Birmingham City Council

Central Home Care

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 caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 8 and 9 February 2017 and was announced. This was the service's first inspection since it was registered in December 2015. The service provides a short term enablement service of care and support to people in their own homes. The service also provides support to people living in extra care schemes. At the time of our inspection there were 167 people receiving the enablement service and 42 people receiving support through the extra care scheme.

There was a registered manager in place for the service who was present throughout our inspection. 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 using the service told us they felt safe. Risk assessments were completed when people first joined the service and any health and safety issues were identified to help keep people safe. Staff were provided with basic details of people's support needs and associated risks.

Staff told us that they would raise any concerns or suspicions of abuse with the assistant team managers and home care organisers of the service to help keep people safe. However, many staff had not been supported to complete up-to-date safeguarding training. Although most people told us that staff arrived on time to their calls, some people had experience missed or late calls.

People were satisfied with the support they received to take their medicines. The registered manager was taking action to improve how the administration of medicines was monitored as this was not robust.

People told us that staff understood and met their needs. Staff received supervision and spot checks, although they had not been supported to complete up-to-date training for their roles. People were supported to make their own choices, although staff were not aware of the principles of the MCA.

People we spoke with told us that they were supported to prepare and have meals where necessary, although records did not always reflect that this was consistent practice. People were supported to seek healthcare support when they were unwell or would benefit from such support to remain independent. People were supported to maintain good health.

People told us that staff were kind and caring, staff described the positive rapport they developed with people using the service. People were treated with respect and encouraged to retain their independence. People spoke positively about the service and how this had supported them. People were involved in their care planning and supported to seek help and guidance in the community where applicable.

People were able to complain through the registered provider's complaints process. Most people we spoke

with told us that they had no concerns and that they would raise any issues with staff.

Systems to monitor the quality and safety of the service such as record keeping and medicines management were not robust. Quality assurance processes did not always ensure that sustained improvements would be achieved. The registered provider's systems had failed to ensure that staff were supported with core training for their roles. People and staff spoke positively about the service and told us that they would recommend the service to others, compliments we sampled reflected this.

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 that they felt safe using the service.

People told us that they were happy with the support they received to take their medicines. Systems were being developed to improve medicines management at the service.

People's care plans did not always provide full and clear details about people's risks, although staff told us that they shared any concerns they identified with people's healthcare professionals.

Is the service effective?

Good

The service was effective.

People were supported by staff who were familiar with their responsibilities and received guidance for their roles.

People were supported to make choices, staff we spoke with confirmed this although they were not familiar with the Mental Capacity Act (2005).

People were supported to seek additional healthcare support. People were happy with the support they received to prepare and have meals, although records did not always reflect this.

Is the service caring?

Good

The service was caring.

Most people told us that staff treated them with dignity and respect.

People's independence was promoted.

Is the service responsive?

Good

The service was responsive.

People were supported to seek guidance and information to

promote their health and wellbeing.

There was a complaints process and people we spoke with told us that they could raise concerns with staff. People we spoke with told us that they had no concerns.

People were involved in their care planning and asked for feedback about the service.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

The majority of people showed that they were satisfied with the service they received, although records and processes were not robust to support the running of the service and to drive improvement.

There was a registered manager in place.

Staff told us they felt supported in their roles.

Central Home Care

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 checked 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.

This inspection took place on 08 and 09 February 2017 and was announced. The provider was given 48 hours' notice so we could ensure that care records and staff were available to help inform our inspection. The inspection was conducted by an inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

As part of our inspection, we reviewed the information we already held 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 and any safeguarding matters. These help us to plan our inspection. We also asked the provider to complete 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 spoke with and gathered feedback from twenty one people using the service and one relative. We spoke with the registered provider's 'out of hours' team, the registered manager and five healthcare professionals. We also spoke with eleven staff members, consisting of five care assistants, two assistant team managers, two home care organisers and two community enablement workers. The home care organisers were responsible for supporting staff and managing aspects of the service within set local areas. The community enablement workers were responsible for working with people using the service where it had been identified that they would benefit from additional support to their planned health care. We sampled records relating to fifteen people's care and support, six staff files and records maintained by the service about training and quality assurance.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe using the service. One person told us that they were "Very safe," and another person we spoke with commented, "Yes I feel safe… and I've got some lovely carers." Staff we spoke with told us that they would raise concerns with the registered manager or assistant team managers if they felt that people were at risk of abuse. One staff member told us, "They always listen." Although some staff told us that they had received refresher safeguarding training, records showed that some staff had not received training in this area for several years. The registered manager told us that they had tried to source more safeguarding training for staff so they were well equipped to recognise and report any suspicions of abuse.

