

Birmingham Multi-Care Support Services Ltd

Birmingham Multicare

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?	Good ●

Summary of findings

Overall summary

This inspection took place on 28 and 29 April 2016 and was announced. We gave the provider 48 hours' notice that we would be visiting the service. This was because the service provides domiciliary care and support to people living in their own homes and we wanted to make sure staff would be available. At our last inspection in April 2014, the provider was meeting the requirements of the regulations inspected.

Birmingham Multicare is registered to provide personal care and support for adults and children with learning and physical disabilities and complex care needs in their own homes. The service provides support to family carers, enabling them to take a break from their caring responsibilities. Birmingham Multicare also supports the adult or child to participate in activities within the community. The service currently provides care and support to 105 adults and children, ranging in age, gender, ethnicity and disability.

There was a registered manager in post at the time of the 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 were kept safe. Relatives believed their family members were kept safe. Staff had received training and understood the different types of abuse and knew what action they would take if they thought a person was at risk of harm. Staff was provided with sufficient guidance on how to support people with specific medical conditions. The provider had processes and systems in place that kept people safe and protected them from the risk of harm.

People were supported by staff that had been safely recruited. People were supported with their medication by staff that had received appropriate training.

People and relatives felt staff had the skills and knowledge to care and support them in their homes. Staff were trained and supported so that they had the knowledge and skills to enable them to care for adults and children, in a way that met their individual needs and preferences. Where appropriate, adults and children were supported by staff to access health and social care professionals.

People were supported to make choices and were involved in the care and support they received. The provider was taking the appropriate action to protect people's legal rights.

Staff was caring and treated people with dignity and respect. People's choices and independence was respected and promoted and staff responded to people's support needs. People were supported with their healthcare needs because the provider involved family members if concerns were identified.

People and relatives felt they could speak with the provider about their worries or concerns and felt they would be listened to and have their concerns addressed.

The provider had quality assurance and audit systems in place to monitor the care and support people received to ensure the service remained consistent and effective.

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 felt safe with the staff that provided them with support. People were safeguarded from the risk of harm because risk assessments were in place to protect them.

People were supported by staff that were recruited safely, to ensure that they were suitable to work with people in their own homes.

People were reminded by staff to take their medicines as prescribed by their GP.

Is the service effective?

Good ●

The service was effective

People were supported by staff that had the skills and knowledge to assist them.

People were happy with the care provided by their regular staff and were supported to make decisions and choices about their care.

People received additional medical support when it was required.

Is the service caring?

Good ●

The service was caring

People were supported by staff that was kind and respectful.

People's independence was promoted as much as possible and staff supported people to make choices about the care they received.

People's privacy and dignity was maintained.

Is the service responsive?

Good ●

The service was responsive

People received care and support that was individualised to their needs, because staff was aware of people's individual needs.

People knew how to raise concerns about the service they had received.

Is the service well-led?

The service was well-led

Quality assurance and audit processes were in place to monitor the service to ensure people received a quality service.

People were encouraged to provide feedback on the quality of the service they received.

People were happy with the quality of the service.

Good ●

Birmingham Multicare

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.

The inspection took place on the 28 and 29 April 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care to people in their own homes and we needed to be sure that someone would be available to meet with us. The inspection team consisted of one 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 service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asked the provider to give some key information about the service, what the services does well and improvements they plan to make. We looked at the information we held about the service. This included notifications received from the provider which they are required to send us by law. We sent out 48 questionnaires to people and 16 were returned, 25 to care staff and four were returned, 48 to relatives and four were returned and eight to community professionals and two returned. We also contacted the health and local social care authorities that purchased the care on behalf of people, to see what information they held about the service.

During our inspection we spoke with five people that used the service, nine relatives, five care staff, the registered manager, the deputy manager and a director. We looked at records that included eight people's care records and the recruitment and training records of six staff. This was to check staff was recruited safely, trained and supported to deliver care to meet each person's individual needs. We also looked at records relating to the management of the service and a selection of policies and procedures.

Is the service safe?

