Maranatha Healthcare Ltd

Home Instead Birmingham

Inspection report

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Date of inspection visit:
14 January 2016

Date of publication:
23 February 2016

Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

The announced inspection took place on 14 January 2016 we gave 48 hours' notice of our inspection to ensure that staff were available to provide the information we needed and so we could make arrangements to speak with people receiving a service. We last inspected this service on 31 October 2013 when the service was compliant with regulations.

The service provided personal care and support to people in their own homes. There were 59 people receiving this at the time of the inspection.

There was a registered manager in post. 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.

People and relatives told us that they felt safe with the staff who supported people. Staff understood their responsibilities to take action to protect people from the risk of abuse. The provider had investigated a previous allegation but had not informed the local authority as required in line with safeguarding procedures. However, for more recent safeguarding incidents the provider had made the local authority aware as required.

There were good systems to ensure that staff were recruited appropriately and were subject to the necessary checks so that people were protected from the risks of being supported by unsuitable staff.

People and their relatives told us they were usually supported by consistent staff members who had got to know their needs. There were enough trained staff to keep people safe and to meet their needs. Staff received regular supervision and had regular meetings to refresh their knowledge and discuss any concerns about people's care.

Some people needed reminding or support to take their medicines and staff had received training to do this. Medication records did not follow available good practice guidance but the provider had plans in place to improve this.

People, where they needed support in this area, were supported to eat and drink in ways which supported their health and respected their choices. People were supported to access health care professionals when necessary to maintain their health.

People's consent was appropriately obtained by staff when caring for them. People had been asked how they wanted to be supported. When necessary relatives or friends who were close to them were involved in order to help the person express their views.

People told us that the staff were caring. Staff showed that they had an understanding of the needs of the people they were supporting.

Arrangements were in place to deal with any concerns or complaints. The registered provider had developed a complaints procedure. People said they knew how to raise complaints and knew who to contact if they had any concerns. All of the staff we spoke with were confident they could raise any concerns with the managers, knowing they would be listened to and acted upon.

The provider sought feedback from people using the service and their relatives in respect of the quality of care provided. The majority of relatives and staff we spoke with were confident in how the service was led. Staff we spoke with felt valued and supported and were able to seek advice at any time of the day. There were systems in place to monitor the quality and safety of 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?

Requires Improvement

The service was not always safe.

There was insufficient information available about what medication was administered.

Staff were aware of their responsibilities for safeguarding people they supported.

There were enough staff who had been robustly recruited to deliver care safely.

Is the service effective?

Good

The service was effective.

People's needs and preferences were supported by trained staff that understood their care needs.

People's consent was sought before they were provided with care. Staff understood their responsibilities to protect people's rights.

People were supported to receive appropriate health care and nutrition.

Is the service caring?

Good

The service was caring.

People were usually supported by regular staff who knew them well.

People said that they were supported by kind and caring staff.

Is the service responsive?

Good

The service was responsive.

People and relatives gave us examples of when the service had responded to people's changing needs.

Concerns and complaints were handled effectively.

Is the service well-led?

Good

The service was well led.

The majority of people were satisfied with the service they received. People, relatives and staff said the registered manager was approachable and available to speak with if they had any concerns. People told us they were asked for their views of the service to make sure that staff were providing care and support appropriately.

There were systems for audit and quality assurance to ensure safe and appropriate support to people.

Home Instead Birmingham

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.

We visited this service on 14 January 2015. The provider was given 48 hours' notice because the location provides a domiciliary care service. We needed to be sure that a senior member of staff would be present and arrange for staff and records to be available. One inspector carried out this inspection.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

As part of our inspection we sent 50 surveys to people who had used the service. We received back 18 completed surveys. We also received six surveys from relatives on behalf of people and three from care professionals. We reviewed notifications we had received from the provider. The provider is legally required to send to CQC notifications of certain incidents such as safeguarding, where serious injuries have occurred and in certain situations notifications of deaths. We also contacted the local authority who commissions a small number of care packages from the provider for their views of the service.

During the inspection we spoke with five people who used the service and with five relatives. We spoke with two care staff, one call scheduler, one care co-ordinator and the registered manager of the service.

