

Homebased Care (UK) Limited

# Homebased Care (UK) Ltd - Erdington

## Inspection report

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### Ratings

#### Overall rating for this service

Requires improvement 

Is the service safe?

Good 

Is the service effective?

Requires improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires improvement 

### Overall summary

We undertook an announced inspection of Homebased Care – Erdington office on 9 September 2015. We told the provider that we were going to visit 48 hours before our visit. This was because the service provides domiciliary care and we wanted to be sure that staff would be available.

Following our last inspection on 2 and 19 February 2015 we found that people were at risk of not having their needs met due to late and missed calls. Also we found significant shortfalls in the way the service was being managed. As a result we took enforcement action and issued two warning notices to the registered provider. Although progress had been made some further improvements were needed.

# Summary of findings

Homebased Care – Erdington provides care and support to people in their own homes. At the time of our inspection the service provided care to 120 people in their own homes.

People had been involved in the planning of their care and received care and support in line with their plan of care. People's needs were met because they received care at the times they had agreed. People were supported to take their medicines and received food and drink at the times agreed.

People had developed good relationships with their regular staff and found staff to be caring and considerate ensuring that their privacy and dignity was maintained. People were not always happy with the service because they were not kept informed of who would be supporting them when their regular staff were not available.

People's consent was obtained for the care provided and staff ensured that people were supported to make day to day choices about their care. Relatives were involved in making decisions for people who were unable to make decisions for themselves.

People were protected from abuse and injury because staff had the skills and knowledge to keep people safe and knew what actions to take in emergency situations.

People were able to raise concerns and generally felt they received a good response from the office staff.

There were systems in place to monitor the quality of the service provided but these were not fully embedded and did not always provide accurate information.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe

People felt safe with the staff that supported them and staff had the skills and knowledge to keep people safe from abuse and harm.

Risks to people were assessed and managed appropriately and there were sufficient staff that had been appropriately checked for their suitability to provide care.

Good



### Is the service effective?

The service was not consistently effective.

People received support from staff that received support and training to carry out their roles.

People were not always sure who was going to support them when their regular carers were not available and staff did not always have the skills needed to meet needs in an individualised way.

People's human rights were protected and supported to make decisions about the care they received.

Requires improvement



### Is the service caring?

The service was caring.

People had developed positive relationships with staff that were caring and considerate. People were able to make decisions about the care they received and felt listened to. Privacy, dignity and independence were promoted.

Good



### Is the service responsive?

The service was responsive.

People were involved in making decisions about the care they received so that it was personalised to their needs.

People felt able to raise concerns and most people felt the concerns were appropriately addressed.

Good



### Is the service well-led?

The service was not consistently well led.

People told us the service had improved and they received their calls as agreed.

Systems were in place to get their views about the service but some people felt that responses from office staff were not always good.

Requires improvement



# Summary of findings

Systems for monitoring the quality of the service did not always provide accurate information and the systems were not yet fully embedded.

# Homebased Care (UK) Ltd - Erdington

## 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.

This inspection took place on 9 September and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in.

The inspection was carried out by two inspectors.

We reviewed all the other information we held about this service. This included notifications from the provider that they are required to send us by law, safeguarding alerts and information from local authorities.

As part of our inspection we spoke with eight people who used the service, six relatives and four care staff by telephone. During our office visit we spoke with nominated individual, a quality manager and the registered manager. We looked at the care records of four people to check the care they received. We looked at the files of four staff to check the recruitment process, training and the support staff received from the organisation to carry out their work. We also looked at other records associated with the running of the service including staffing rosters, complaints records and quality monitoring checks.

# Is the service safe?

## Our findings

During our last inspection on 2 and 19 February 2015 we found that people were not safe because calls were either being missed or not carried out at the times that had been agreed. This had led to people's needs not being met. For example, people had not received meals on time or had sustained an injury following a fall which had not been identified as early as it could have been because a call had been missed. As a result we had taken enforcement action and issued a warning notice in relation to Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We continued to monitor the number of concerns we received regarding missed calls and we saw that the numbers had decreased vastly. Most of the people spoken with told us that their calls had been attended regularly although two people said there were some occasions when staff were late. One person told us, "The carers come on time unless there is an emergency but they will let me know." Another person told us, "No missed calls, no late calls, and it's been four months now. Best company I ever had." A relative told us, "No missed calls or late calls. She [staff] comes at the right time." However, one person said, "This lady [staff] cannot come on time." Staff arriving late meant that the person was unable to go to the daycentre." Where people had experienced a late or missed call they all said they had been able to get assistance and had not been left without any help. Staff spoken with said they felt that things had improved but felt that on occasions people were not told when they [staff] were going to be late. The quality manager told us that procedures had been put in place to monitor missed calls and action taken to prevent them. For example, closer monitoring of rotas and more training on the people planner scheduling system. This indicated that the service people received had improved and generally the risk to people from not receiving the support they needed had reduced.

