

Birmingham City Council

# South Birmingham Home Care

## Inspection report

Lifford House  
Fordhouse Lane  
B30 3BW  
Tel: 0121 303 0900  
Website: [birmingham.gov.uk](http://birmingham.gov.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?

Good 

### Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

This was an announced inspection. This meant the service was given short notice that we would be visiting the office from where the care was organised.

This is a large domiciliary care service that provides an enablement service for approximately 200 people. This is a six week service that is provided to enable people to

# Summary of findings

receive support following discharge from hospital. The service also provides a long term service to approximately 50 people who live in extra care accommodation.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law, as does the provider.

All the people we spoke with said they received a safe service. We saw that safe systems were in place to ensure that people received a service that was safe, protected them from harm and ensured their rights were protected. The risk of harm to people receiving a service was assessed and managed appropriately; this ensured that people received care and support in a safe way.

The provider had procedures in place to ensure that there were sufficient numbers of staff recruited to meet the needs of people and keep them safe. Everyone that used

the service felt the staff that supported them was trained and competent. We saw that staff received the training development and support needed to ensure they did their job well and provided an effective service.

People told us that where required staff supported them with their nutrition and health care needs. All the people spoken with told us they had a good relationship with the staff that supported them. People said they were able to make decisions about their care and were actively involved in how their care was planned and delivered. People were able to raise their concerns or complaints and these were thoroughly investigated and responded to, so people were confident they were listened to and their concerns taken seriously.

Everyone spoken with said they received a good quality service. The management of the service was stable, with robust processes in place to monitor the quality of the service. People were asked to comment on the quality of service they received and the information was used to improve the service.

# Summary of findings

## 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. People said they received a safe service, procedures were in place to keep people safe and staff knew how to keep people safe from abuse and harm.

Risks to people were assessed and managed appropriately and there were sufficient staff that were safely recruited to provide care and support to people.

Good



### Is the service effective?

The service was effective. People said they received effective care and support because staff were trained and supported to ensure they had the skills and knowledge to support people.

People were supported with food, drink and health care needs where needed.

Good



### Is the service caring?

The service was caring. People said they had a good relationship with the staff that supported them.

People were able to make informed decisions about their care and support, and their privacy, dignity and independence was fully respected and promoted.

Good



### Is the service responsive?

The service was responsive. People say they were involved in all decisions about their care and that the care they received met their individual needs.

People were able to raise concerns and give feedback on the quality of the service, and procedures were in place to ensure that the service learnt from people's experiences

Good



### Is the service well-led?

The service was well led. People said they received a good quality service; the service was monitored to ensure it was managed well.

The management of the service was stable open and receptive to continual improvement.

Good



# South Birmingham Home Care

## Detailed findings

### Background to this inspection

The inspection team consisted of an inspection manager, one inspector and an expert by experience that had experience of using services for older people. The inspection took place on 12 August 2014; this was followed by telephone interviews with people that used the service.

Before our inspection we looked at the information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. The provider sent us a provider information return [PIR] that gave us information about the service. We also sent questionnaires to 50 people that used the service, their relatives, staff, and professionals involved in their care and we spoke with a health care professional, and we contacted the local authority who purchased the care on behalf of people.

During our inspection we spoke with 15 people that used the service, 11 care staff, the registered manager and an

assistant manager. We looked at the care records of four people. Other records looked at included four staff recruitment files, training and supervision records, staff planner, complaints and safeguarding records, compliment cards, minutes of staff meetings, completed questionnaires sent to the service and quality assurance records.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

# Is the service safe?

## Our findings

Everyone who we spoke with told us they received a safe service and they felt safe with the staff that supported them. One person told us, “I feel very safe.” Another person said, “Oh yes they do care for me in a safe way.” We looked at recent compliments seen at the office where the service was organised. One relative wrote, “I felt that my wife was in very safe hands and we are grateful for the help your staff provided.” All the people who responded to the questionnaires we sent said they felt safe from abuse or harm. Everyone spoken with said that staff were very reliable and never missed visits. A health care professional spoken with told us, “Yes I do think they provide safe care.”

There were clear procedures in place to help staff to keep people safe from abuse and harm. All staff spoken with and records looked at confirmed that staff had received training on how to keep people safe from harm. All staff knew about the different types of abuse and the signs to look for which would indicate that a person was at risk of abuse. For example staff said they would observe for signs of bruising, change of behaviours or any signs of neglect, which could indicate that people were being mistreated. Staff understood how to report concerns and told us how they would ensure these were acted upon. Where staff were required to support people with financial tasks such as shopping, procedures were in place to ensure that this was managed in a safe way to prevent financial abuse. One staff member told us, “I would push the boundaries to make sure that people I care for are safe.” This meant that staff were very clear about their responsibilities to reduce the risks of abuse.

We were told by the manager that everyone that currently used the service had the mental capacity to make decisions for themselves, so issues relating to court of protection orders did not apply to the service at this time. Although staff spoken with said they had not received specific training around the Mental Capacity Act, they all had an awareness of what action to take should they believe someone in their care lacked the capacity to make decisions about their care and support. We were told by the manager that the service worked closely with social workers to facilitate people’s discharge from hospital and issues regarding people’s capacity would be identified by the social workers at the time of assessment and any necessary actions taken to safeguard the person’s rights.