We looked at the care records for five people who were receiving a service, staff recruitment and training records, complaint files, incident and quality audits that the registered manager and senior staff had completed.

Requires Improvement

Is the service safe?

Our findings

All of the people and the relatives we spoke with said that people felt safe and comfortable with their current care staff. One person we asked if they felt safe told us, "Oh yes, quite safe." A relative told us, "I do trust them." Information from our completed surveys showed that people felt safe. The provider's own completed surveys did not raise any concerns about people's safety. A relative we spoke with told us, "There are no safety problems, [person's name] is absolutely in safe hands."

All of the staff we spoke with confirmed that they had received training about safeguarding people from abuse. They were able to tell us about their responsibility to report to their manager any concerns they had. One care worker told us it was important not to jump to conclusions but that any form of abuse was not acceptable. Staff knew who to report to if they were concerned that the manager was not acting to safeguard people. This helped to ensure that people remained safe.

During our inspection we were made aware of some allegations that had been raised by a person several months previously. The provider had taken these allegations seriously, investigated and took disciplinary action. Whilst they had taken action to protect the person they had not informed the local authority as required in line with safeguarding procedures. The provider rectified this omission following our inspection. We were also aware of more recent safeguarding incidents where the provider had made the local authority aware. This showed that current practice met local safeguarding procedures.

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People's plans contained risk assessments showing the possible risks to people, including those from the environment and activities. For example, assessments had been completed where people needed the support of staff and equipment to move. The plans included details of the ways in which staff minimised the risks to keep people as safe as possible. One person told us, "I had an assessment done that included the environment." Records indicated staff had received training in how to assist people to move safely, this was confirmed by the staff we spoke with. One relative confirmed to us that staff appeared proficient in assisting their family member to move with the use of a hoist.

The registered manager told us that the service provided free workshops on areas that may pose a risk to people. A care professional who completed our survey confirmed the service undertook training, talks, workshops and demonstrations for people, their families and staff in areas such as dementia, fire safety and the risk of scams to older people.

We looked at the system in place to deal with emergencies. The service operated an out of hours on call system so that people or staff had access to advice and assistance when the office was closed. Staff told us that they had not had any difficulties in getting assistance in an emergency. All the staff were aware of the medical emergencies that could arise for the person they were supporting, and were able to describe the action they would take. This knowledge would ensure the person got the appropriate medical support as quickly as possible.

People and the majority of relatives told us that there were enough staff to provide the care and support

which people needed. One relative was dissatisfied as the arrangements for the allocation of staff to their family member did not meet their expectations. People's plans showed the levels of staff support they needed and these varied from a few hours each day to 24 hour support. We saw that there were enough staff to meet these needs. Staff we spoke with said they had enough time between calls not to rush and could get to calls on time. The registered manager informed us that they would only accept new referrals to the service if they knew they had enough staff to provide that care. One care worker told us, "There are enough staff to cover the calls, but as a last resort one of the supervisors would cover if needed."

People and their relatives told us that the staff were usually reliable, on-time and that visits were not missed. Surveys returned from people recorded that 94 per cent of people had staff who arrived on time. The registered manager made us aware of a recent missed visit that had occurred due to human error. Evidence from this inspection indicated that this was an isolated incident.

The registered manager told us, and records confirmed, that staff were appointed through a robust process. This included obtaining references and checks through the Disclosure and Barring Service (DBS), before they started work, to ensure that staff were suitable for their role. A recently recruited member of staff confirmed they had not started working with people until all their checks had been received.

People told us how staff supported them to take their medication at the right times. One person told us, "They [staff] always remind me when I need to take my medication." Another person told us, "They [staff] help me with my medication, I get it when I should." Staff who prompted or administered medication told us that they had received training in managing and administering medication.

The support people needed to take their medicines was recorded in their plans. There was a list of the medicines people took in their care files with the amount to take and how often. However, there was limited information available in people's care plans about what the medication was for and any side effects that staff needed to be aware of. The medication records we looked at did not record the actual medication given and recorded they had been administered 'as per the blister pack'. These records did not meet recognised guidance from the Royal Pharmaceutical Society of Great Britain about the Handling of Medicines in Social Care. From the records, anyone should be able to understand exactly what the care staff has administered. The provider's system of recording medication did not meet these standards and may put people at risk of not receiving their medication in a safe way. When we raised this issue with the registered manager they were able to show us a new format for the medication records that was going to be used. The new format if used correctly, should meet recognised guidance.