People were protected from avoidable harm. People felt safe and comfortable with the staff that supported them. One person told us, "Oh yes I feel safe. They chat with me." Staff told us that they had received training in how to keep people safe. Staff were knowledgeable about the different types of abuse and their responsibilities in raising any

concerns they may come across. We saw that the appropriate actions were taken by the registered provider when concerns had been raised. Staff told us that the appropriate recruitment checks had been carried out before they started their employment.

Actions were taken to identify and manage identified risks so that staff and people were protected from injury. People and relatives told us that they had been involved in discussing their care and the risk involved to both people who used the service and staff.

People told us that they got their meal at the right time so that their health was not put at risk. Staff spoken with told us they had access to risk assessments and we saw that risk assessments had been carried out and management plans were in place. These included risks due to the environment, health issues and equipment used. Staff told us and records confirmed that they had received training in areas such as moving people safely and using equipment such as hoists.

Staff told us that if the second person had not turned up for a two person call they would ring the other staff or the office staff and they would send someone else out. Staff told us they knew what actions they needed to take in emergency situations such as not being able to gain access to a property or if they found that someone was unwell. For example, they [staff] would contact the office staff so that relatives could be contacted or they would ring emergency services if the person was unwell.

The quality manager told us that there was a system for identifying the number of staff hours needed and there were sufficient numbers of staff employed that were able to pick up hours when other staff were on leave. Recruitment for staff was on-going to allow for a percentage of staff to leave.

All the people that we spoke with who were being assisted with medicines told us that they always received their medicines on time. One relative told us, "Yes staff support with medicines." Another relative said, "They [staff] ensure the medicines are taken." Staff told us about the procedure they followed to ensure that people were supported to take their medicines and that they had received training in supporting people with their medicines.

# Is the service effective?

## Our findings

Some people told us they did not always know who was going to arrive to support them especially when their main staff were not on duty. One person told us, “Almost all the time someone just turns up, I would like to know. I ring up [the office] to find out who is coming.” Another person said, “I’m happy with the service but the staff change all the time. At the moment it’s alright but holidays are difficult. Leads to a lot of moving around [of staff].” A relative told us that there were problems when their regular carer was on holiday because the replacement staff did not have the required language skills. This showed that people did not always receive continuity of care and did not always know who was going to arrive to support them.

All the people spoken with told us they were happy with the care and support they received. One person told us, “I’m happy with the service.” Another person said, “I’m happy with the service. They [staff] stay and do what they have to do and more sometimes.” One relative told us, “She [staff] is doing a very good job so don’t worry about [family member].” Another relative said, “They [staff] do everything they are supposed to do.” Staff told us that they received the information they needed to know how to support people in the way they wanted. Staff confirmed that they received ongoing training to ensure they had the skills to carry out their roles. Staff told us that they received regular supervision where they could discuss training needs and concerns they may have. One staff said, “Advice will be given by the office. If you let them know they will sort out your problems.”

Some people we spoke with were aware that checks were carried out on the quality of the care provided by staff but some were not. One person told us, “Yes there have been over the past couple of months.” A relative told us, “Yes they come out; they knock on the door and asked how the service was.” Another relative told us they weren’t aware of the checks but knew that occasionally a manager carried out the call. A member of staff told us, “I’ve never had a spot check but sometimes the care co-ordinator works with me and they will check what I have been doing.” This indicated that there were some checks to ensure that

people received the service they required. However, checks were not consistent and frequent enough to ensure the majority of people received an appropriate service. During our office visit we were told that there was increased use of electronic call monitoring, people were telephoned to check they had had their calls and there was an increased programme of spot checks on staff.

The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack capacity to make decisions are protected. The MCA Deprivation of Liberty Safeguards (DoLS) requires providers to submit applications to the Local Authority for authority to deprive someone of their liberty. We saw that people’s ability to make decisions about their care had been assessed. Where people did not have the ability to make decisions we saw that family members or other significant people were involved in making decisions. All the people we spoke with told us that they or their relatives were involved in decision making about the care and support they received. One person told us, “They do come out for an assessment and review. They were out yesterday.” Another person said, “Staff are nice and chatty, listen to what I want.” Staff spoken with were aware of how to promote choices and enable people to make day to day choices. They told us there was no one whose liberty was being restricted.

We saw that care plans identified where people needed support with food and drink. People spoken with told us that they were supported to have food and drinks at the times they required. One person told us, “She [staff] gets me my breakfast. She is lovely.” This was an improvement since our last inspection in February 2015 when people were missing meals due to missed calls.

We saw that people were supported by a number of healthcare professionals. Staff spoken with told us that they would inform office staff, if they felt an individual was unwell or call 999 if it was an emergency and then let the office and family members know. Care plans showed which healthcare professionals were involved with people with contact numbers so that they could be alerted if the need arose.

# Is the service caring?

## Our findings

All the people spoken with told us that they were happy with their regular staff. One person said, “Staff are caring and considerate.” Another person told us, “They are friendly and caring staff. We can have a little chat.” Staff spoken with spoke about people in a caring and respectful way. One staff said, “I feel I have been able to build a relationship with the clients.”

