

Maranatha Healthcare Ltd

Home Instead Birmingham

Inspection report

Radclyffe House
66-68 Hagley Road
Birmingham
West Midlands
B16 8PF

Tel: 01214565559
Website: www.homeinstead.co.uk

Date of inspection visit:
07 March 2017

Date of publication:
17 May 2017

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This announced inspection took place on 7 March 2017. 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 in January 2016 when the service was assessed overall as good. Some improvements were needed to the system for administering medicines and at this inspection we found these had been done and people received their medicines as prescribed.

At the time of our inspection the agency was providing personal care to about 80 people in their own homes. There was a registered manager in post who was available throughout our inspection visit. 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.

Everyone we spoke with could not praise the care provided by staff from the service highly enough. People and their relatives described the staff as caring and providing very good care. People felt they were treated with kindness and their privacy and dignity were always respected. Staff had developed positive relationships with people. Staff showed that they had an understanding of the needs of the people they were supporting. Staff we spoke with told us how much they enjoyed working for the service and indicated they were committed to providing an excellent service for people.

All of the people we spoke with who were using the service 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. In circumstances where the provider had thought people may be at risk of abuse they had made the relevant authorities aware.

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. There were enough trained staff to keep people safe and to meet their needs. Some people needed reminding or support to take their medicines and staff had received training to do this.

People and a relative told us they were supported by consistent staff members who had got to know their needs. Staff received regular training and supervision and had regular meetings to refresh their knowledge and discuss any concerns about people's care.

When required people 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.

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 also 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. Staff we spoke with felt valued and supported and 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 registered manager ensured audits and checks were completed to ensure the service was running properly to meet people's needs and to monitor the quality of the care people received.

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.

People told us they felt safe.

People were safeguarded from the risk of harm because staff were able to recognise abuse and knew the appropriate action to take.

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

People were supported by staff to take their medicines as prescribed.

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?

Outstanding ☆

The service was caring.

Everyone we spoke with could not praise the care provided by staff from the service highly enough. People were supported by consistent staff who knew them well.

People said that they were supported by kind and caring staff. Discussions with staff showed a genuine interest and a very caring attitude towards the people they supported.

People were respected as individuals ensuring they were

supported to make choices in all aspects of their lives. People expressed great satisfaction with the care they received and felt their care was provided in the way they wanted it to be.

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.

People were provided with plenty of information and opportunities to raise concerns but said they had no complaints. They were confident the provider would address any concerns in a timely way.

Is the service well-led?

Good ●

The service was well led.

All of the people we spoke with 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.

The registered manager and provider looked at ways in which the service could be continually improved for the benefit of people using the service.

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 7 March 2017. 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.

As part of the inspection we looked at information we already had about the provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care. We refer to these as notifications. We reviewed the information from notifications to plan the areas we wanted to focus our inspection on.

We spoke with four care staff, two call schedulers, one care co-ordinator, the deputy manager and the registered manager of the service. We also spoke with the training co-ordinator and observed part of a training session for new staff on their induction.

We looked at the care records for four people who were receiving a service, four staff recruitment and training records, incident and quality audits that the registered manager and senior staff had completed. We spoke on the telephone with eight people who used the service and with the relatives of two other people. We also received feedback from a health care professional in respect of the care provided to one person.

Is the service safe?

Our findings

People who used the service told us they felt safe and comfortable when care staff visited them in their own homes. One person told us, "I feel very relaxed with them." Relatives told us they did not have any concerns about safety. One relative told us, "The staff are all observant and very safety conscious."

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. Staff knew additional agencies to report to if they were concerned that the manager was not acting to safeguard people. This helped to ensure that people remained safe. Records showed the registered manager took all concerns seriously, raised concerns appropriately with the local authority safeguarding team and notified the CQC.

People's plans contained risk assessments showing the possible risks to people, including those from their environment and activities. Assessments had been completed where people needed the support of staff or 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 previously felt unsafe when showering and they have made it no problem at all." Records indicated staff had received training in how to assist people to move safely, this was confirmed by the staff we spoke with. We saw environmental risk assessments had been completed which ensured information was available for minimising risks and hazards when visiting and working in people's homes.