Our findings

100% of the people who used Birmingham Multicare and relatives who completed pre inspection questionnaires felt people were safe from abuse or risk of harm from their care and support workers. People we spoke with told us they felt safe when staff were in their homes and that they [staff] supported them with their care needs. Parents of children said they felt their child was safe with staff from Birmingham Multicare. One person said, "I feel very safe with them [staff] no dangers." Another person told us, "[Staff name] has an understanding of my safety needs and she is aware." A third person explained, "I've had no accidents with them [staff] and I feel very much at ease with [staff name]. A relative said, "We and the family all feel safe and at ease with them [staff] in the home." Another relative stated, "[Person's name] needs someone with her for safety, staff from Birmingham Multicare have always kept her safe." We saw that staff had received safeguarding training to protect people from the risk of abuse. 100% of staff who completed the pre inspection questionnaire felt they knew how to keep people safe from the risk of harm or abuse. Staff we spoke with identified what could suggest abuse and explained their responsibilities to report concerns. A staff member said, "Many of the people I support could not tell me but I would know if something was wrong if their behaviour changed or if they suddenly became uncomfortable around certain people." Another staff member told us, "If I saw any unexplained bruising or the person was very withdrawn, which was unusual for them, I would speak with my manager."

People and relatives we spoke with confirmed they were involved in planning the care plan and risk assessments. One person said, "We do discuss the risks in my care plan." We saw the care plans we looked at contained detailed risk assessments. They included information about the person's home and living environment, identifying potential risks for staff to be aware of. For example, indicators to look out for that could suggest a change in people's medical conditions or their wellbeing. This gave staff guidance on what to look for should people become worried or unwell. Without the correct information and guidance for staff to follow, this could lead to symptoms and signs not being recognised and a delay in staff identifying the risks to people. For example, a relative explained their family member had become very distressed whilst out with the staff and that they had 'handled it very well'. They continued to explain, "Staff know how to gauge [person's name] moods and what assistance to give her when she needs it."

People we spoke with told us they were 'usually' supported by the same staff members. A person said, "[Staff name] is very reliable, she has an award for her work." Another person told us, "Staff have always dealt with things as I wish and they keep the same staff which really helps." A third person told us, "Staff are on time, they don't leave me waiting." Relatives we spoke with also felt there was support for their relative from regular staff. A relative explained, "If staff are taking [person's name] out, they are generally on time and we have regular staff from Birmingham Multicare." Another relative told us, "The staff do come on time and they always stay the right amount of time." However, some people and relatives explained to us that when their regular staff member was unable to attend, there was not always an alternative staff member to cover. One relative told us, "It's not Birmingham Multicare's fault, they just haven't managed to get someone to cover all the hours so we have to use another agency which is sad because [person's name] really likes them [Birmingham Multicare]."

We discussed the difficulties of recruiting and retaining staff with the registered manager and the director. They told us they do have an ongoing recruitment programme and they have tried different approaches. For example using recommendations from staff, advertising in specific areas and recruiting from the local job centres. The registered manager explained how staff had met the criteria and stayed with Birmingham Multicare for a few months but then left because they did not like the work or had found alternative employment in a different field of work. They agreed the recruitment and staff retention was problematic and we saw they were working to try and address it. People and relatives we spoke with confirmed they had not been left without care and support if a replacement staff member could not be sent because they had been given prior notice by the management team and had been able to make alternative arrangements.

The staff we spoke with felt there was sufficient numbers of staff to support people with their regular 'sessions'. Each staff member was given a number of sessions. The sessions were made up of a number of hours. For example, one session may be a one off ten hour shift once a week or two or three hours on specific days of the week. But staff did also acknowledge that 'sometimes' alternative arrangements had to be put in place by people if cover could not be found. A staff member said, "I've been working for Birmingham Multicare for a while and see the same people which is great because you can get to know them really well. We do have a consistent number of sessions so I think we have enough staff." Another staff member told us, "I can only go on the sessions I am asked to cover and at the moment there seems to be plenty of work, so I can only assume we have enough staff, I haven't been asked to cover very often or work additional sessions." A third staff member said, "I know sometimes it is difficult to find cover but I always let my customers know so they can make their own arrangements."

