

West Bromwich African Caribbean Resource Centre

West Bromwich African Caribbean Resource Centre

Inspection report

Thomas Street
West Bromwich
West Midlands
B70 6LY

Tel: 01215255436
Website: www.wbacrc.co.uk

Date of inspection visit:
25 November 2019

Date of publication:
31 December 2019

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 Support

West Bromwich African Caribbean Resource Centre is a domiciliary care service which is registered to provide personal care to people living in their own homes within the community. At the time of our inspection 65 people received care and support from the service.

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

People told us they felt safe. Staff informed us of the signs of abuse and the reporting processes they should follow if they had concerns. People's risks were assessed, and staff had a good understanding of how to minimise them. The provider's on-going recruitment process ensured there were suitable staff to support people safely. People received their medication as prescribed. Staff followed infection control guidance and had access to personal protective equipment.

People were supported by staff who had the skills and knowledge to meet their needs. People were supported to have choice and control of their lives. Staff supported people in the least restrictive way possible and in their best interests. People were given choices and their consent was gained before providing support. Staff knew of people's dietary needs. People had access to healthcare professionals when required.

People were supported by kind and caring staff who knew them well. People's privacy and dignity was maintained. Staff knew it was important to encourage people to maintain their independence.

Assessment and reviews of people's care and support needs were undertaken regularly or more frequently when it was required. People and /or their relatives were included in these processes to ensure all needs were determined and addressed. People and their relatives knew how to raise concerns and would feel comfortable to do so.

A range of improvements had been implemented since our last inspection. Quality assurance systems including spot checks had been used to identify what aspects of the service worked well and where improvements may be needed. Provider feedback surveys had been used to gather information about the views of people and relatives about the service provision. People, relatives and staff spoke positively of the registered manager.

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 06 July 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 safe findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our safe findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our safe findings below.

West Bromwich African Caribbean Resource Centre

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.

Service and service type

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

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 provider 48 hours' notice of the inspection visit. This was because we needed to make sure staff would be at the office to answer our questions and provide the information we required to carry out our inspection.

What we did.

The provider was asked to complete a Provider Information Return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. 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. This information helps support our inspections. We used this information to plan our inspection.

During the inspection

We spoke with five people who used the service and two relatives to ask about their experience of the care provided. We spoke with the registered manager, the nominated individual, a board member, a team leader and six care staff. We reviewed a range of records. This included three people's care and medication records. We looked at two staff files in relation to recruitment and staff supervision. We also looked at a variety of records relating to the management of the service, including policies and procedures were also 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.

Assessing risk, safety monitoring and management

- Risk assessments had been undertaken concerning each person's home environment. Care plans and other documentation were in place to make staff aware of people's risks and how to minimise them. A record highlighted, "Staff to be aware of any spillages. These should be cleaned up promptly to avoid risk of slip or falls". A risk assessment of one premises read, "All electrical wirings sockets appear to be in safe condition".
- A staff member told us, "We (staff) know of all people's risks and try to keep people safe". One care plan read, "Make sure there are no wrinkles in the sheet that could cause sore skin". People we spoke with told us staff took care to prevent them being at risk of incidents or injury. One person said, "The girls (staff) support me because I am a bit wobbly (unsteady on feet)".
- Staff we met all wore an identity badge (ID) with their photo as a security measure. This meant that people would know who they were letting into their homes to ensure safety. A person said, "All staff wear ID badges. I would not let them into my house otherwise".

Systems and processes were in place to safeguard people from the risk of abuse.

- People told us they had not experienced bad treatment or abuse. A person said, "No, the staff are careful and kind". Another person told us, "No roughness or staff being heavy handed. The staff are careful".
 - Staff were aware of the signs of different types of abuse and how to report it.
- The registered manager had told us, and information confirmed, any concerns identified had been reported to us and the local authority as is legally required.

