

HBBA Care Ltd

# Birmingham Business Park

## Inspection report

4200 Waterside Park  
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27 February 2019  
04 March 2019  
13 March 2019

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

About the service: Birmingham Business Park provides care and support for people living in their own home. The service was registered to provide support to people living with dementia, older people, people with a physical disability and younger adults. At the time of the inspection Birmingham Business park was providing 24-hour live-in support for one person.

People's experience of using this service: There was a safe system in place to manage medicines. Risks were assessed and action taken to reduce the risk of harm. The provider ensured suitable staff were employed by undertaking appropriate checks.

Staff had access to regular training and felt they had a good level of support from the registered manager. that support was provided with eating and drinking and access to health care services was sought if there were any changes in the person's condition. Staff supported the person to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

The person's relative spoke positively about the support their family member received from staff. Staff promoted privacy and dignity and supported the person to maintain their independence.

Staff provided person-centred support based on the person's assessed needs and preferences. Wherever possible people were involved in decisions about their care. Clear complaints procedures were in place and any concerns were investigated in line with this.

Staff spoke positively about the registered manager. Systems were in place to ensure the voices of people, relatives and staff were heard. The provider worked flexibly and in co-operation with other stakeholders such as the local authority and other professionals to promote people's health and wellbeing.

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: This was the service's first inspection since registration with CQC.

Why we inspected: This inspection was a scheduled inspection carried out in line with our inspection programme timescales.

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

The service was safe.

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our Well-led findings below.

Good ●

# Birmingham Business Park

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection was completed by one inspector.

Service and service type: Birmingham Business Park provides a domiciliary care service for people living in their own home.

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.

We gave the service 48 hours' notice of the inspection visit because we needed to be sure that the registered manager and office staff would be available.

Inspection site visit activity started on 27 February 2019 and ended on 13 March 2019. We visited the office location on 27 February 2019 to see the registered manager and to review care records and policies and procedures. Phone calls to staff and the person's relative took place on the 4 and 13 March 2019.

What we did: We reviewed the information we had received about the service since the last inspection. The provider had completed a provider information return (PIR). Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We looked at one person's care records including medicines administration records (MAR) and daily notes. We reviewed one staff file and checked recruitment, training and supervision records. We looked at records of accidents, incidents, complaints and compliments and reviewed audits, quality assurance reports and surveys.

We spoke with the registered manager, one member of staff and one person's relative.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

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

- Staff provided safe care. A relative told us, "[Family member] is definitely safe. They look after [family member] 100%."
- Staff had received safeguarding training and had a good knowledge of the types of abuse and how to report any concerns. One member of staff told us, "I would always ring and tell the manager if I'd observed anything I was worried about."
- Any safeguarding concerns were recorded and reported to the local authority in line with the provider's policies and procedures.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong.

- Accidents and incidents were recorded and reviewed to reduce the risk of similar things happening again.
- Detailed risk assessments were in place. These gave staff clear guidance on the best ways to minimise risks.
- Environmental risk assessments were undertaken to ensure the safety of the person using the service and staff.
- Accidents and incidents were recorded and monitored to ensure that any patterns or themes would be recognised and acted upon to minimise future risk.

Staffing and recruitment.

- There were robust checks in place to ensure suitable staff were recruited.
- Agency staff had been used to provide some cover but careful checks were done to ensure they had the correct skills for the job and that the agency had conducted their own pre-employment checks.
- The registered manager worked hard to ensure the right staff were recruited for the role. The care package currently being delivered was a live-in role and the registered manager was aware of the importance of getting the right person who would not only be able to provide safe care but also get along well with the person they supported.

Using medicines safely.

- Medicines were being administered as prescribed by staff with the appropriate knowledge and skills.
- Accurate medicines records were kept and these were regularly checked by the registered manager.
- A relative told us, "They keep a really good record of [family member's] medicines. Their medicines were changed recently and there were no problems."

Preventing and controlling infection.

- Staff had access to an ample supply of gloves and aprons and knew how and when to use these to prevent the spread of infection.

# 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.

People's outcomes were consistently good, and people's feedback confirmed this.

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

- The registered manager had completed a full assessment of the person's care needs before they started to use the service.
- Care plans were regularly reviewed and updated. They included detailed information about the person's support needs and preferences. Staff told us, "I read the care plan but people's needs can differ from day to day so I always use my experience and knowledge of the person too."

Staff support: induction, training, skills and experience.

- Staff had the right skills and training for their job. A relative told us, "They are very competent staff."
- Staff underwent an induction that included the completion of the Care Certificate within the first three months of their employment.
- Staff had regular one to one meetings with the registered manager and felt supported in their role. A member of staff told us, "[Registered manager] always rings to check how I am and whether things are ok. She does my supervision and I do feel I have good support."

