

Maranatha Healthcare Ltd

Home Instead Birmingham

Inspection report

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

Date of inspection visit:
06 November 2019

Date of publication:
14 January 2020

Tel: 01214565559

Website: www.homeinstead.co.uk

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service:

Home Instead Birmingham is registered to provide personal care to people in their own homes. There were 93 people receiving personal care support at the time of the inspection.

People's experience of using this service:

People and relatives were consistently complimentary about the kindness of the staff and the reliability of the service they received. We were told of occasions where staff had gone above and beyond what was expected of them and the positive impact on people's wellbeing.

The management team had a clear ethos of putting people at the centre of all that the service did. This was shared with the staff team who were highly motivated and keen to support people to the best of their ability, and treating them with dignity and respect.

People appreciated the service's role in helping them to remain independent and valued the relationships they had formed with staff. People's care and support was planned in partnership with them. People were happy that they received care and support from staff that they had got to know well and had developed good relationships with. People were empowered to share their experiences which helped them feel valued.

People told us they felt safe with the support of staff. Risks to people had been assessed and staff had a good understanding of these risks and how to minimise them. People told us staff attended the calls at the appropriate time and stayed for the full duration of the call.

Where required people were supported to receive their medication as prescribed and staff had received training to ensure they were confident to provide this support.

People were supported by staff who had the skills to meet their needs. People were able to consent to their care and we saw staff understood the importance of seeking and recording people's consent before providing support.

People's nutritional needs were met, and people were happy with the support they received to enjoy a choice of meals. People were supported to access healthcare professionals when required.

People received individualised care and support from regular staff that demonstrated detailed knowledge of people's individual needs. People told us they were involved in their care and their needs were assessed and reviewed on a regular basis. People's care records were person centred and guided staff on the way they preferred their care and support to be provided.

People and relatives told us they had not needed to make a complaint but knew how to and would feel comfortable doing so should they need to. Where people had raised concerns, they advised the provider

had taken prompt action to resolve the issue.

The management team had systems in place to monitor the quality of the service they provided and looked to develop the service further. People, their relatives and staff all spoke positively about the service and said it was well managed.

Rating at last inspection:

At the last inspection we rated Home Instead Birmingham as 'Good' (report published on 17 May 2017).

Why we inspected:

This was a planned inspection which took place on 06 November 2019. Telephone calls were made to people receiving care and their relatives on 05 and 07 November 2019.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was exceptionally caring.

Details are in our caring findings below.

Outstanding ☆

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Home Instead Birmingham

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by 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 care service.

Service and service type:

Home Instead Birmingham is a domiciliary care service. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. The registered manager is also the registered provider and they are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service 48 hours' notice of the inspection site visit because the management team are often out supporting people. We needed to be sure that they would be in.

We made telephone calls to people and their relatives on 05 and 07 November 2019 and visited the service on 06 November 2019 to see the management team, meet staff and to review care records and policies and procedures.

What we did:

When planning our inspection, we reviewed any information we had received about the service. We also contacted the local authority for feedback about the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information

about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection, we spoke with deputy manager, one co-ordinator, two supervisors and two care givers at the office and one supervisor and one care giver by telephone. We spoke by telephone with eight people who used the service and three relatives. We looked at six people's care records to see how their care and support was planned and delivered. We also looked at medicine records, two staff recruitment files, quality monitoring records, survey satisfaction reports and newsletters.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This means people were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and were happy with the support they received. One person commented, "I feel safe because they turn up on time and you can't get any better than them [staff]."
- Staff stated that they had not had reason to raise concerns but were able to do so with the management team if needed, and they were assured that action would be taken as a result.

Staffing and recruitment

- People and relatives, we spoke with said staff arrived on time and stayed for the allocated length of time.
- People and relatives consistently praised the reliability of staff. One relative said, "There have been no missed calls. The office will ring if there is a change."
- We looked at a staff recruitment record and saw the provider had made reference checks with previous employers and with the Disclosure and Barring Service (DBS). The DBS is a national service that keeps records of criminal convictions. Completing these checks reduces the risk of unsuitable staff being recruited.

