

Baobab Care UK Limited

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Inspection report

309 Keys Court
82-84 Moseley Street
Birmingham
West Midlands
B12 0RT

Tel: 01216223482
Website: www.baobabcare.co.uk

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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

About the service: About the service: Baobab Care UK Limited is a domiciliary care agency and also provides support to people in a supported living service . On the day of our inspection nine people were receiving care and support from Baobab Care UK Limited.

People's experience of using this service:

People were safe and protected from avoidable harm. There were systems in place to assess risk. Staff were recruited safely and medicines were well managed.

New staff received induction and there was an ongoing programme of training. Staff had received supervision but there was no formal process to assess staff's competency to perform in their role. We have made a recommendation about staff supervision and performance assessments.

People were supported 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. Care records were detailed and person centred.

Staff were caring and kind. People's right to privacy and confidentiality was respected.

No formal complaints about the service had been received. The registered provider told us they asked people and their relatives for feedback on a regular basis but relatives told us their feedback had not been asked for. We have made a recommendation about obtaining effective feedback.

Staff told us they felt supported by the manager and registered provider and regular staff meetings were held.

The manager and registered provider met on a regular basis to review the service. Although audits had been completed at regular intervals since November 2018 they had not identified areas where improvements could be made. The service worked in partnership with other health care professionals and organisations to ensure people had good outcomes.

Rating at last inspection:

This is Baobab Care UK Limited's first inspection since its registration on 9 January 2018.

Why we inspected:

This was a planned inspection.

Follow up:

We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned for future dates.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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 Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led

Details are in our Well-Led findings below.

Baobab Care UK Limited

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 team consisted of one adult social care inspector.

Service and service type: This service provides care and support to people living in a number of 'supported living' settings, so that they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. The service is also a domiciliary care agency. At the time of the inspection the service was not providing personal care to anyone living in their own homes in the community.

At the time of the inspection the service had a manager in place but they were not yet registered with the Care Quality Commission. A registered manager 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:

The inspection was announced. This was because we needed to be sure there would be someone available in the office to meet with us.

Inspection site visit activity took place on 12 and 14 March 2019 when we visited the office location to review care records and policies and procedures.

What we did:

Prior to the inspection we had received information about the service since its registration on 9 January 2018. This including reviewing any notifications we had received from the service and information we had

received from external agencies including the local authority.

We asked the service to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

This inspection included speaking with the registered provider and the manager. We reviewed two people's care records and five staff personnel files. We also looked at a range of other records about the management of the service. On the same day of the inspection visited a house where five people who used the service lived. We spoke with one person who used the service and three support workers. We also observed staff's interactions with people while they were in the communal lounge. Following the inspection, we spoke with four relatives of people who used the service and a community based health care professional.

After the inspection we requested further information from the registered provider. This was received and the information was used as part of our inspection.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- One person we spoke with told us they felt safe with Baobab's staff. A relative we spoke with told us, "Well yes, [person] would tell me if they weren't."
- We asked a support worker about safeguarding, they told us, "It is about protecting people from danger, protecting those at risk."
- All three support workers we spoke with were aware of the need to record and report any concerns they may have. They knew how to report any concerns external to the organisation, for example, the local authority or CQC.
- The manager and registered provider were aware of their responsibilities in keeping people safe and reporting any safeguarding concerns to the local authority safeguarding team.
- Following the inspection, a relative we spoke told us their family member was sometimes upset by the actions of another person who lived in the house. We spoke with both the registered provider and the social worker of this person, we were re-assured this person was safe.

Assessing risk, safety monitoring and management

- We saw person centred risk assessments were in place. Where a risk was identified, actions to mitigate the risk were recorded.
- Staff we spoke with were aware of the action they should take in the event a person who used the service suffered a fall.
- One person required the use of a hoist for some of their transfers. The mobility care plan at the office made no reference to the use of the hoist. We reviewed the care records at the persons home. Although they were very detailed regarding various aspects of their care, they still did not include information pertaining to the application or fitting of the hoist. This is important as it reduces the risk of harm to both the person and staff. We brought this to the attention of the registered provider at the time of the inspection.

Staffing and recruitment

- Although we found recruitment procedures to be safe, improvements need to be made to ensure records are easily located and relevant information can be easily reviewed and analysed. On the first day of the inspection many documents could not be located. These were located and available for us to review on the second day of the inspection.
- Staff felt there were sufficient staff employed to meet peoples assessed needs. The registered provider told us staff sickness and absence was covered by someone else within the staff team. Agency staff had last been used in October 2018.

Using medicines safely

- Care records included the support people needed to manage their medicines.