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

- Staff provided support with meal preparation and encouraged the person they supported to eat a varied diet.
- Records were kept to make sure the person was eating and drinking the right amount to stay healthy.
- A relative told us, "[Staff member] is really good with [family member]. They will always give them a choice at mealtimes and will happily cook for them using fresh ingredients. They gently coax [family member] to eat different things."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support.

- Staff liaised with health professionals who visited the person on a regular basis.
- Staff were proactive in seeking medical advice if they had any concerns about the person they supported.

Ensuring consent to care and treatment in line with law and guidance.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority.

We checked whether the service was working within the principles of the MCA.

- Decision specific mental capacity assessments were being done but more than one decision was being recorded on the same document. This made it difficult to see clearly which of the decisions the person did or did not have capacity to make for themselves. Following feedback at the inspection, the registered manager made changes to this way of working to make the records clearer.
- Staff had a good knowledge of the MCA. A member of staff told us, "Mental capacity assessments are done to decide whether [a person] can make certain decisions."



# 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.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity.

- Care was provided which met people's needs and promoted their wellbeing. One relative told us, "I am very happy with the care [family member] receives. I truly believe they have kept [family member] going."
- Staff had established any cultural or religious beliefs were established as part of the initial assessment to ensure they were adequately supported in these areas.

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

- There was a system in place to involve the person and their relatives in the person's care and support. A relative told us, "They contact me about absolutely everything."
- Staff always involved people in day to day decisions such as what to eat and what to wear. They supported them in a way that recognised their preferences but also offered alternatives. For example, suggesting new television shows they might enjoy.

Respecting and promoting people's privacy, dignity and independence.

- Staff promoted the person's independence. A member of staff told us, "There are some things [the person] can do for themselves and it's important that they're allowed and encouraged to do them."
- Staff respected the person's privacy and dignity. A relative told us, "They always put [family member] first. Their hair is always washed and nails nicely done."

## Is the service responsive?

### Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- Staff provided care that matched their individual likes and dislikes. Daily routines were described in great detail within care plans and care was being delivered in line with this guidance. This included taking part in activities that the person enjoyed such as watching a particular television programme with staff.
- A 'client journey' document had been completed. The registered manager told us, "We need to tell everyone's story and like to have a record of their life journey. Not just their life history but record of how the person is whilst they are with us that will help us adapt the care they need."
- Staff adapted their working practice to make sure they provided care in the best way for that person. Staff providing support in the person's home did not wear a uniform. The registered manager told us, "When you live in someone's home you want to integrate into their lifestyle so a uniform is not always the right thing. You have to do what is best for the person."

Improving care quality in response to complaints or concerns.

- There were effective systems in place for investigating and responding to complaints and concerns. Complaints and compliments forms were kept in the person's home to make it as straightforward as possible to provide feedback.
- A relative told us, "If I had any concerns I would go straight to [registered manager]."

End of life care and support.

- Staff had been trained on end of life care and were therefore able to support the person and their relatives when making advance decisions about end of life care and support.

# 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.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility.

- The registered manager was supportive and approachable. A member of staff told us, "Whenever I have any problems I can always ring [registered manager]. They do their utmost to help and that makes life easier for me. I know I'm covered and if I'm not sure about anything they will tell me what to do."
- The relative we spoke with was happy with the quality of the care and support their family member received. They told us, "I can phone or text [registered manager] at any time and she will always get back to me. If there are any issues she will come in and deliver the care herself."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care.

- The registered manager visited the person in their home once a month and carried out spot checks to make sure staff were delivering a good standard of care. The registered manager told us, "You have to see they are alright - you have to see for yourself."
- Regular monthly checks were done of records including care plans, daily notes and medicines records.
- Daily care summary sheets had recently been improved to ensure that all aspects of care delivery were recorded. These were then used to produce an 'outcomes achieved' report every month. This summarised what had gone well and what could be improved in the future.
- The registered manager understood their legal requirement to inform the CQC of important events that happened in the service.

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

- Feedback was sought via conversations with relatives and staff. Formal surveys were not being conducted due to the very small nature of the business.
- Relatives were involved in the selection of care staff. One relative told us, "They (registered manager) are very selective. It is always up to me to say whether I am happy or not. It's all about [family member] and making sure we get a person who is the 'right fit'."
- Because of the very small number of staff currently employed and the nature of the care delivery it was not possible to have regular staff meetings. There was regular contact with staff and there was also a good relationship with relatives which resulted in the best outcomes for the person receiving care.

Working in partnership with others.

- The registered manager and staff had a good working relationship with the local authority and other local

services. They worked well with external health and social care professionals.

- The registered manager had attended a South West registered managers conference and had also joined the Birmingham Registered Managers' forum. They told us they had found these very useful ways to share knowledge and best practice with other managers.