One staff member told us, "I know we're responsible and need to act [on concerns]." The assistant team managers and some home care organisers who were responsible for acting on such concerns, understood the types of abuse that people were at risk of and told us that they would share such concerns with the appropriate authorities. We saw that where staff had previously identified that people were at risk, appropriate action had been taken to help protect people.

People's risk assessments and support plans were developed when they first began to use the service, with assessments in relation to the safety of their home environments and support they required with moving and handling and medicines management. We saw however that some instructions for staff were not always clear or completed in full. For example where healthcare issues such as diabetes had been identified, no further information was provided to ensure staff shared a consistent understanding about the risks associated with each person's condition or whether the person required specific support from staff to help safely manage their condition over the period of time that they used the service.

Care plans for people using the enablement service and extra care schemes provided generic details for staff in relation to good practice to keep people safe. We saw that additional key details were included where there were further safety issues relating to people's individual needs. Staff signed these risk assessments to confirm that they had read and understood these. Records we sampled showed that where risks and issues were identified in relation to people's health, healthcare professionals were informed. The registered manager told us that no accidents or incidents had occurred in terms of people using the service. We saw that there were systems in place to record such events at the service as necessary.

Although most people told us that staff attended their calls on time, we found evidence that staff were not always suitably deployed to ensure people would be consistently supported at their required time. Records we sampled showed that some people had experienced missed calls over recent months which presented a risk of people not receiving the timely support they required to maintain their health. One person told us, "I would have liked an early call, sometimes it is 10.30am before I'm having breakfast." Another person told us, "If [staff] are late it's usually within a half an hour slot so I just wait for them because they do say sorry." One person told us, "If I need an early call, for example, if I get an appointment, and I tell them, they'll sort it."

Staff we spoke with said they felt there was enough staff employed to meet people's care needs. One

member of staff told us, "We get the time to support people." Another member of staff said, "We're only occasionally late and the office will query why we are late." We saw that the registered provider had a system to monitor people's calls and take action when there was a risk that a call would be late. The registered provider had an 'out of hours' team to help identify and prevent missed calls. The registered manager told us that all missed calls were investigated and addressed appropriately with staff. The registered manager told us that their existing electronic system was being further developed which would help to organise people's calls and reduce the risk of people not receiving support when they needed it.

The registered manager undertook checks to ensure people were supported by suitable staff. Records showed that references had been received and the registered manager and staff told us that the registered provider conducted checks through the Disclosure and Barring Service (DBS) before staff started in their roles. Records we sampled and staff we spoke with showed that repeat DBS checks were completed routinely, although documentation was not always available to reflect the suitable recruitment checks that were undertaken for all staff.

People were happy with the support they received to take their medicines. People told us how staff supported them, for example with prompts and reminders to take their medicines and to apply creams. One person told us, "They always bring me tablets," and they confirmed that they received their medicines on time. Another person told us, "Staff help with medication and cream is applied to my legs." Staff we spoke with told us that the majority of people using the service took their own medicines independently. Staff confirmed they had received medicines training, although records we sampled showed that some staff had not received refresher training since 2008. Staff received occasional spot checks to make sure they remained competent to support people with their medicines.

A home care organiser told us that staff were confident to contact them if they had concerns about people's medicines. They told us, "We have lots of calls about this [from staff], we go out and identify the problem, liaise with the GP and nurse." Staff provided examples of how additional support had been provided to people, where it had been identified that this would help people to take their medicines safely whilst promoting their independence. People's medicines records we sampled did not always provide guidance for staff as to the purpose of the medicines and any risks associated with them. For example there was no guidance for staff about how to support a person where it had been identified that their medicines could affect them to safely use or receive support with moving and handling equipment.

