carers - shows they are considering her needs." This showed that care was being taken to consider the impact on people of having different staff supporting them. Staff were able to describe how they ensured people's privacy and dignity. One member of staff told us, "We ensure the curtains and doors are closed. We have a privacy towel that stays over the person so that we only uncover one part of the body at a time." Another staff said, "We take time to ask permission to do this or that or ask the individual if they would want to wash a part of themselves." We saw that care plans were reflective of the expectation on staff to ensure that people's privacy and dignity were maintained.

People's independence was promoted as far as possible. Relatives spoken with said that staff promoted their family members independence. One relative told us how the staff encouraged their family member to eat independently by reminding them to pick up their spoon whilst eating because they tended to forget. Another relative told us that their family member was asked where they wanted to sit as this could change depending on how the individual was feeling. Staff were able to tell us how they encouraged people to be independent, as far as possible, in washing parts of their body they could reach and making choices about what they wore.

## Is the service responsive?

### Our findings

Relatives told us they and their family members were involved in agreeing and deciding their care needs. One relative said, "An assessment was carried out and our needs, desires and what we needed was discussed." They went on to tell us that the service was made, "Bespoke to mum's needs". Everyone we spoke with felt the service met their family members' needs well. This showed that relatives felt they and their family members were involved in their care and were confident their needs were being met in a way that suited them. Relatives told us that the service was responsive to their family members' individual needs. For example, one person was supported to attend their place of worship accompanied by staff to ensure that they could be supported with personal needs or to get a drink if needed. Relatives and staff told us that they were able to provide cultural appropriate care in the way people had requested. One relative told us, "Carers are aware of cultural needs. For example, time is given for personal care to be provided more often than once a day. They do other bits and pieces for mum such as putting washing in the washing machine. They [staff] talk to her [person receiving support] and build a relationship with her. She can be tearful and finds it difficult to be washed. I can leave the home assured that mum is okay and mum is comfortable to be left alone with them [staff]."

Relatives also told us that the manager would phone them to check that things were going okay. Relatives told us that they had a review and they were able to say if they were happy with the service being provided. Staff told us that if there were any changes in people's needs they were able to use a 'What's app' group to alert staff attending the next call as well as making senior staff aware of the changes so any reassessments could be carried out. In this way staff were able to ensure that people's continuing and changing needs were met.

People's relatives were happy that they were kept informed about any changes in the service provided. Relatives told us and staff confirmed that people had access to a rota showing which staff would be attending each call during the week. For one person staff told us that they wrote on the calendar which staff would be coming the next day. This showed that actions were being taken to ensure that people and their families were kept aware of who should be visiting their home. Relatives told us that they were happy that they were getting support from a regular group of staff. Staff told us that although they didn't always attend to the same people each day all the people they supported knew them and as a company and staff team they felt it was their responsibility to be able to meet people's needs.

All the relatives spoken with told us they knew how to make a complaint about the service although they had never needed to raise a complaint. Relatives knew who to complain to if needed. One relative said, "I've never had to make a complaint. I have a book and I could put it in there. If I had a complaint about a carer I would contact the office." The provider told us that no complaints had been received and if any concerns were raised with them they would address them straight away as keeping people happy was their priority.

The provider told us and relatives and staff confirmed that when the provider visited people, either during checks on the staff or whilst they were supporting staff on a call, they would ask for feedback from people about the service they received.

## Is the service well-led?

### Our findings

We saw that there were some shortfalls in maintaining complete and accurate records that needed improvement so that people were assured that the service was consistently well managed and so that the provider had sufficient information to monitor the quality of the service. For example, whilst looking at some daily records of the care provided to people we saw that on some occasions there were gaps in the records on some days. We were told that this was because for one particular person there were only three calls a day for six days a week but only two calls on the seventh day. The person's care records did not identify the number of calls each day or the times of calls. The computerised care records did not record a reason for visits that had been added to the regular calls, such as when relatives were on holiday. This meant there was insufficient information available to monitor that the service was meeting people's needs.

Other records that needed to be improved included the recording of medicines. We saw that although staff were signing to say they had supported people with their medicines there was no record on the medication record of the medicines being administered.

We saw that there were some systems in place for monitoring the quality of the service but these had not fully embedded yet and systems were not sufficient to identify why some monitoring had not taken place. For example, staff supervision, spot checks and feedback from people receiving a service had begun however, there was no system in place to plan how many of these were to be carried out in any month, or the reasons for them not being carried out recorded. During discussions with the provider it came to light that sometimes the reason for records not being updated or monitoring checks not being carried out was because the provider had to carry out calls to support the care staff. The provider told us that they were in the process of recruiting more staff and introducing a co-ordinator role so that in the future they had the time to carry out the development and monitoring role. The systems in place did not ensure that the provider's recruitment policy was followed. For example, references were not always sought from the most recent employer because the application form was not scrutinised sufficiently to ensure that the employment history was complete and accurate.

There was a registered manager in post and all conditions of registration were met. Relatives spoken with felt they received a good quality service that met their family member's needs. Relatives told us they had met the registered manager and provider and found them to be approachable and responsive to their comments and were asked their opinion on the service during reviews and care visits. The relatives told us they would recommend the service to other people. Staff told us that they felt supported by the registered manager and provider and were given opportunities to make suggestions about how the service could be improved. One staff told us, "It's a lovely place to work. I feel supported by the staff and manager."