Staffing and recruitment

- An on-going recruitment programme to promote sufficient, safe staffing levels was in place. The registered manager told us, "We (company) are not taking on any more care packages until we have recruited an additional 10 staff. This will ensure we will be able to meet new people's needs in the future".
- Staff told us they had enough time to complete each care call and to meet each person's individual assessed needs. A staff member said, "We (staff) have enough time to do our work. Occasionally I may be a bit late if the bus is late". A person told us, "sometimes staff are late, and this can cause me problems". Another person said, "The staff are always on time. Today there was a funeral in the street and people could not get through. My staff still turned up on time though".
- Contingency plans were in place to cover staff sickness and holidays. Staff confirmed this. One staff member said, "Calls do get covered if staff are off sick".
- The registered manager told us, and staff confirmed, that a new electronic system was being implemented. The registered manager told us the system could do call rotas for staff and alert the registered manager if a call was late or missed.

- The Provider Information Return highlighted, "All care staff recruited are pre-vetted via an enhanced Disclosure and Barring Service (DBS) check. Application forms include full employment history with any gaps investigated". Records confirmed this. A staff member told us, "My checks had to be completed before I started work". Other staff also confirmed pre- employment checks were always undertaken to ensure they were safe to work at the service.

Using medicines safely

- Records highlighted, and staff confirmed they had received training to support people to take their medicine safely. A staff member told us, "I had training and then my competency is assessed during spot checks".
- Many people and relatives told us staff were not required to support them with their medicines. Where people did need assistance with their medicines however, they told us they were happy with the support staff gave.

Preventing and controlling infection

- Staff told us they had access to Personal Protective Equipment (PPE) and people and relatives confirmed staff used the PPE as required. Staff we met had come to the providers office to collect a new stock of PPE. A staff member said, "We (staff) always have enough PPE. We have shoe covers provided too so we don't walk dirt into people's homes".
- Staff confirmed the registered manager, to prevent the spread of flu and to prevent ill health, had encouraged them to have the flu vaccination.
- Some staff had long nails and/or painted nails that could present an infection risk. We informed the registered manager of this who said, "It is in the dress code that staff cannot wear long painted nails. I will investigate this".

Learning lessons when things go wrong

- Staff knew of their responsibilities to report accidents and incidents.
- The registered manager kept a record of accidents and incidents including safeguarding referrals that had been made or enquiries carried out by the local authority.
- Where there were lessons to be learnt for the service and the staff team, these had been shared with staff in team meetings. For example, an incident had occurred involving hot water in a person's home. The registered manager had taken action and had alerted staff of what to do and what to be mindful of to prevent a future occurrence.

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 has remained the same. This meant people's outcomes were consistently good.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Management carried out an assessment to consider people's initial needs. A person told us, "They (management) asked me what conditions I had and what I needed".
- Documents confirmed people and their relatives had been involved in the assessments and records were updated when people's needs changed.
- Assessment documents considered people's rights under the relevant quality laws.

Ensuring consent to care and treatment in line with law and guidance. The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 make 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 with appropriate legal authority. This is usually through the MCA application process called Deprivation of Liberty Safeguards (DoLS). Where people may need to be deprived of their liberty to 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 liberty. We checked whether the service was working within the principles of the MCA.

- The management team and staff had received training and a good understanding of the MCA and ensured they supported people in the least restrictive way.
- The registered manager told us assessments were undertaken but at present no person required a DoLS.
- People's consent was sought before staff provided support to people and staff understood the importance of this. A person told us, "Staff always ask if it's ok to do anything for me. I agree or refuse. If I refuse the staff don't make me". A relative said, "Staff always explain and ask permission before doing a task". One staff member said, "One person refused to get washed and dressed. They did agree to have their breakfast. After the breakfast they then agreed to have a wash and get dressed. We (staff) must work with people and do things their way that may change from day to day. We cannot force people to do things".

