

Baobab Care UK Limited

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people. Respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Baobab Care UK Limited is registered to provide personal care services to people in their own homes or supported living. People the service supports have a range of needs including physical disability, learning disability and mental health. 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.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of the inspection there were 20 people receiving support which was overseen by the registered manager and nominated individual across 10 locations.

People's experience of using this service and what we found

Right Support:

People were supported by staff who had been provided with training to effectively meet people's needs. Regular staff competency checks were in place to ensure staff supported people in line with their current needs. Staff were kept up to date with changes in people's care needs and the service worked alongside a variety of healthcare professionals to ensure people's specific needs were being met. People were supported to maintain their independence.

Staff knew people well and people told us they felt safe when supported by a consistent group of staff.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right Care:

People received person centred care and were treated with dignity and respect. Staff were aware of what was important to people and how they wished to spend their time.

Right Culture:

The provider and registered manager worked well together to ensure people's health and wellbeing needs

were being met. Care needs were regularly reviewed, alternative ways of supporting people were looked for to assist people to live their lives to the full. Weekly management meetings took place to review service delivery and ensure people's needs were being met. Families were supported and listened to. Staff were encouraged and supported to take on additional training to enhance their skills and provide further opportunities to develop their careers with the company.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk
Rating at last inspection The last rating for this service was good (published May 2019).

Why we inspected This inspection was prompted by a review of the information we held about this service.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Baobab Care UK Limited on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Is the service effective?

Good ●

The service was effective.

Is the service well-led?

Good ●

The service was well led.

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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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service provides care and support to people living in 'supported living' settings, so that they can live 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.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was/ a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 30 May 2023 and ended on 21 June 2023. We visited the location's office on 30 May 2023

What we did before the inspection

We reviewed information we had received about the service and we sought feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

During the inspection

We spoke with one person (who consented to speak with us) in their own home and observed staff interactions with 2 other people in their own homes. We also spoke to a group of people in the provider's office who were keen to meet the inspector and share their experiences of the service. We spoke with 12 members of staff including the registered manager, deputy manager, team leaders, support workers, the safety intervention lead counsellor and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included 4 people's care records and medication records. We looked at 3 staff files in relation to recruitment and staff supervision. We also reviewed a variety of records relating to the management of the service including audits and policies and procedures.

After the Inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training records, minutes of meetings and quality assurance records. We spoke with 3 professionals who work with the service and 4 relatives about their experience of the care provided to people.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were supported by a group of staff who were aware of the types of abuse people were at risk of and what actions to take should they suspect abuse. A member of staff told us, "I would report to the team leader first."
- Where safeguarding concerns had been raised, they had been reported, acted on and investigated appropriately.
- One person told us they felt safe when supported by staff who knew them well. From our observations we saw that people were comfortable in the company of the staff who supported them. Relatives spoken to told us they felt their loved ones were safe when supported by the service.

Assessing risk, safety monitoring and management

- Staff were aware of the potential risks to the people they supported. Staff told us information was shared with them in a timely manner and they were kept up to date in changes in people's care needs. A healthcare professional told us, "They [care staff] keep [person] safe in the community – I've no qualms about them at all." However, we found despite staff knowing the risks to one person when they accessed the community, a risk assessment had not been put in place containing this information. This was addressed as soon as it was brought to the registered manager's attention.
- There was a dedicated member of staff whose responsibility was to regularly assess people's emotional wellbeing and identify any potential risks to them regarding this. Positive behaviour support plans were put in place in response to these risks. These plans provided staff with a number of distraction and diverting techniques which were personal to that person when responding to distressed behaviours.
- Relatives spoken with were on the whole, very complimentary of the service and told us they felt their loved ones were supported by a consistent group of staff who knew them well. A relative told us, "I'm very happy with the service. They [care staff] support [person] very well." Another relative commented positively on the support they and their loved one received when accessing the community together. They told us, "They [care staff] know [person] so well, I don't have to do anything."

Staffing and recruitment

- We looked at 3 staff personnel files. We found the appropriate recruitment checks were in place but in one file some of the information was missing. This was later found during the inspection and placed in the staff file.
- Staff told us the appropriate recruitment checks were in place such as requesting references and DBS checks, prior to them commencing in their role. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer.