- A support worker we spoke with was aware of the action they should take in the event they made an error when administering a person's medicines.
- We reviewed two peoples medicine administration records. They were accurate and up to date.
- Where people were prescribed medicines to be taken 'as required', guidelines were in place ensure they were administered in a safe and consistent manner.
- Staff received training in the management of medicines. A local pharmacist provided this.
- At the time of the inspection an assessment of staff's competency to administer medicines had not been completed for six of the 13 staff employed at the service. We spoke with the registered provider about this at the time of the inspection. They told us this was because not all staff had responsibility for the administration of people's medicines. However, within three weeks of the inspection they confirmed all staff had been assessed as competent to administer medicines.

Preventing and controlling infection

- Staff received training in infection prevention and control.
- Staff told us they had access to gloves and aprons as required.

Learning lessons when things go wrong

- The registered provider and manager both demonstrated an open culture of learning lessons if things went wrong.
- Incidents were recorded, reviewed and analysed to see if changes and improvements could be made to reduce future risk.

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

Good: 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 provider or manager assessed people's needs to ensure they could meet their requirements prior to accepting a new care package.
- People's care and support needs were reviewed at regular intervals or in the event a person's needs changed.

Staff support: induction, training, skills and experience

- New staff received induction. The registered provider could not locate staff's induction records on the first day of the inspection, however, these were located and available for us to review on the second day of the inspection.
- Staff received training in a range of topics, this was completed online through E-Learning. The registered provider had recently changed training provider as they felt the training offered by the new provider was of a better quality. Staff were in the process of completing their assigned training with the new provider.
- Although we only saw evidence of two staff receiving supervision in 2018, although staff had received supervision during 2019. The manager showed us a supervision matrix they had implemented which indicated when each staff members supervision was due. Each of the staff we spoke with told us they had received supervision and felt supported by the management team.
- We were shown a file with photographs and typed comments which evidenced the registered providers observation of staff. For example, "Staff were observed to have supported client to dress appropriately and also followed the plan for going out on activity." Although this showed the registered provider had observed staff, there was no system to ensure all staff were spot checked at regular intervals and the content and quality of the checks were consistent.
- We recommend that the service finds out more about supervision and field based performance checks based on current good practice.

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

- One person we spoke with told us, "I choose what I want to eat, they [staff] help me to cook." A relative told us staff had supported their family member to make pancakes.
- We reviewed the care records for one person who needed their food to be of a specific consistency to reduce the risk of them choking. Their care recorded detailed the consistency of the meals they were to be provided with. When we spoke with a member of staff their knowledge of the persons' needs reflected the information we had seen in the care plan.
- One person had specific dietary needs centred around their religious beliefs. A member of staff told us how their meals were purchased by a family member and cooked separately to other peoples.

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

- One of the relatives we spoke with told us, "I like to know if [name of person] has had a seizure. They don't tell me." They also said, "They [staff] should be documenting any seizures so they [staff] can feedback to the hospital what type of seizures [name of person] has had." Following the inspection, we discussed this with the registered provider. They assured us a record was maintained of any seizure activity and they emailed us a completed chart to evidence the records kept by staff.
- People's records included contact information for other health care professionals involved in people's support. For example, GP, district nurse and a pharmacist.
- A support worker we spoke with told us any concerns they had about a person's health or well-being would be recorded and they would tell the manager or registered provider.

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.
- The registered providers training matrix recorded ten of the 16 staff had completed MCA training, remaining staff had been assigned the course but were yet to complete it.
- The registered provider and manager understood issues pertaining to capacity and consent. We asked a support worker about the MCA, they told us, "It is about people making decisions on their own. If they can't make decisions, assessments are done, we do what is best for them."
- We reviewed the care records for one person who lacked capacity regarding a number of aspects of their care and support. An assessment of their capacity had been completed which included a number of decisions. The document was not dated and there was no evidence of best interest's decision making. An assessment of capacity had not been completed regarding other aspects of their care, for example the management of their medicines or their need for a soft diet to reduce the risk of choking. We were satisfied the service was acting in the person's best interest and this was a records shortfall. We discussed our findings with the registered provider and manager at the time of the inspection.

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

Good: 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

- A person who used the service told us, "They are kind. If I need help, they help me." A relative said, "[Name of person] seems very happy." Another relative told us the registered provider seemed a "very nice person".
- We asked a support worker what good care meant to them, "Meeting needs, people are well presented they have enough to eat and drink and they can do social activities." Another support worker said, "It is about people as individuals and meeting all their needs."
- When we visited a house where five people who used the service lived we observed staff's interactions with people for a short period of time. Staff spoke to people in a respectful way. As people returned home from their activities staff greeted them and asked them about their day.
- Peoples care records included information about any religious or cultural beliefs which may impact upon their care.
- Through talking to staff and reviewing people's care records, we were satisfied care and support was delivered in a non-discriminatory way and people's rights were respected.