Staff spoken with explained they were interviewed and their references and police checks had been completed before they started to work for Birmingham Multicare. We checked the recruitment records of six staff and found the necessary pre-employment checks had been completed. All staff records we looked at showed current Disclosure and Barring Services (DBS) checks had been completed. The checks can help employers to make safer recruitment decisions and reduce the risk of employing unsuitable staff.

People told us they received appropriate support with their medicines. Staff we spoke with confirmed to us that they supported people to take their medicines. One staff member told us, "I have received specific training from nursing staff on how to administer medicine." We saw a number of people required their medicine to be administered through gastro feed tubes. This type of support is used where people cannot take food or fluid by mouth due to their illness or disability. We found that staff had received specific training from healthcare professionals on how to do this effectively. Relatives confirmed they were 'usually around' when staff supported their family member and that they felt confident in the staff member's ability to administer the medicine in this way. We saw that risk assessments had been carried out and equipment was regularly maintained and cleaned. The risk assessments also identified what support people needed with their medicines. We saw that systems were adequate to record what medicines staff had administered including amounts and times, this was particularly important when administering strong pain relieving medicine.

Is the service effective?

Our findings

100% of people who completed the pre inspection questionnaire felt the care and support they received was consistent and delivered from familiar staff members. People and all the relatives we spoke with felt that the quality of the support delivered by staff was consistent. One person told us, "My main carer is fantastic and she will go out of her way to help me." Another person said, "The service and staff are great, I've used them for years." A relative said, "The regular carer is very good but if she is off I choose not to have someone else because [person's name] would find it hard to get used to anyone else." Another relative said, "[Person's name] likes to be as independent as possible, but needs a lot of physical support so can get a bit frustrated, the regular carer is very aware of this." A third relative explained, "There's no personal support involved, staff just need to handle [person's name] moods and give assistance to access things, they know how to support so [person's name] does not become confused." Staff we spoke with was able to explain to us about the individual needs of the people they supported. One staff member said, "When I arrive, I always check the care plan and daily records to see what has been done and if there is anything I need to be made aware of." Another staff member told us, "[Person's name] can't always tell me but I have been caring for them for a while and have got to know what they like and don't like."

Staff, people and relatives explained how the registered manager would ensure staff was introduced to people before the person was allocated to the staff member. A relative told us, "The manager comes out each time when there is a new worker." One staff member told us, "I think this is unique to Birmingham Multicare I've never known it of other agencies, it's really helpful to meet who you would be supporting beforehand because it gives both sides a chance to see if they like one another."

We saw that new staff members had completed induction training which included working alongside an experienced member of staff. One staff member told us, "I shadowed a colleague during my induction which I found was very useful." Another staff member said, "At the end of my induction I went through a checklist, answering questions with the manager before being signed off." The registered manager confirmed and we saw that staff completed regular training throughout the year, with additional specialised training available to those who required it in order to meet people's individual needs. One person said, "The staff are nice people and they seem well trained or I would not stay with them." Staff told us they felt they had the necessary training and they felt supported with their training. A relative explained, "The staff are very good, they are well trained." A staff member told us, "The training is very good." Another staff member said, "We always have some sort of training going on, they [Birmingham Multicare] are very hot on that."

Staff we spoke with told us they received supervision approximately two or three times a year. Although this did not appear to be very often the staff we spoke with told us they had no concerns with contacting the management team if they were worried about anything. Staff continued to tell us the management team were 'very approachable'. Records we looked at confirmed that staff did have infrequent supervisions however we could see from the daily record sheets if staff were concerned about anything, they would contact the management team for guidance. The records also showed where concerns had been identified through the routine spot checks; these were discussed with staff in their supervision. A spot check is where a member of the management team would assess the capabilities of a staff member in the workplace

environment.

Staff we spoke with had knowledge of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and what it meant for people. 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 were told by the provider that the adults they provided a support service to had the mental capacity to make decisions about their care and support. Parents told us they were involved in decisions about their children's care and support. We saw from people's care plans that they were supported to make decisions about the care they received. People we spoke with said staff would always explain what they were doing and ask them for consent before carrying out any support and care needs. One person said, "Staff check with me where I want to go and what I want to do." Another person told us, "Staff support me by just being with me, they help me to be more independent." A relative explained, "[Person's name] wants to be as independent as much as possible and the staff support them to do this, they prompt them to do things."