Using medicines safely

- Systems were in place to ensure where appropriate, people were supported with their medicines by trained staff. Staff competencies took place to ensure staff supported people in line with their medicines management training.
- A relative told us, "[Person] has a lot of medication and they support them with that." In people's homes medication charts were in place for staff to complete and detailed information regarding the circumstances in which to administer 'as required' medication.

Preventing and controlling infection

- People were supported by staff who had received training in preventing and controlling infection.
- Staff confirmed they had access to plentiful supplies of PPE and were aware of the latest guidance to follow in respect of infection control.

Learning lessons when things go wrong

- Reviews of all accidents and incidents took place on a weekly basis [by a dedicated member of staff] to analyse for any trends and identify potential lessons to be learnt. This included identifying any evidence of distressed behaviours that had not been previously identified and ensuring care plans and risk assessments in place were appropriate and effective. The member of staff told us, "I review them every Monday, but if something more urgent is flagged by the team leader I will review immediately."
- A healthcare professional described in detail the additional help and support provided to a person following learning from this analysis and the positive impact it had on the person. They told us, "[Person] is the most stable they have ever been."

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.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant 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

- Pre-assessment processes were in place to ensure appropriate information was gathered from people and their loved ones, in order to gain a picture on how they wished to be supported. The pre-assessment covered two areas, the physical and practical side of care for the person and also a wellbeing assessment which covered people's right to be independent and make their own decisions about their life.
- Arrangements were in place to check in with people at the beginning of their care package to ensure their needs and choices were being met. A member of staff whose role included providing support and counselling to people where appropriate, told us, "It's about listening to early complaints and needs, checking staff are ok for them, are they feeling ok, involving relatives; it gives us a really good overview."
- A member of staff told us, "I would recommend the service, definitely. I think it is very good here, it's multi-cultural; people of all different backgrounds and cultures. If someone wants to go to church, we take them, if someone doesn't eat ham or is a vegetarian, there are very clear strong instructions. We give choices, no compromises."

Staff support: induction, training, skills and experience

- Staff told us they received an induction that equipped them for their role. This included completing the Care Certificate and shadowing more experienced staff. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme. A member of staff told us, "I did the online training first and then a lot of manual handling training and medication training."
- There was a training matrix in place which identified when staffs training had been completed and when refresher training was required. Staff told us they felt well trained, and records confirmed their competencies were regularly assessed. A member of staff told us, "The door is always open for us to ask [for additional training] but they are always updating [the training]."

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

- One person described how staff supported them at mealtimes and prepared their meals to their liking. A member of staff told us, "[Person] likes spicy food, we give them picture cards to choose [what they would like to eat] and try and encourage healthy eating."
- People's preferences were recorded and respected. Relatives confirmed where appropriate, staff prepared their loved ones' meals and were aware of any risks to them at mealtimes.
- Where people had been identified at risk of choking, guidance had been sought from the Speech and Language Team (SALT) and staff were aware of how to prepare people's meals in line with this guidance.

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

- People had an active role in maintaining their own health and wellbeing, including being supported to access health care services to meet their needs. One person told us they arranged their own appointments, but staff ensured they were supported to attend them. They added, "When I'm not well, they will ring the doctors, but I can do that as well."
- People's care records contained relevant information regarding their healthcare needs and the details of professionals who supported them for example, GPs psychologists and specialist nurses. Each person had a hospital passport in place which provided staff with information required if a person was admitted to hospital, including how to communicate effectively with the person [where appropriate]. Staff were proactive in obtaining healthcare support if they had concerns regarding people's health and wellbeing.
- Staff worked successfully alongside other agencies to support people. A healthcare professional told us, "They [person] is supported to have all their health care needs met." They went on to describe how a service user had been given particular support from the service counsellor and how successful this was, complimenting them and adding, "They are very willing to engage with us, they put the spotlight on the service user and everything they do is in their best interests."