Good

Is the service effective?

Our findings

People we spoke with told us the care staff knew how to look after them and they received the care and support they needed. In the surveys we received from people, 94 per cent told us they received care and support from familiar, consistent staff. One person we spoke with told us, "They know I am not good with different staff so I get the same ones."

People and their relatives told us that staff appeared well trained. The relatives of people who returned a survey to us confirmed that staff had the right skills and knowledge needed.

Staff told us, and records confirmed that staff had received induction training when they first started to work for the service. This covered the necessary basic areas and had recently been updated to ensure it covered the requirements of the new 'Care Certificate.' The Care Certificate,
which was launched in April 2015 is an assessment based learning programme designed for all staff starting to work in care roles. Staff confirmed their induction had included working alongside a more experienced staff before they worked on their own.

Staff received on-going training to make sure that they continued to have the skills to provide people with appropriate care and support. We saw that some staff needed to support people with additional needs, for example supporting people who had a catheter fitted. Records did not show staff had received training in this area but the registered manager and staff told us that training had been provided by the district nurse. We saw that staff had completed a 'shadow shift' where a senior member of staff who had checked that staff knew how to undertake this task affectively.

Staff we spoke with said that they were given sufficient training. Comments from staff about training included: "I feel supported and the training has all been beneficial." "I have had situations where I have used the skills and knowledge from my induction." One member of staff told us they had worked with a person who had displayed some behaviours they found challenging. They told us that they had made the registered manager aware of this and that specific training had been organised so that they felt more confident in dealing with this. Staff told us that they had regular supervision and in addition group meetings to discuss any issues and the care of people. They all told us they felt supported by their supervisors and the registered manager of the service.

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 when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The registered manager and staff we spoke with were knowledgeable of the requirements of the Mental Capacity Act 2005. People told us that staff asked them before giving any personal care. The staff we spoke with were able to give examples of where they had sought consent from people. One member of staff gave us examples of where they sought consent from people such as when assisting them with their personal care.

Some people told us that they, or their relative provided all their meals and drinks. People who were reliant on staff to assist with meal preparation told us they were given a choice of meal whenever possible and drinks were offered where needed. People told us that staff made simple meals for them, which was often a light breakfast or heating up a microwave meal. Records contained information about what people liked to eat and drink. We saw that in one person's care records a person told staff they were not hungry but that staff had taken the time to encourage the person to have something to eat which they had enjoyed.

We looked at the support people received with their healthcare needs. Many of the people who received the service had family members involved who would arrange healthcare appointments if and when needed. Relatives informed us that the service were quick to alert them and take appropriate action should when? their relative become unwell. Staff were able to tell us of the appropriate action they would take should they be concerned about the healthcare needs of a person they were supporting.

Good

Is the service caring?

Our findings

People we spoke with and information from surveys indicated that people thought that staff were caring and that their privacy and dignity were protected. Amongst people's comments about staff were: "They are all nice people and are very helpful" and "They do take time and chat with me." During our visit to the service we overheard staff talking to people or their relatives on the telephone. Staff spoke to people in a kind and caring manner.

One relative told us that there had been an incident of their family member being unwell. They told us a member of staff had gone with them to the hospital and stayed there until late in the evening and had constantly updated them on their family member's well-being.

The majority of people or their relatives told us that their relative was supported by consistent staff who had got to know them well. The registered manager told us and records confirmed that people were supported by the same staff member wherever possible. People and staff told us that people could choose what gender of staff provided care and said that the rotas were prepared to accommodate people's choices in this respect. One relative told us the family member had only been introduced to the staff that would be supporting them at their own instigation. Other relatives and people told us that new staff were always introduced to them before providing care. In the surveys we received from people, 94 per cent told us they were always introduced to staff before they provided care or support.

The Provider Information Return indicated that no person received visits of less than an hour which indicated that people were not being rushed. Some people told us that staff took the time to chat with them. Some people told us that staff asked if there was anything they wanted doing if they had supported people with the agreed tasks. This indicated that staff were not just undertaking tasks but providing emotional support to people.