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. Sampled records showed that appropriate action had been taken when needed.

People's care 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.

Two scheduling officers were responsible for ensuring all calls to people were planned for and covered by suitable staff. In the event of the planned care worker being off work at short notice, the scheduling officers explained how there were enough staff to ensure people would still be supported by staff who were known to them. People we spoke with also confirmed this. A system was in place that alerted office staff to care staff not arriving for a scheduled call. This meant that if a staff was very late or did not arrive that action could be taken to make sure the call was covered. People and their relatives told us that the staff were reliable and on-time. One person told us, "They are spot on with the time-keeping." A relative told us, "We

have never been left wondering if someone is going to turn up."

The registered manager told us that staff were appointed through a robust process. This included obtaining references and checks through the Disclosure and Barring Service (DBS), before staff started work, to ensure that they 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. We looked at the recruitment records of four members of staff and these showed that a robust process had been followed.

Peoples' medicines were managed and administered safely. People told us how staff supported them to take their medication at the right times. One person told us, "They assist me with my medication and I have never had any problems."

At the last inspection although no regulations had been breached, some improvement was required in respect of some aspects of the management of medicines. Improvements had now been made to medication administration records to make sure these detailed the name and dose of the medicine administered.

Staff told us and training records showed staff had been trained in the safe administration of medicines and had their competencies assessed. 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. The registered manager ensured regular audits of medication administration records (MAR) to ensure medicines were being administered in line with people's prescriptions.

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. One person told us, "They all seem well trained and professional." Another person told us, "They are all skilful." Another person commented that the service they received was excellent and the staff were all very capable. A relative told us, "Staff know what they are doing and have been trained."

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 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 for guidance and support 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. Staff we spoke with said that they were given sufficient training. Comments from staff about training included: "The training is good, it is thorough and we get refresher training." Staff told us that they had regular supervision and felt supported by their supervisors and the registered manager of the service. Staff were also supported to access training to support people with specific needs including a City and Guilds diploma in dementia awareness.

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.

We checked whether the service was working within the principles of the MCA. Some people declared they had appointed a power of attorney (POA) for health and welfare to represent them in the event they lacked the capacity to make decisions in these areas themselves. The provider had documented this, and requested evidence that a POA was in place. This would ensure that decisions about people's care needs would only be made by someone of the person's choosing and who also the legal power to do so. Care staff were able to describe how they followed the principles of the MCA in their work and people told us that staff asked for their consent before giving any personal care. One person told us, "They ask my permission, for example they will say do you want me to do so and so." 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 when they would seek consent while assisting people with their personal care.

Some people said they did not require any assistance with preparing meals, others told us care staff would provide them with the assistance they needed to have a meal during their visit. They told us that care staff would either heat up a prepared meal or make them a light snack, such as some sandwiches. One member of staff told us that a person they supported needed a lot of prompting to eat their meals and they explained how they did this. Another member of staff told us how they supported a person to follow a specific diet to

their religious beliefs. They told us, "It's very important to be aware of that." Records contained information about what people liked to eat and drink and any special dietary requirements.

We looked at the support people received with their healthcare needs. Many of the people who received the service directed their own health care or had family members involved who would arrange healthcare appointments if and when needed. 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. Care records showed that when people had been unwell or where staff were concerned about a person's health that they had taken the appropriate action. People's care plans contained guidance for staff on people's individual health conditions. This meant that people were supported with their health care needs.

Is the service caring?

Our findings

Everyone we spoke with praised the care provided by staff from the service and people confirmed that care staff were caring. Amongst people's comments about staff were: "Staff are all very pleasant" and "They are marvellous." One person told us, "I am very happy. I get the same two ladies, both are very nice and one is really bubbly and chatty." One relative told us, "They have kind, caring and friendly staff." One person told us they had experienced some recent distressing personal circumstances and that staff had been very supportive and sympathetic throughout this time. A health care professional told us that staff had been very sensitive in the support and empathy they had shown to a person on end of life care. They also said their services and staff understanding had made a big difference in enabling the person to continue to be cared for at home in line with their wishes.