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

- Peoples care records noted their likes, dislikes and personal preferences. However, three of the five relatives we spoke with told us they had not been involved in the development of their family members care plan.
- One person had minimal ability verbally communicate. Staff told us they involved them in making choices by using flash cards or showing them a visual choice.
- The registered provider told us advocates were often involved in supporting people with the decision-making process when choosing their care provider. An advocate is a person who is able to speak on people's behalf, when they may not be able to do so for themselves.

Respecting and promoting people's privacy, dignity and independence

- We asked a support worker how they respected people's privacy and dignity. They said, "I ask their consent. I knock on their door before I enter and close the door for personal care."
- Peoples care records included the tasks people could manage and where they needed staff support.
- Confidential information regarding people and staff was stored securely. Computers were password protected.

Is the service responsive?

Our findings

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

Good: 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

- Care records were person centred and contained sufficient information for support workers to be able to meet people's assessed needs.
- A copy of people's care plan was kept both at the office and the person's home.
- A record was made of people's care and support on a daily basis.
- The service identified people's information and communication needs by assessing them. People's communication needs were identified and recorded in their care records. These needs were shared appropriately with others.
- People's care records included information about their social interests and activities they enjoyed. We saw a weekly activity plan in both sets of care records we reviewed.
- One of the relatives was concerned their family member was not enabled to participate regularly in the activities they enjoyed. Following the inspection, we spoke with the manager. They assured us they would contact the relative to discuss their concerns.

Improving care quality in response to complaints or concerns

- One relative told us, "I had a few issues when [name of person] first moved in, I spoke with [name of registered provider], they listened and things were sorted out."
- There was a complaints policy procedure in place. This included contact information for the local authority, CQC and local government ombudsman.
- The registered manager told us they had not received any formal complaints about the service.

End of life care and support

- At the time of the inspection the service was not supporting anyone who was approaching the end of their life.
- The registered provider was aware of how to access additional support and guidance to enable them to provide safe and effective care in the event a person required end of life care.

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

Requires Improvement: Service management and leadership was inconsistent. Leaders and the culture they created did supported the delivery of high-quality, person-centred care but improvements were needed to ensure a consistent approach and good practice guidance was implemented and followed.

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

- The registered provider told us, "I am a care giver, I have seen same principle from [name of manager]. We are a small family, we have to trust and evidence is in the support of the staff. [Name of manager] is not here to be liked, they are here to do a job. We lead from the front."
- The new manager had been in post since October 2018, their application to register with CQC had been submitted in January 2019. At the time of the inspection their application was still being processed by CQC.
- The manager told us they met with the registered provider on a weekly basis. This was to discuss any concerns and to appraise the quality of the service people received.
- Regular audits had been completed by the registered provider and a senior support worker over the previous months. Audits dated before November 2018 could not be located. Completed audits included health and safety and hygiene checks for the supported living settings and medicine audits. Audits had not identified the areas we have identified within the effective section of this report, where improvements could be made. We noted the health and safety audit recorded 'advised the shower is set to fixed temperature'. There was no evidence the temperature had been checked by the auditor to ensure it was safe.

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

- Regular staff meetings had been held. Topics included recruitment and mentoring, training and supervision. The minutes included details of the information presented but we saw they did not include any feedback or comments made by staff.
- The registered provider told us they regularly asked for feedback from people who used the service and their relatives. They said one form had recently been provided to a person but they had not yet returned the form.
- None of the relatives told us they had been asked for formal feedback regarding the quality of the service provided to their family member. Two of the relatives we spoke with felt not all staff had the skills to enable them to always meet people's needs effectively.
- This evidences the systems and processes of gaining feedback were not effective. We recommend that the service seek advice and guidance from a reputable source about gaining feedback in a way which meets the needs of people and relatives of people who use the service.

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

- Staff felt supported by the registered provider and the manager. One of the staff told us, "I enjoy coming to work."
 - The registered provider knew people and staff well. They were involved in the management of the business on a regular basis and were present on both days of the inspection.
- Registered providers have a duty to submit a statutory notification to the Care Quality Commission (CQC) regarding a range of incidents. Prior to the inspection we saw evidence the registered provider submitted these notifications in a timely manner.

Continuous learning and improving care

- The manager told us they attended seminars and a provider forum, facilitated by the local authority.
- The registered provider told us where lessons were learnt, systems and processes were adapted and improved.

Working in partnership with others

- The service worked in partnership with the local authority and other relevant health care professionals to ensure people received appropriate and joined up care.