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 MCA 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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider was working in line with the principles of the MCA and we found assessment and care planning processes considered people's capacity to consent to care and treatment. The preassessment process in place looked at people's capacity to make decisions and what support could be provided by the service to support them to do this.
- Staff had received training in MCA and understood how to support people in line with the Act. We observed staff obtaining people's consent prior to offering support and one person spoken with confirmed this was the case.

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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service was led by a provider who was described as 'very hands on'. It was also evident from our observations and our conversations, that the registered manager knew people who used the service very well.
- Staff reported both the provider and the registered manager were accessible and approachable. A member of staff told us, "Absolutely I feel supported. I have a lot of formal discussions and supervisions with the registered manager and the provider. I think the service is growing but not growing too quickly. The provider has an open-door policy. I would recommend the service." Another member of staff said, "I would recommend their [management] level of professionalism. I've been in the care business for 4 years. The management are reachable; if I am calling [registered manager's name] their response time is excellent."
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How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider and registered manager were open and transparent throughout the inspection process. CQC were notified of incidents [as required by law]. A member of staff told us, "I would recommend [the service] because [provider's name] is affable and whenever you ring him, or when you put something on CMS [their electronic record keeping system] he will come to you to verify to see what has happened; some managers you can't approach. Registered manager's name] is a very good person and a patient person and if anything happens you can call them."
- Where accidents and incidents took place, lessons were learnt and families confirmed they were kept informed of any incidents relating to the health and wellbeing of their loved ones. When discussing concerns raised, a member of staff told us, "We take every conversation in the absolute truth and we believe it, but we need to investigate and if an incident comes in, I do analysis on it." For example, we saw additional support was put in place for a person following analysis of a number of incidents.
- Staff were aware of the provider's whistleblowing policy and told us they were confident they would be listened to if they raised any concerns.

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

- Staff were aware of their roles and responsibilities and those of their colleagues. They knew who to approach for support and what action to take when things went wrong. The registered manager told us, "We

have a very stable staff group" and a number of staff spoke positively about being given opportunities to progress through the organisation, when their skills had been recognised. They told us the provider had supported them to gain additional qualifications in order to develop their skills further. A member of staff reflected on the benefit of recognising staff skills and giving staff promotion opportunities internally, telling us, "Because you have been here from the start [and know everyone's roles] that can only be a good thing."

- A number of audits were in place to provide management with oversight of the service including audits of care records, medication, health and safety and infection control. All staff were involved in contributing to or the collection of the information gathered which was used to inform the provider's action plan. The action plan was reviewed on a weekly basis by members of the senior management team to ensure identified actions were being addressed in a timely manner.

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

- Feedback was sought from people using the service and staff, to help improve service delivery. A variety of formats were used to gather feedback from people regarding the service including surveys, pictorial information charts, well-being visits and informal conversations.
- Feedback received was overall positive; two people had said they would like to do more for themselves, and small step plans were discussed and put in place to support their area of development. These were put into the quality assurance action plan that was reviewed monthly.
- A relative spoke positively of the additional support the service had provided to them, when their loved one moved from home to live independently. A member of staff told us, "We work with families, through the difficult process of their loved one transitioning to their own home and help with different copying strategies. There is so much loss for people when they move."
- Staff surveys took place and positive feedback was received. The provider and registered manager were considering a number of incentives to reward staff and the registered manager told us, "We are trying to find ways of celebrating achievements. We are also looking at inhouse promotions and supporting staff to access accredited training in NVQ levels 3, 4 and 5."

Continuous learning and improving care

- Work was underway to introduce a new electronic care planning system and arrangements were in place for staff to receive appropriate training before it became live.
- Systems were in place to ensure lessons were learnt when things went wrong. Incident checklists sat alongside safety plans for those people whose unmet needs resulted in distress. A dedicated member of staff was in place to review these events and offer support, guidance and training to both service users and staff alike.

Working in partnership with others

- The provider, registered manager and staff continued to develop working relationships with health professionals and the local authority and worked to implement any recommendations made. A health care professional told us, "It's been a really positive experience working with them. They are very responsible and helpful and [counsellor's name] goes above and beyond and really does care."