During our last inspection in February 2015 some people told us that they found the office staff unhelpful and they did not get call backs when required. During this inspection most people told us that things had improved. One person told us, “Office [staff] are helpful, answer the phone fairly quickly. After 6pm it is slower. Can usually get somebody.” Another person said, “Concerns are dealt with.” A couple of people commented that the response was not always good. One person said, “Very often you ring but the one you need to speak to isn't there, they never ring you back.”

People told us they were able to make decisions about the care and support they received and felt listened to by staff that supported them. One person said, “They do what I ask them to.” Records showed that people had been involved

in planning their care and staff were able to describe how they involved people in their care and ensured that they were happy with the care. Staff told us that they encouraged people to be independent where possible but supported them where needed.

Staff spoken with had a good understanding of people's human rights, including respecting people's choices and wishes. All the people spoken with told us that staff that supported them were polite and promoted their privacy and dignity. Staff spoken with were able to give good examples of how they maintained people's privacy and dignity. This included ensuring doors and windows were closed, people were kept covered whenever possible when personal care was provided and leaving people to use the toilet in private.

Staff spoken with were able to explain people's different care needs and what they needed to do to meet these needs. Staff told us that people's independence was promoted when they assisted with personal care and gave us examples how they did this. For example, if people were able to wash themselves or get dressed themselves this was encouraged.



# Is the service responsive?

## Our findings

All the people we spoke with told us they had a care plan in their home and either they or their relatives had been involved in providing information about their needs. Each of the care records we looked at had a copy of the care plan in place. Staff confirmed they had access to information in people's homes and that they were sent information by text about people's needs if they were taking on an extra call. All the people spoken with told us that staff delivered care according to their care plan and they were asked on daily basis what they wanted help with. All the staff spoken with were knowledgeable about the needs of people they supported. We saw that people were matched up with staff with specific skills such as Asian languages so that their needs were met in a personalised way. However, this was not always possible when regular staff were not on the rota.

People told us that they were always asked their views about the service they received. People told us that their

needs were reviewed. One person told us they had had a review a few days before we spoke with them. One relative told us, "They always ask if I'm happy. On Friday someone came and checked on the paperwork. They checked in April before that." Records we looked at showed that care plans were updated as and when required.

We asked people if they would know what to do if they were unhappy with the service. Everyone told us they would ring the office to raise their concerns. The majority of people told us they were happy with the service they received and had not had any cause to contact the office. People told us that they had a number so that they could contact the office if they had any concerns and that they would not hesitate to ring the service. During our office visit we saw that complaints received had been investigated and acted on. This showed that there had been improvements since our last inspection in February 2015 and most people felt listened to.

# Is the service well-led?

## Our findings

At the time of our last inspection in February 2015 we found that there had been a number of concerns relating to missed, late and short calls had been raised with commissioners of the service for Birmingham and Solihull Local Authorities. Commissioners were working with the agency to improve the service. We found that the registered person had not protected people against the risk of receiving inadequate care and mitigating risks due to ineffective systems and processes to assess, monitor and improve the quality of the service. We had taken enforcement action and issued a warning notice in respect of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection we looked at whether the warning notice had been complied with. We found that there had been a vast reduction in the number of concerns raised regarding missed and late calls and most people we spoke with told us that they had not had any missed or late calls. Staff spoken with told us that they had been told about the findings of our last inspection and felt that things had improved. One staff said, "Office staff are friendly and approachable. The out of hour's service is available and deal with any issues when the office is closed." Staff confirmed that they received regular supervision and felt listened to and supported. This indicated that the culture in the service had improved and the provider had been open with staff about the shortfalls in the service and had ensured that improvements were made.

People and relatives spoken with told us that there had been an improvement in the response they received from the staff in the office and felt listened to. Although most people confirmed that were consulted about the quality of

the service and concerns raised were addressed appropriately some people were not happy that they received an appropriate response. For example, one person told us that that they had rung the office when staff were arriving too early this had been sorted out. Another person told us that when they had rang the office the person they wanted to speak with was never there and they didn't get called back. Another person told us that although things were sorted out and they were mostly helpful sometimes the right person could not be found. People told us when their regular care staff were on leave, they did not really know who would be coming so people were not always told in advance when their regular carers were not coming and who would be taking their place so people had continuity of care.

There was a registered manager in post at the time of our inspection but we were told that a new person was in the process of becoming the registered manager. There was a management structure in place that included the director, quality monitoring manager and care co-ordinators to ensure that the service was appropriately managed.

We saw that there were systems in place to monitor and gather the views of people, such as questionnaires and telephone calls. There were spot checks carried out on the staff carrying out their roles and complaints and concerns were recorded. Management meetings were held on a weekly basis to discuss identified shortfalls in the service and agree action plans. Communication books were audited to check the times of calls and tasks completed. There were systems to monitor missed or late calls but we saw that these were not always picked up and identified on the electronic systems. This indicated that although systems had been put in place they were not always providing accurate information.