Staff support: induction, training, skills and experience,

- Staff received an induction to prepare them for their role. A staff member told us, "I had induction training. It covered everything I needed to know".
- The registered manager told us the care certificate was available for new staff to work through. This was particularly so for new staff who had not yet attained a formal care qualification. Records confirmed this. The care certificate is a nationally recognised set of standards that define the knowledge, skills and

behaviours of specific job roles in the health and care sectors.

- The Provider Information Return highlighted, "We have a training matrix that allows us to see who has been trained in which area. It allows us to target training to those who need updating".
- Staff told us they had received mandatory training that included health and safety and medicine training. They also told us they had received specialist training, diabetes awareness, dementia care and challenging behaviour. The registered manager told us that staff who provided support to people under 18 years of age had received training to cater specifically for the needs of children. This was confirmed by records and staff we spoke with.
- A person said, "As far as I'm concerned the staff are trained and competent".

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

- Several people told us they or their family did their food shopping and prepared their meals. Where people required staff to support them with meals they were happy with this provision. A person said, "The staff ask me what I like to eat and drink and even how many sugars I take".
- Staff told us they were aware of people's food and drink likes and dislikes. Records confirmed people's food and drink likes and dislikes had been explored and documented.
- Staff confirmed they knew people who had medical dietary needs for example, diabetes. A staff member told us, "They (person's name) can't have sugar as they are diabetic".
- Staff told us about certain foods that were not permitted in some religions and/or cultures examples being, pork and beef. This ensured people's cultural needs were met.

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

- Staff confirmed they had good working relationships with external social care professionals.
- A staff member said, "Most people have relatives who look after their health needs. If people don't have relatives staff will ring the GP or refer to health care professionals". This was confirmed by people we spoke with and records. A record read, "Referred to occupational therapist for chair".

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 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; equality and diversity

- People and their relatives told us staff were kind and caring. One person said, "The staff are very kind and helpful". A second person said, "The staff are lovely". A relative said, "Kind and friendly staff".
- Staff confirmed generally they were allocated the same people to support and knew them well. This was confirmed by people we spoke with.
- People being supported came from different nationalities and cultures. The staff group reflected these so had good knowledge of people's specific and diverse needs. A staff member told us, "One person is Sikh and prays morning time. I respect this and give them time. I help them with their head turban".

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

- Staff told us people were involved in care planning to ensure they were supported in the way they wanted to be.
- People told us they were supported to make choices about day to day care and routines this was confirmed by management and records. A person said, "The staff always ask me if I wish to have a wash or a shower as I like a wash some days and a shower others".
- A staff member told us, "I always give people choices about what they would like to eat and what they would like to wear".

Respecting and promoting people's privacy, dignity and independence

- Staff told us how they promoted people's privacy and dignity when supporting them with their personal care needs. One staff member told us, "I close doors and curtains. When people use the toilet, I ask them to call me when they have finished". A person said, "The staff help me have privacy when I am getting dressed, being showered and use the toilet".
- Staff encouraged people to retain their independence skills. A staff member said, "People need to do what they can. Even if it's just washing their face. A person said, "The staff only do what I cannot. I like doing for myself".

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 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.

- Needs assessments and care plans had been produced that detailed people's care and support needs.
- The Provider Information Return read, "Include people, family and friends and all those involved with the care in developing the plan and that it reflects personal choices". Staff told us care plans were updated regularly or as changes occurred this was confirmed by people and their relatives. A person said, "They (staff) update my records with me. I'm not too interested in the records though. As long as the staff know what to do for me and they do". A relative told us, "Their (person's name) records are reviewed about six monthly and I am involved".
- Staff understood and knew people's needs and preferences. A relative said, "The staff are so good. They know them (person's name) so well. I worry in case they leave as new staff may not be so good".
- A person told us, "If I have to go to the hospital I phone the office and they (managers) change my call time". A relative said, "The service can be flexible if we need it to be".

Meetings 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 their carers.

