

Homecare4U Limited

# Cera Birmingham South

## Inspection report

809 Bristol Road South  
Northfield  
Birmingham  
West Midlands  
B31 2NQ

Date of inspection visit:  
09 November 2021

Date of publication:  
31 January 2022

### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Homecare4u South Birmingham is a community based care provider that provides personal care to people living in their own homes. At the time of inspection 38 people were receiving a service and all were in receipt of the regulated activity of personal 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.

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

People's support needs were assessed regularly and planned to ensure they received the support they needed.

Staff had received training in safeguarding and knew how to keep people safe. Staff had been recruited safely and were trained and supported to provide the best possible care for people. People told us their medication was administered safely. Staff were provided with sufficient amounts of personal protective equipment (PPE) to mitigate the risk of cross infection.

Staff had good knowledge of the risks associated with providing people's care and had received training relevant to people's needs. The provider sought feedback from people and their relatives about their care experience and any issues raised, were dealt with. The provider worked effectively with health and social care agencies. People and relatives knew how to raise a concern or make a complaint and felt confident they would be addressed.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 25 December 2019).

### Why we inspected

We received specific concerns about the support people received and as a result, we undertook a focused inspection to review the key questions of safe and well-led only. We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection. The overall rating for the service has remained good. This is based on the findings at this inspection.

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection 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 well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Cera Birmingham South

## 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

This inspection was carried out by two inspectors. Inspection activity started on 09 November 2021 and ended on 12 November 2021. We visited the office location on 09 November 2021.

#### Service and service type

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

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 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 eight people who used the service and ten relatives about their experience of the care provided. We spoke with eight members of staff including the area manager and registered manager. We

reviewed a range of records. This included five people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. 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; Assessing risk, safety monitoring and management

- People and relatives we spoke with told us they felt safe. One person said, "They [staff] make me feel safe. I get on ever so well with them."
- Staff knew how to recognise potential abuse and protect people from it. Staff had received training on how to keep people safe and described the actions they would take where people were at risk of harm.
- Risk assessments were in place for people and updated regularly. Risk assessments contained information to guide staff on how to manage people's risks safely. Staff we spoke with knew people well.
- The provider assessed people's needs before they began using the service to make sure they could meet those needs and manage any identified risks.

Staffing and recruitment

- Recruitment checks were completed to make sure staff were safe to work with people. This included obtaining references from previous employers, and background checks with the Disclosure Barring Service (DBS).
- People were supported by enough staff. One relative told us, "We usually have the same staff, generally on time. If they are running late, they will phone to let us know."
- People told us they were supported by staff who were well trained. One relative told us, "The [staff] are well trained, it's very reassuring for us."

Using medicines safely

- Where people received support with their medicines, this was managed safely.
- Staff told us they had received medication training and had their competencies assessed during spot checks completed by managers.
- Staff completed medication administration records (MARS) to show what medicines they had administered. Where people required as and when medicines (PRN) staff knew when to administer them and recorded this.

Preventing and controlling infection

- We were assured staff were using personal protective equipment (PPE) effectively and safely.
- People and relatives we spoke with confirmed staff wore correct PPE.
- Staff we spoke with confirmed they wore PPE and completed lateral flow and PCR tests in line with government guidance. The provider told us there was a stock of PPE, including hand sanitiser available to staff at people's homes and the staff we spoke with confirmed this.

### Learning lessons when things go wrong

- Accidents and incidents were recorded and investigated to reduce the risk of them from happening again in the future.

# 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 good. At this inspection this key question has now remained the same. 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

- The provider had systems in place to monitor and review the quality of the service. Audits of the service were completed to ensure the provider was meeting peoples' needs and the service being delivered was to a high standard.
- Staff we spoke with were positive about working for the service. One staff member told us, "My manager is always there for me. I love the job and have a connection with the people I support."
- The provider had a clear vision for the development of their service.
- The management team had contingency arrangements in place to ensure the service delivery was not interrupted by unforeseen events. For example, the COVID-19 pandemic, we saw there were plans in place to ensure visits were completed.
- The provider had notified CQC, as required to do so by law, and other agencies of any matters of concern and incidents that affected people who used the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People, relatives and all staff we spoke with told us they felt listened to and the provider was approachable. A staff member said, "We have a good team of people, everyone is very caring."
- The staff and management team put people first and promoted their independence, enabling people to make choices about their lives.
- The provider told us they only took on care packages if they were sure they could meet people's needs and provide them with good quality care.

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 management team were open and honest and knew how to comply with the duty of candour. Duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- There were whistleblowing and safeguarding procedures in place and staff knew how to raise concerns with the local authority and the Care Quality Commission (CQC) if they needed to.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics



- People and relatives had the opportunity to share their views on the service provided. One relative said, "We have completed telephone questionnaires". Another relative told us, "We can contact the manager at any time. They are very good and accessible. They sort things out and are very responsive."
- Staff had meetings and supervisions to reflect on their work.

#### Continuous learning and improving care

- The management team were enthusiastic and committed to further improving the service for the benefit of people using it.
- The management team used feedback from a variety of sources, including involving people and relatives in individual reviews to make sure the care and support was personalised and met people's needs.

#### Working in partnership with others

- Staff worked in partnership with health and social care professionals to ensure people had the care and support they needed to maintain their health and wellbeing.