People and their relatives told us that staff respected their privacy, but one person told us, "They usually respect my privacy but one carer sometimes comes into the bathroom without knocking." Records sampled showed that staff used dignified and professional language when recording how they delivered personal care. People told us they were supported to maintain their independence. One person told us, "They do support me to be independent." Another person told us, "They encourage my independence, they get me to wash my top half which I can do for myself." A care professional who completed our survey told us the service took the time to work with people to allow them to keep their independence by teaching live skills and giving encouragement and not just doing everything for them.

Good

Is the service responsive?

Our findings

We saw that people needed support in different areas of their lives. Some people needed full time support and others needed specific assistance in one area. People told us they had an assessment of their needs before a service was provided to them. Whilst one relative told us their family member received good care they were disappointed that the service had not lived up to their expectations or what was promised. Other people and relatives were very happy with the service being provided. One person told us, "I would recommend them and have done so, I find them excellent." Relatives gave us examples of when the service had been responsive to their relatives changing needs. One relative told us, "They provide a very good service and have been very flexible."

Each person had a care plan that gave staff information on people's needs and how to support the person. People told us that they were involved in reviewing their care plans. The care plans we looked at included details of people's life histories, preferences, medical conditions and relevant instructions for staff about care and support needs related to people's health. We brought to the attention of the registered manager that one person's care plan lacked the detailed instructions about their catheter care. The registered manager told us this would be rectified.

The provider had systems in place to support people to express their views about the service. People told us that staff sought their opinions of the service. People and relatives we spoke with told us they felt able to raise any concerns they had and felt concerns were sorted out quickly without the need to resort to the formal process. One person using the service told us, "You only have to tell them something once and they sort it out." Another person told us, "I have never had to raise a concern but I would feel able to as all the staff in the office are lovely." A relative told us, "They do listen and take on board any issues." Another relative told us that there had been some concerns when the service had first started but these had all been resolved. The service had an appropriate complaint procedure and records. A copy of the procedure was made available to people when visits started.

Good

Is the service well-led?

Our findings

People and their relatives were asked for their views of the service at review meetings and through regular telephone calls to seek their feedback. Records showed that people were generally very happy with the care they were receiving. A survey had also been completed to seek the views of people and staff, this had been completed by an independent company and showed that the majority of people, their relatives and staff were satisfied with the service.

The majority of people and relatives told us the service was well managed. A person who used the service told us, "I have the contact number of the person in charge, it's reassuring to have that." A relative told us, "I am consulted regularly and asked to give feedback." Another relative told us, "We have had calls to check everything is okay and we have been invited to complete a survey."

A minority of people told us that communication from staff at the office could be improved. One relative, although happy with the care their relative received was dissatisfied with the lack of effective communication. The registered manager told us they were aware from some completed surveys that this was an area to improve. They were able to show us that a new system to log all contact and requests from people and their relatives had been recently introduced. Each request remained open on the system until it had been actioned. The registered manager told us that as the system was only recently introduced staff were still getting used to it but it was hoped once staff were more experienced in its use it would be a useful tool to improve communication.

Staff were supported with supervisions, appraisals and on the job mentoring. Regular staff meetings gave staff the opportunity to comment on any areas they felt would benefit people. Staff we spoke with told us the registered manager was supportive and that they were able to raise any concerns and this would be addressed.

We found that the registered manager had worked and liaised with their in house trainer to meet the new training requirements. This including the Care Certificate [A nationally recognised standard for staff training], and other health care diploma level qualifications.. This helped in delivering a consistent standard of care provision.

The registered manager told us how people and staff were actively involved in developing the service. This included regular meetings and discussions with people. Other ways quality assurance monitoring was undertaken was by management staff completing spot checks of moving and handling, infection control and audits of medicines administration. This helped identify if staff were adhering to the expected standards of care. Other processes to manage the quality of people's care included an electronic call monitoring system. This monitored the times staff arrived and left people's homes and alerted managers if there was more than a 10 minute delay. The registered manager was able to use this system to monitor how many times people's calls had been late. This was then discussed with staff at team meetings or in individual staff supervisions to secure improved performance by staff and improve the service.