Staff told us they had completed training in the MCA and gained consent from people they provided support to. Staff confirmed in their conversations with us they knew the people they supported well. Staff explained how they involved people in their day to day choices. One staff member said, "It's about allowing people to make their own decisions and giving them a choice." Another staff member said, "[Person's name] really can't tell me what they want, but I know from their body language and facial expressions if they are happy or not." Another staff member told us, "I try to do as much as I can to keep customers independent, I show them different clothes and they choose what to put on or they choose what they want to eat and where they want to go."

Staff we spoke with told us 'mostly' everyone they supported lived with a family member or their relatives visited regularly, so they did not 'always' become involved in people's nutritional choices. However, staff explained they did sometimes support people with shopping and cooking a pre-made meal that a relative had left for the person. We saw from care plans that people who needed support from staff with their shopping or to cook prepared meals, were supported in the way that they preferred.

We saw from care plans there was significant input from health and social care professionals, for example, district nurses, GPs, social workers and health workers. People and relatives we spoke with confirmed they were supported by additional healthcare professionals. A relative told us, "Staff links in well with the GP and quickly, any problems are nipped in the bud." Another relative said, "Staff work well with the other care staff that come here, there's never been a problem." A staff member told us, "I have a really good working relationship with the nurse [supporting [person's name] she has been invaluable and helped with my training too." We saw that staff understood when it was necessary to seek emergency help, which ensured people's health care needs continued to be met.

Is the service caring?

Our findings

Everyone we spoke with and 100% of people who completed the pre inspection questionnaire felt staff was caring and kind. One person told us, "The staff are pleasant and polite." Another person said, "I get help when I need it, [staff name] is very respectful and polite, she is like part of the family." A relative said, "They are gentle and pleasant with [person's name]." Another relative told us, "Staff are really good, they are friendly, [person's name] is always at ease and happy with them." A third relative explained, "Staff are very considerate when they are in the house, staff respect the family environment."

People and relatives told us they felt listened to and were involved in planning the care and support received from staff and felt the staff listened to them. One person told us, "We go through the care plan and if there is a need for any changes they are made." Another person said, "They call me now and then and do an annual review." A relative told us, "We do have reviews which involve us both."

We saw that people were provided with a detailed care plan and people and relatives confirmed a copy of this was left in each person's home for reference. Information was made available in different written formats for example, a larger font size or an alternative language. The registered manager explained they discussed the care plan in detail with the person and relatives at the time of the assessment.

People and relatives told us that they never heard staff talk disrespectfully about another person while they were in their home. People and relatives felt staff was conscientious and maintained people's confidentiality. One person said, "[Staff name] helps me do my post and she knows if it's very confidential then my mum will read it to me, [staff name] will suggest if it looks very personal. The boundaries are well understood by her [staff]." One staff member said, "We never talk about other people when we are with somebody."

Staff told us that people's independence was promoted as much as possible and gave us examples of how they did this. One staff member explained, "[Person's name] has limited use of their limbs but I always try to encourage them to do what they can, but it can be very tiring for them so I am very mindful of that." People we spoke with told us staff supported them to make day to day decisions about their care and support.

Staff told us they always treated people with respect and maintained the person's dignity. One person told us, "I am treated with dignity and respect by the staff." A relative told us, "[Person's name] has personal care and it's all done with dignity." Staff gave us instances of how they ensured a person's dignity and privacy was maintained. For example, always making sure people were covered, wherever possible, when supporting them with personal care and curtains and doors were closed.

Is the service responsive?

Our findings

People and relatives we spoke with told us they felt people's needs were being met. People and relatives confirmed they had been involved in the initial assessment process with how care and support needs would be delivered. One relative told us, "The manager came out and we did the care plan together." Another relative said, "The care plan is checked with [person's name] at a review at the beginning of the year, it was well conducted, it covered all the issues and we updated the care plans." We saw that assessments were carried out and care plans were detailed and written to reflect people's individual care and support needs. Each of the care files we looked at had a copy of the care plan, which had been or was due to be reviewed.