When people or systems in place had identified that medicines errors had occurred, appropriate action had been taken, for example staff contacting the pharmacy to help keep the person safe and well. We found however that additional medicine records errors had not been identified and there was not a robust system in place to ensure that people always received their medicines safely. For example, our review of medicines records showed that it was not always clear whether staff supported people to apply prescribed skin creams as required. One person's records showed that they had not been supported to apply skin cream three times a day as prescribed over a number of days. Records we sampled also showed that relatives had identified medicines errors on some occasions, for example, where staff had recorded that people had received their medicines where they had not done so. We raised this with the registered manager who told us that this would be addressed.

A new process was being implemented by an assistant team manager to help track how well people were being supported with their medicines. This would help the assistant team manager who was responsible for this task, to monitor this support and identify any concerns in a timely way, for example, where people had refused their medicines or where medicines errors may have occurred.

Good

Is the service effective?

Our findings

One person told us, "All of the carers that come in take good care of me." Another person told us, "The carers are very good. They know how to support me. Everyone is helpful." Most people we spoke with told us that they were satisfied with the support they received from staff. A community enablement worker told us, "[There is] effective communication within the [staff] group, we share information and updates, details about the community." Staff we spoke with told us that they felt that the service was well-led and that communication was effective. One staff member told us, "We know we do a good job." A home care organiser told us, "Personally I think we do a great service with what we have." We saw that the majority of feedback that people had shared with the service was positive and referred to the approach of staff and how staff had helped people to become more independent. Staff members were informed where they had been mentioned and praised in compliments that the service had received to promote this practice.

Staff received an induction when they first joined the service and they were supported to complete the Care Certificate. The Care Certificate is a set of minimum care standards that new care staff must cover as part of their induction process. Staff we spoke with told us that they received refresher training in core areas such as safe medicines practice, food hygiene, moving and handling and safeguarding. Some staff told us that they had previously received training through the registered provider relating to people's additional needs such as dementia care and alcohol dependency. Records we sampled during our visit however confirmed that not all staff had been supported to receive up-to-date training in all core areas. For example, many staff had not received training in safe moving and handling and medicines practice for several years. Some staff had received training in areas such as First Aid and dementia care, however this training was not always recent to ensure staff would be aware of current good practice guidelines. Staff we spoke with told us that they felt equipped to do their roles and that they had received enough training. One staff member told us, "The care plan guides us," and commented that key information about people's needs and risks was available in people's care and support plans. We found however that people's care plans did not always provide detail to help make staff aware of specific support needs associated with people's healthcare conditions.

Staff we spoke with had worked for the service for a number of years and demonstrated that they were familiar with the requirements of their role. Staff meetings were held routinely where staff received reminders about any changes and developments within the service. One staff member told us that they received updates during these meetings relating to the people they were supporting, for example any changes to people's preferences and needs. The staff member commented, "It's nice, [if there are] any issues you can raise [these]." Another staff member told us that they received reminders about aspects of their role at each staff meeting and knew who to contact at the office if they had any queries or concerns. One record we sampled showed that an issue in relation to staff practice had been shared with the wider staff group for learning. Staff we spoke with confirmed that they also received spot checks and supervision to aid their development in the role. One staff member commented that supervision was "Very helpful," to raise any concerns they had.

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 so that they can 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.

Staff we spoke with provided examples of how they supported people to make decisions about their care, although staff did not demonstrate consistent awareness of the principles of the MCA or the service's responsibilities in relation to this. One staff member told us, "People have always got their choices." An assistant team manager provided us with an example of a best interests meeting they had held to help keep a person safe. Another assistant team manager showed us records of the support a person had received which had been agreed with their social worker as in their best interests. A homecare organiser and some care staff we spoke with told us that where people were not able to provide consent to their care, they involved healthcare professionals and relatives to help people express their views and identify care which would be in line with their best interests and wishes.

People who required support to eat and drink said they were happy with how the service met their needs. One person told us, "Staff ask me what I want for dinner." Staff we spoke with told us that they were made aware of people's dietary requirements and support needs through accessing people's care plans. We saw that most people's dietary and fluid intake was recorded by staff to monitor and ensure people had been supported to have enough to eat and drink. However, we saw this had not been done consistently as planned and required. For example, one person's records we sampled showed that they had only one entry on their hydration and nutrition charts within a given month although it had been planned for their intake to be monitored.

People were encouraged by staff to seek healthcare support as required when they were unwell. . One person told us, "They phone the doctor if I need anything." Another staff member provided us with an example of how they had contacted a district nurse when a person needed support with applying dressings. A healthcare professional told us, "Staff are very proactive seeking support." Records we sampled showed that people were supported to access healthcare support and concerns about people's health were monitored to ensure that appropriate action was taken.