People told us how they valued their relationship with the staff who supported them. They gave examples of how they felt care staff had gone the extra mile to ensure they exceeded their expectations and ease any concerns. These included an example of when the service had recognised it was very important to a person that they take on the responsibility of caring for the person's pet when they were in hospital. They ensured the pet was fed and exercised and had given the person peace of mind knowing that someone who knew their pet well was looking after them. Another care staff was visibly upset when they told us that a person they had worked with for some time had passed away. This showed the caring nature of this member of staff and reflected the close relationship they had developed with the people they supported.

During our visit to the service we overheard staff talking to people or their relatives on the telephone. Staff demonstrated good communication skills and spoke to people in a kind and caring manner and we observed a genuine affection in the way staff spoke and gave reassurances.

Staff we spoke with explained how important it was people who used the service were listened to and had influence over how their care was provided. Staff told us that the systems to listen to people's views about the service had been enhanced and that senior staff now visited people even more frequently to check that they were happy with the care they were receiving. This was in addition to seeking people's views using via the telephone and written questionnaires. This showed that the views of people using the service were important to the provider.

The registered manager showed a clear commitment to providing a person centred service and making sure people received support from staff who were 'matched' to their needs and interests. We were given examples of how small teams of staff were matched with people who shared the same interests and values. 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 person's relative told us, "They took great pains to match the right staff to Dad." A care staff told us, "They always put you with clients you get on with or have something in common." Another care staff told us, "They match people with similar personalities, for example I am a chatterbox so they would not send me to someone who was very quiet."

The ethos and culture developed by the registered manager and staff was one of valuing people and treating them as individuals. The service offered a minimum of one hour visits to ensure staff had sufficient

time to support people and develop meaningful relationships with them. This also prevented people suffering from loneliness and fear of social isolation. People were complimentary of the relationships they had with the care staff. One person told us, "We have become real friends." Another person told us, "I have some good fun with the girls [staff]." The registered manager told us that they continually strived to promote the qualities of kindness and empathy within their staff and that the Home Instead Senior Care brand has been awarded the Queens Award for Enterprise 2016 for innovations. It had been awarded in recognition for delivering a quality service through care visits that last a minimum of 45 minutes or longer. People confirmed that staff took the time to chat with them. Some people told us that staff checked with them to make sure they had done everything the person required and if there were any other ad hoc tasks they could assist them with. This indicated that staff were not just undertaking tasks but providing emotional support to people.

The registered manager and staff understood the importance to people of providing an effective service and how late calls could cause people anxiety. Staff told us that people would usually be informed if staff were going to be late in order to provide reassurance and show how they valued the people they supported. One person told us, "They rang me the other day to say my carer was running late, but she only arrived three minutes late in the end." Another person told us, "They have really put themselves out to fit round me as I was really specific about the times I wanted staff to come."

People told us they were supported by a consistent staff team who had got to know them well. One person told us, "I get the same staff, they have never sent anyone new without an introduction." Another person told us they had started to use the agency again after a gap and were pleased that the registered manager had recognised that it was important to them that they were supported by staff who had previously worked with them. This helped them to maintain their relationships and be supported by staff who they already knew their needs and preferences. Care staff told us they were always introduced to new people who used the service before providing them with any care.

Some people using the service were living with dementia. Staff received specific training in this area in order to understand people's specific needs and empathise with the challenges for people who live with this condition and their families. A care staff told us, "Our induction training looked at relationships with people, looking at people's history to know the person and make their care suitable for them." The provider not only strived to improve the lives of the people using the service but took an active role in increasing the understanding of dementia in the wider community and the impact it had on people and their families. This had included giving talks on dementia to staff at a local hospital. A member of staff at the hospital said the talks received excellent feedback were a thought provoking session that had brought a personal perspective to how they regarded people living with dementia.

People and their relatives told us that staff respected their privacy. One person told us, "They [staff] are very diplomatic during my personal care. Staff go out of the room whilst I am doing some of my care." Records sampled showed that staff used dignified and professional language when recording how they delivered personal care.