Staff we spoke with confirmed their knowledge of the people they supported; including an understanding of people's likes and dislikes. One person said, "Staff help me to get out and about." Another person told us, "Staff sometimes help me go to the gym or something else I might like to do." A relative said, "Staff take [person's name] out one evening per week they go to the pub or other places he likes going to, he looks forward to it." We saw from records that people had consistent carers, who provided regular support to them. A staff member told us, "We do try to encourage people to make their own choices where ever possible."

People and relatives we spoke with told us they were happy with the service received from the provider and had no complaints they wished to raise. One person told us, "I did complain but it was over a year ago, I have no complaints now." A relative told us, "On occasion the mini bus can be late but I am very happy with the service, if I wasn't I'd soon let them know." A relative told us, "They [provider] are trying to help [person's name] to get access to the nearby respite centre." We saw from daily record sheets for the last three months staff regularly visited the same people. This helped to maintain consistency of care for people and supported staff to develop a rapport with the person.

Everyone we spoke with confirmed if they did want to complain they would feel confident the provider would deal with their concerns quickly. There was one issue that came up in two conversations that were around the provider's mini bus. One relative explained, "The service itself is fine the only problem is their bus breaks down and sometimes it can be late picking [person's name] up." The registered manager and director were aware of the difficulties with the mini bus and were reviewing what could be done to improve on this issue. We saw there had been no other complaints recorded since our last inspection. People and relatives we spoke with confirmed they had received visits from the registered manager, when spot checks were completed on staff, to check if they were happy with the service.

Is the service well-led?

Our findings

Everyone we spoke with was positive about the service they received and told us they would recommend Birmingham Multicare to other people. 100% of people and relatives who completed the survey said they knew who to contact at the service if they needed to. One person said, "I would recommend them, I think the service is very good and it's been very helpful for me." Another person told us, "I would recommend the service to other people, it is very good to excellent, I do not have any suggestions for improvements, it's working." A relative said, "We can get them [provider] quickly and easily, we have good communication with them, I would rate them as good." The provider had systems in place to support people to express their views about the service. We saw the results of surveys which had been completed by people using the service and these were collated to identify areas that needed change. If any action was required, this would be recorded and monitored for trends to ensure people's experiences were improved. This would help to provide a record of identified actions and outcomes that should continue to improve people's experiences when using the service. The provider also encouraged people and relatives to become Committee Members of Birmingham Multicare. We saw three relatives had agreed to be on the Committee and two had attended director's meetings. This gave an opportunity for people using the service and their relatives to have their views considered by the provider.

The staff we spoke with told us staff meetings had taken place, although they admitted they did not always attend them. We saw three staff meetings had taken place since January 2016 but few staff had attended. We asked the registered manager why the attendance was low. They explained that some staff had employment with other agencies or personal commitments; however staff we spoke with confirmed they received a copy of the minutes that had been sent to them. One staff member said, "We are told when the staff meetings are going to be but it's not always easy for us to be there." Another staff member told us, "I'll be honest I haven't been to many meetings because I'd rather be working but [the registered manager] does send us the minutes out and if I was worried about anything I'd pick up the phone and speak with her, she's very approachable." All staff spoken with said they knew what was expected of them. One staff member said, "I love my job and the people I support." Another staff member told us, "I'm enjoying it, I know all the customers, and I wouldn't change anything."

Staff told us they would have no reservations raising anything they were worried about with the management team. One staff member said, "I would go straight to the manager if I was worried about anything." Another staff member said "I haven't had to complain but I could if I needed to." We saw the whistleblowing policy and staff had told us, they were confident in approaching management and if it became necessary they would contact other local agencies, for example, the police and Care Quality Commission (CQC).

There was a registered manager at the service who had provided continuity and leadership, they understood the responsibilities of their role including informing the CQC of specific events the provider is required, by law, to notify us about. They demonstrated that they had worked with other agencies and healthcare professionals when necessary to keep people safe. The provider had completed our Provider Information Return (PIR). The information provided on the return, reflected what we saw during the

inspection.

There were systems in place to monitor and improve the quality of the service provided. These included spot checks on staff, regular audits of plans, risk assessments, training for staff, daily records and medication recording sheets. Following audits, the registered manager had completed action plans and these contained clear recordings of the dates when the action would be completed.