Good

Is the service caring?

Our findings

People were pleased with the support they received from staff. Comments included; "We get on well;" "Each [carer] I've had have been ever so pleasant;" "Everyone has been very nice." Staff described how they tried to develop positive rapport with people and described how people said they would miss staff once the support they received from the enablement service ceased. A staff member told us, "People want someone to talk to. You leave them happy, with a smile on their faces." Another staff member told us, "They tell us they look forward to seeing [the carers]."

One person who lived at an extra care scheme told us that they had been supported to make friends there. An assistant team manager told us that meetings between people using the service were sometimes held at this scheme.

A healthcare professional told us that people who were referred to the service had said they were satisfied with the support they received. The healthcare professional commented, "No patients complain. Staff are courteous and polite." People we spoke with told us that staff treated them with respect. A staff member commented, "It could be your mother, father, uncle [receiving care], we go to their home," and they also spoke about the importance of showing respect to people and their property. Records we sampled showed that care notes were respectfully written by staff and provided some key details about the support they had provided to people.

People told us that they were supported to be in charge of how their care was provided. One person told us, "If I wanted something I'd tell [staff]." Staff provided examples of how they supported people to express their needs where people were not able to express themselves verbally or where there were language barriers. A staff member told us that they used visual prompts or aids and involved people's relatives where appropriate to help people express their views and wishes.

One person commented, "Staff are very supportive towards me and I can talk to them… the support I receive is fabulous, I would not change it for the world… staff are ever so kind in their certain ways."

People said that staff respected their privacy and dignity. Staff we spoke with gave examples of how they helped to maintain people's privacy and dignity when they received personal care. Records we sampled showed that people were supported by staff of their preferred gender in order to feel at ease when receiving personal care.

People received guidance about the service and other providers in the local community who could help to maintain their independence. One person told us, "All staff respect me and we have a laugh. I am encouraged to be as independent as possible." Staff we spoke with expressed pride in being responsible for promotion of people's independence. Records we sampled showed that the service had received compliments and praise for its role in helping people to regain their independence. People's care calls were reduced when deemed safe to do so in order to promote independence. One person we spoke with told us that they had gradually become more independent over time.

Good

Is the service responsive?

Our findings

People told us they received care and support that was in line with their needs. One person told us, "[Receiving support is] a big weight off my mind to be honest, I'm comfortable and they help me to pursue and improve my quality of life." Another person told us, "For me it's fantastic. I get first rate care from all my carers, they're lovely… I can't fault them." A healthcare professional told us, "People seem to get care in line with needs."

The service had received several compliments with how staff had responded to people's needs. Some people had commented that they were pleased with the outcome of their support in that they had been able to regain their independence. Some staff we spoke with told us that their role satisfaction came from seeing people's progress with their health and independence over the period that people were supported. A staff member told us, "This makes us feel proud."

People were involved in expressing how they wanted to be supported when they started using the service. One person told us, "Yes my [relative] and I have been involved... Staff fill in records and leave it for the next day's shift." People's care plans provided basic details for staff about how they wanted to be supported. Referrals were made to the service's community enablement workers when people's needs changed. One community enablement worker told us, "What's good about the role is the time element in that we can go in [to people's homes] as frequently or infrequently as deemed necessary." A healthcare profession told us that communication and care planning was effective at ensuring people received prompt support. They commented: "Quite often people will be very satisfied with the enablement team and the care and support provided."

The community enablement workers told us that they signposted people to health professionals, religious services, charities and other organisations to help meet people's needs. A healthcare professional told us, "They communicate with the social worker at admission and will look at signposting… [they are] very proactive in identifying additional support that people might want."

Staff provided with examples of how they responded to ensure people were supported in line with their cultural and religious preferences. One staff member told us, "We're aware of people's religions… we learn [about people's religions] as we go along and they tell you." Another staff member told us, "We don't discriminate against anyone… we support people as normal, we don't judge, we just go in and make people comfortable." A community enablement worker told us, "We seek out prayer groups or community guidance if people are spiritually inclined."