Understanding dignity and respect when supporting people was a core aspect of the training care staff received as part of their induction. Care staff told us how they would maintain someone's privacy and dignity when providing personal care to people. They explained that this would be done by closing curtains and doors and ensure people were covered with a towel when having a wash.

The provider had developed a culture to promote people's independence and sense of self-worth and reliance. People confirmed they were supported to maintain their independence, for example in relation to

the support they received with meals and drinks, personal care and assistance with medicines. A care staff told us, "There is a lot of emphasis on relationships, not just on tasks. We are doing things with people, not for them, we are not taking over." The registered manager told us there was a strong emphasis on helping people to remain independent. They told us, "We don't just provide personal care: it's about providing a genuinely "holistic" service to all our clients. This ranges from companionship, and home help but also working with the Age UK "handy man services", arranging electricians, arranging nail care /podiatry, to even builders and gardeners. Our aim is to enable all our clients to remain in their own home for as long as possible to allow them to look forward to our caregivers coming to see them when their family members are not always available.

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.

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. One person's relative told us, "We have a three monthly review." The assessment documents we reviewed were detailed and individual to the person. They included information about people's personal history, mobility, communication, medicines and personal care needs. The support plans and risk assessments we reviewed were detailed and personalised and explained people's likes and dislikes, as well as their needs and how they should be met. Records detailed the support that staff should provide during each individual visit. They included information about how support with personal care, food and drink preparation and domestic tasks. Relatives gave us examples of when the service had been responsive to their relatives changing needs. One relative told us, "They are very flexible and will change the time of care call if we have other appointments to go to."

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. One person using the service told us, "I'm confident to raise any concerns and have a named contact." Another person told us, "I have never had to make a complaint but I have a file and I think the contact number is in there."

Records showed complaints and concerns received had been recorded and investigated in a timely manner. The registered provider had developed a complaints procedure which included information about other organisations people could contact if they were not satisfied with the outcome of their complaint.

Is the service well-led?

Our findings

People and relatives indicated that the service was well managed. One person told us, "They get full marks from me." Another person told us, "There is nothing that they need to improve on." People and relatives indicated they would recommend the agency to other people. One person told us, "I would definitely recommend them as you hear about other poor agencies."

People and their relatives were asked for their views of the service at review meetings and through regular monitoring visits and telephone calls to seek their feedback. A person who used the service told us, "The office staff do check up on things, I think it is about every six weeks." Another person told us, "The office staff frequently ring me to check everything." A relative told us, "We had a visit from a supervisor the other week and they checked all the notes [care records]." Records showed that people were generally very happy with the care they were receiving.

Satisfaction questionnaires were also available to obtain feedback from people who used the service. Each year the provider commissioned an external agency to undertake an anonymous PEAQ survey (Pursuing Excellence by Advancing Quality) for people and care staff. We saw the results of the recent survey of people who used the service to be for the most part 'Very Favourable' regarding all the overall quality of the service. We saw that the provider had used feedback from these surveys to drive and improve the quality of the service.

The agency had a clear leadership structure which staff understood, however some people we spoke with were not sure who the manager of the service was. 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 they would be addressed. The length of time staff had been employed at the service was also recognised and rewarded. This showed the provider's ethos for valuing and supporting their staff.

The registered manager told us how people and staff were actively involved in developing the service. This included regular meetings and discussions with people. Quality assurance monitoring was also undertaken by management and senior 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 took prompt action to address any concerns raised but a formal system was not currently in place to record and analyse the number of late calls that occurred.

We saw that the registered manager was continually looking at ways to improve the service. For example a new computer based 'real time' monitoring system was due to be implemented on a trial basis. The registered manager was very enthusiastic about the new system as it had the facility to alert the registered manager if care tasks such as medicine administration had not been recorded as completed by staff. This

meant that prompt action could be undertaken to ensure people were supported in line with their care plan. The registered manager had kept up to date with developments, requirements and regulations in the care sector. Where a service has been awarded a rating, the provider is required under the regulations to display the rating to ensure transparency so that people and their relatives are aware. We saw there was a rating poster clearly on display in the service and on the provider's website. They liaised with other care providers and external quality agencies to ensure they reflected the latest good practice and industry standards when providing care.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.