People spoken with said that the staff that visited them always discussed all aspects of their care with them, this included any identified risks. Records looked at showed that people signed their risk assessments and risk management plans which indicated that they had been involved in reviewing their care and support needs. All staff spoken with said that risk assessments and risk management plans were available in people’s homes to tell them how to care for people safely. We were told that a care organiser undertook the first visit when someone was discharged from hospital to review the needs and identify any risks to the person or to the staff. This ensured that risks were identified prior to staff having to provide the care and support. All staff knew the procedures for reporting new risks and all confirmed that when new risks were reported, prompt review was undertaken to ensure the person using the service was safe. A senior member of the staff team was on call at all times, so that staff had access to guidance and support in an emergency situation. This meant that the provider had clear procedures in place to ensure that risks to people and staff were identified and managed appropriately to keep people safe.

The service had a large staffing structure; this consisted of managers, assistant managers, care organisers, administrators and a team of care staff. Everyone that used the service told us that there were enough staff to ensure they received a reliable and safe service. A few people commented that they did not always get the same team of care staff attending them, but they did not feel that this affected the quality of the service they received. All staff spoken with said there were enough staff to provide the care and support, although some staff commented that during peak times they may have to fit in extra care calls. The registered manager and an assistant manager spoken with said they were allocated a staff team with sufficient numbers of hours to support the estimated demands of such a service.

All staff spoken with said all the required recruitment checks were undertaken before they started working and that they received an induction into their role. We looked at four staff recruitment records and we saw that all relevant checks had been completed. The service kept a list which showed that all staff had a Disclosure and Barring Service Check (DBS). We looked at this and we saw that all staff

## Is the service safe?

currently working within the service had an up to date DBS check. This showed that the provider undertook all relevant checks to ensure that staff were safely recruited to care for people and keep them safe.

# Is the service effective?

## Our findings

Everyone that used the service that we spoke with said they thought the staff that supported them were well trained and knowledgeable. One person commented, "They [staff] know what they are doing." Another person told us, "Yes I do think they are trained and skilled." This meant that staff demonstrated their skills and knowledge when caring for people, so that people were assured of their competencies and ability to care for them.

All staff spoken with were knowledgeable about people's needs. All staff spoken with commented on the excellent training provided to them which enabled them to perform their role and records looked at confirmed that staff received training. All said they received supervision, performance development and attended team meetings to support them to do their job. A number of staff talked about having a qualification in care and opportunities that were available for them to develop their skills. This meant that staff were trained and supported to undertake their role well.

We spoke with two people who received support with managing their meals. Both said that the staff offered the support they needed and had no concerns about how they were supported in this area. One person told us, "They do what I ask and prepare whatever meals I ask them to prepare." Whilst talking to one person on the phone they

said, "Oh here is [their care staff] now with my mid-morning cup of tea, they always do this." All staff spoken with were aware of how to support people who may be at risk of poor nutrition and hydration. A member of staff said, "If people were not eating and drinking, I would try to encourage them and report the concerns after observing the situation for a couple of days." All said they would discuss this with the person using the service and get their permission to contact the doctor. This meant that where people required support with managing their nutrition and hydration staff offered the support needed and were able identify and act to support people at risk of poor nutrition and hydration.

Everyone using the service that we spoke with said staff would contact the doctor if they were ill, after discussing it with them. One person told us, "When I wasn't well [their care staff] got the doctor for me." We spoke with a tissue viability specialist who said they were involved in supporting the service to identify people who were at risk of developing sore skin. They told us that the service was very proactive in liaising with them if there were any concerns about people's health in this area. All staff told us that they monitored people's needs and changes were reviewed with people's involvement. We were given examples of how the manager responded to individual situations and extended the length of the service where needs were identified. This showed that where needed, people were supported to maintain good health.

# Is the service caring?

## Our findings

All the people we spoke with said they had a good relationship with the staff that supported them. One person said, "The staff are all very kind and thoughtful." Another person said, "They are really kind." Whilst at the provider's office we saw a number of compliment cards that the service had recently received. These had very positive comments showing that staff were caring towards people. Comments included: "Most of all I shall miss your sense of humour and your massive smile when I was depressed and in pain." "Thank you for all your care in looking after me." "You have been so warm, kind and wonderful. What a fabulous team." During our discussion with staff they talked about the people they supported in a kind and compassionate way and were passionate and enthusiastic about their work. Everyone who responded to our questionnaire said the care staff were caring and kind. This showed that people received care and support from staff that were committed to providing a compassionate and caring service.

Everyone spoken with said they were involved in discussing their care needs with staff. The majority of people who returned our questionnaire said they were involved in planning their care so they decided how they wanted their care and support to be delivered. Care records looked at confirmed people's involvement in planning their care. People told us they had information about the service and were able to choose whether or not they accepted the temporary support on offer by the service. Everyone said

that staff listened to them and did exactly what they asked them to do. One person said, "They do everything I want them to do." Another person said, "They always ask me what I want." This meant that people were fully involved in making decisions about the care and support and staff listened to what they wanted.