People's care plans included a section called, 'what's important to me,' and provided some person-centred details for staff about people's routines and how they liked to be supported. Care plans also provided basic information following assessments in relation to people's home environments and any other needs. We found however that written care plans were generic and limited in the detail they offered about people's needs. For example, one person's care plan identified that a person had memory problems but did not contain further detail as to how this affected the person and how staff were to respond. The registered

manager told us that weekly multidisciplinary team meetings were held to review people's progress and to inform staff and healthcare professionals when people's conditions changed. Staff were able to support people according to their latest care needs.

People we spoke with told us that where they had raised concerns or issues, these had been acted on. Many people we spoke with told us that they had no complaints and that they were satisfied with the service they received. The registered provider had a formal complaints process to ensure that concerns were investigated and acted upon with transparency. Some people we spoke with were not aware of the registered provider's formal complaints policy, although they told us that they would approach staff to raise any concerns they had. The registered manager told us that the service had received no recent complaints.

Requires Improvement

Is the service well-led?

Our findings

People we spoke with spoke positively about the service and told us that they would recommend it. People told us that the service met their needs and healthcare professionals we spoke with confirmed this. One person told us, "It is a really good service; I have just completed and sent back a survey telling them I was satisfied." Another person told us, "We are most definitely listened to, [the service is] definitely worth recommending." We sampled feedback that the service had received and found that the majority of this was positive. People had commented through their feedback that they had been treated with dignity and respect and they had been supported to be involved in their care. Some people's feedback referred to how they had been aided to become more independent over time and that their support needs had been met. We saw that the registered manager and registered provider reviewed and maintained oversight of this feedback and had an effective system in place for handling complaints and compliments.

We found however that aspects of the registered provider's processes for monitoring the quality of the service were not robust. The registered provider asked people for their feedback when they left the service however specific information was not always shared with the registered manager so that specific issues could be explored further with people as necessary. Responses to surveys of people who lived in the extra care scheme were generally positive but were not analysed for trends or what action could be undertaken to improve the quality of the service. One person had reported that the quality of the service was 'Fair,' and another person had stated that they were dissatisfied with how a query had been dealt with in February 2017. We saw however that these issues and other feedback from people had not always been acted on. We queried this with a home care organiser who told us that these questionnaires were not fit for purpose in terms of seeking people's feedback. This did not demonstrate an effective system for staff to empower people to share their views and ensure that feedback was used to continuously improve the quality of the service over time.

Due to the nature of the enablement service and the short period of time that most people used the service, full care reviews were not routinely conducted and care plans we sampled provided basic information about people's key support needs. We saw that there was an electronic system used by the service to share more specific information relating to people's ongoing needs. This was used and communicated with healthcare professionals and issues were followed up and addressed by office staff and the registered manager. Staff received updates prior to attending calls if people's needs had changed. People who had lived at extra care schemes for a number of years had no additional person-centred information despite the length of time they had used the service. An assistant team manager told us that their care plan reviews had been delayed due to uncertainty about the future arrangements for delivery of the registered provider's services.

The registered provider's review of records that were used in people's homes to reflect their support were not robust. Checks had failed to identify that some records were generic and unclear. Audit systems had not identified when records were incomplete and people had been put at risk of not having received the appropriate medication or nutritional support. The registered manager told us that they were confident that processes were in place to ensure the safety and quality of the service however they recognised that their documentation did not always support this.

Staff did not always have access to suitable training and information to ensure they had the skills and knowledge required to meet people's care needs. The registered manager informed us through the PIR that they had wanted to improve the level of training provided to staff for some time, but it had not been possible for the registered provider to arrange this as yet. An assistant team manager told us that they had held a training session with some staff members about dignity in care which they intended to help share with other teams. The registered manager told us that staff occasionally received guidance from outside agencies such as the fire service. Most staff we spoke with told us that they felt supported and showed that they were engaged in their roles and understood their responsibilities. Care staff we spoke with told us that they discussed some concerns during staff meetings, although there was no guided approach as to how staff should deal with some issues to promote consistent, appropriate practice.

The registered provider had systems in place to maintain oversight of the service provided, for example in relation to staff sickness levels and the number of supervisions sessions that had been held. The registered provider also received updates in relation to the feedback received about the service and whether people had missed any care calls. There were clear management structures in place at the service where home care organisers, assistant team managers and community enablement workers were responsible for specific aspects of the service in addition to the registered manager.