- Staff told us that where people could not communicate or understand what was being said they used different methods to improve this. One person's care plan read, "Struggles to communicate". A staff member said, "We (staff) can use pictures and writing to help people understand". Another staff member told us, "We (staff) make sure we face people when speaking and speak clearly to help them hear and understand".

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place and a clear system on how they would handle complaints if needed. This included a complaints log that showed how complaints had been managed.
- One person had made a complaint. The issue had been documented, investigated and a meeting had been held to discuss a way forward.

End of life care and support

- The registered manager informed us that when there was a need end of life care, plans were put in place and would aim to support people's wishes and work alongside other healthcare professionals. They also told us staff had received end of life training. This was confirmed by records and staff we spoke with.

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 had improved to good. The service management and leadership were more consistent. Leaders and the culture of the organisation supported the delivery of good, person centred care.

Continuous learning and improving care,

- Since our last inspection of 18 and 22 May 2017 we found some improvements had been made.
- New senior staff had been/and were being appointed to expand the management team. The provider had invested and implemented the testing of an electronic call allocation and monitoring system. These initiatives had given managers more time to focus on the checking of staff and documents returned to the office that had been an issue previously.
- The provider had changed staff contracts from zero hours to a 16-hour contract. The registered manager told us this had improved staff motivation and commitment. A staff member smiled when they told us, "We (staff) are very happy with the new contracts. It means we have a guaranteed minimum of 16 hours pay every week".
- The registered manager told us they would like to improve the service more in the future. The registered manager and staff told us that the overall premises were not 100% fit for purpose. The main location office was situated on the first floor. There was no passenger lift as a result people with poor mobility and/or wheelchair users may find visiting, if they had a need, the office difficult. The premises were shared by community groups. The actual office space was limited. If people who used the service or their relatives wished to have a private meeting that may be difficult due to the limited rooms/space available.

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

- People and relatives, we spoke with knew the names of the registered manager and senior staff. A person said, "I know (registered managers name) they are very good". A relative told us, "We (family) have contact with the manager and office staff often".
- Staff told us the managers were approachable and they felt valued.

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

- The registered manager was clear about their responsibility and regulatory requirements. The registered manager had notified us of any accidents and incidents, these included death and safeguarding issues.
- Staff told us about their responsibilities, one staff member said, "If I had concerns I would be confident to whistle blow. I know the situation would be investigated". (whistleblowing is a process whereby staff should feel confident to report any bad practice without fear of repercussions).

Our last inspection rating was on display on the providers web-site and within the location office.

- The provider Information Return (PIR) is a document we ask providers to complete to give us an overview

of the service being provided. The PIR had been completed and returned to us within the timescale we set. The PIR had been completed to a satisfactory standard and reflected inspection findings.

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

- Staff were encouraged to give their views regularly during staff meetings. A staff member said, "We (staff) feel listened and valued".
- Feedback forms had been collated and analysed. Where issues were identified including positive aspects these had been fed back to staff. For example, one feedback form read, "The attitude of carers (staff) is excellent. No bad attitudes".
- The registered manager told us spot checks were undertaken regularly to ensure staff were working as they should. This was confirmed by staff and people we spoke with. A person told us, "The managers come and do checks. This is to make sure the staff work properly".

How the provider understands and acts on the duty of candour,

Duty of Candour is a requirement of the Health and Social Care Act 2008 (regulated activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received.

- The registered manager and staff were open in their approach with us during the inspection.
- Where there had been issues the registered manager had held meetings with people and relatives to discuss these. Where required the provider had apologised to people.

Working in partnership with others,

- The registered manager told us part of the premises were used by community groups. This we observed on the day. On the ground floor a day centre facility was in operation. A person told us, "It is a brilliant place here".
- The registered manager told us and information on display confirmed the service worked in partnership with another service supporting older adults and carers in hospital. This included befriending, giving advice and advocating for people in the discharge process.