All the people we spoke with said their privacy, dignity and independence were respected by staff. One person told us, "They are kind and respectful." Another person said, "They talk to you respectfully and treat you with dignity and respect." All staff spoken with gave good examples of how they ensured people's privacy and dignity was maintained. This included, discussing the care with people to ensure they were in agreement, making sure doors and windows were kept closed whilst providing personal care and people were covered when they received support with their personal care. We also heard how staff ensure that whilst supporting people, they also did this at the person's own pace and encouraged them to do as much for themselves as possible. Care records looked at were written in a way which showed that respect, privacy and dignity formed an integral part of each person's care plan. Information gathered from questionnaires showed that 100% of people that used the service said the support they received helped them to be independent. We saw that the risk assessment process was developed so that people maintained independence whilst they received care and support. This showed that people's privacy, dignity and independence was respected and promoted by the service.



# Is the service responsive?

## Our findings

All the people spoken with said they received care and support in a way that was personalised to them. People said they were involved in planning and agreeing their care so they had control over the service they received. One person said, “As far as I am concerned they involve me in the care and support I receive.” Staff spoken with and records confirmed that people’s needs were assessed and planned to ensure that support was provided based on their individual needs. All staff said there was a diverse staff group which enabled the service to provide staff of different language, gender and cultural experiences, so if people needed care and support from someone of a specific gender, culture or language this could be accommodated.

Everyone that used the service spoken with said that their needs were met. One person said, “They are very good.” Another person said, “I would not say a bad word about them.” Information from the PIR stated that there were key targets set for how quickly the service responded to new service requests for people to receive a service. This ensured that people could be discharged from hospital quickly and their needs met in the privacy of their own homes.

All the people that we spoke with told us that staff asked for their consent before providing care and support. All care records looked at showed that people agreed their individual service statement giving staff consent to provide the care and support that had been agreed with them. Staff

spoken with said they always discussed the care with people and ensure they were in agreement with it. This meant that people received care and support with their consent.

Everyone that used the service that we spoke with said they were given information on how to make a complaint or raise concerns about the service. One person said, “If I wasn’t happy I would ring up and say.” Another person said, “I don’t really have any complaint.” We saw that clear processes were in place to investigate and respond to people’s concerns and complaints. These were dealt with at the service level in the first instance and the provider had a corporate complaints procedure, should the need arose for complaints to be escalated. We looked at a sample of concerns/complaints that had been investigated by the service and we saw that these were investigated and responded to appropriately. An assistant manager explained how a complaint about the service had resulted in disciplinary action for the staff member involved to ensure their performance improved. Complaint records looked at showed that all action and learning from this complaint had been undertaken and an apology was sent to the person that used the service. This meant that people could be confident that their concerns and complaints would be listened to and used to inform and improve staff practice.

We saw samples of questionnaires that were recently completed by people that had used the service. We were told that at the end of the service people were asked to give feedback on the service they received, these were analysed and reported on a monthly bases, so that the organisation had an over view of where the service needed to improve based on people’s comments.

# Is the service well-led?

## Our findings

All the people we spoke with and people that responded to our questionnaire said they received a good quality service. The majority of people that returned our questionnaire said they knew who to contact at the service if they need to speak with someone. However, everyone that we spoke with during the inspection said that although they were given information about the service the information did not include a named person that they could contact, so they would not know who to speak with. We discussed this with the registered manager who confirmed that they were aware of this and a review was underway to address those issues. The majority of staff felt that the managers were open and approachable.

We saw that people were asked to give feedback on the quality of the service they received and these were analysed for trends and learning. Analysis of recent questionnaires that we saw showed a high level of satisfaction with the service. We were told that a monthly performance report based on people's feedback was collated and presented to the senior management team on a monthly basis. Learning from these were discussed in managers meetings and action plan put in place to ensure they effect changes in the service. This meant that the service had systems in place to listen to people and use feedback from people's experiences to improve the service.

There was a registered manager in post with no changes of managers so the management of the service was stable.

Before the inspection we asked the provider to send us a provider information return, this was a report that gave us information about the service. This was returned to us completed and within the timescale requested. Where necessary the service kept us informed about events that they are required to inform us of.

We saw that there were robust systems in place to monitor the service which ensured that it was delivered as planned. There was a continuous improvement team that had an oversight of the service performance and key activities within the service. This ensured that the service was able to identify any shortfalls and put plans in place for improvement, for example we saw that the service did not have a full over view of staff training. When we spoke with the registered manager they told us that this had already been identified and they were putting systems in place to improve this. This showed that the service was monitored effectively and was continually improving for the benefit of people that used it.

We saw that complaints, concerns, accidents and incidents were analysed and learning implemented to improve the service. Some staff told us about an incident that had occurred within the service and how this had led to a change in their practices. As a result they also worked with other community services to reduce risks and prevent re-occurrences. This showed that the service learnt from incidents and adverse events.