Assessing risk, safety monitoring and management

- Individual risks to people were assessed and staff we spoke with were knowledgeable about how to minimise risks to people. For example, one relative told us, "[Persons name] uses a walking stick. The carer [staff] prompts them to use it and also encourages them to use it."
- Care plans recorded people's risks and were reviewed on a regular basis. Daily notes were recorded to show any changes in people's wellbeing.

Using medicines safely

- Some people were supported to take their medicines, whilst other people were reminded by staff. Electronic records were completed of medication taken. One person said, "They make sure I've taken my meds from the blister packs."
- Staff told us they felt confident providing support with medication and had been trained to do so.

Preventing and controlling infection

- People were protected from the risk of infection because staff had access to and wore personal protective equipment (PPE). People and relatives, we spoke with confirmed that staff wore gloves when required. One person commented, "They [staff] are very keen about gloves and aprons."

Learning lessons when things go wrong

- There had been a minimal number of incidents, but we saw records were maintained to ensure all

incidents were recorded and reviewed and the provider understood the importance of ensuring lessons were learnt when incidents happened, or things went wrong.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This means 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

- People told us they had agreed their care when they were first assessed for support. One person said, "It was all agreed with me and they check it is still okay."
- People told us they were in control of their day to day care and staff listened to and acted upon their choices and preferences.
- Relatives told us communication was good and they told us they were updated with any changes in people's care. Relatives could also access an online record of calls using the providers system.

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills to meet their needs. People and relatives told us they thought staff were competent and supported people safely.
- Staff told us they felt access to training was good and the provider ensured refresher training was completed as required.
- One new member of staff told us they received a comprehensive induction which included shadowing experienced staff with each person they would be supporting. They said, "It is a really effective way of learning people's routine."

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 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 to receive care and treatment with appropriate legal authority.

- We checked whether the service was working within the principles of the MCA. Staff had a good understanding of the importance of gaining consent from people before providing support.
- Staff told us that people were able to give their verbal consent to care, however where this was not possible they would look for facial expressions, body language or hand signs to indicate people's consent.

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Some people were supported with their meals and drinks to ensure they maintained a healthy diet. Staff told us how they ensured people were supported with a choice of meals by advising them of the food

available, so they could choose. One relative commented, "They give [person's name] choices with food and are very helpful with him."

- We saw how information was shared to support people's well being for example, ideas of how to encourage fluid intake on hot days to avoid dehydration and examples of how to make meals more appetising and nutritious.
- People told us they would normally contact healthcare professionals themselves, however, they confirmed that staff would contact professionals on their behalf if requested. Staff examples of the occasions when they had sought healthcare input with the consent of the person supported.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

At the last inspection this key question was rated as outstanding. At this inspection this key question remains the same. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; equality and diversity

- Exceeding people's expectation was the culture of the service and was consistently people's experience of receiving care. The service had received compliments praising the approach of staff. One relative had written to say, 'Your whole team are wonderful and helped [person's name] to remain independent in his own home for as long as possible. Your caregivers are extremely compassionate and thoughtful, as well as professional and efficient.They often went out of their way to help out at the last minute when extra care visits were needed, I cannot praise them highly enough and they really deserve a pat on the back.'
- People and relatives consistently praised the kindness of the staff and the reliability of the service they received. We were told of numerous occasions where staff had gone above and beyond what was expected of them and the positive impact on people's wellbeing. For example, when one person refused to go to hospital because they did not want to leave their dog alone overnight, staff offered to stay with the dog to make sure it was walked and fed. This provided peace of mind to the client who was then willing to go into hospital. On another occasion staff visited a person in hospital to ensure they had the toiletries and clothes they needed because they knew the person did not have any other support or family to do this for them. Staff also chose to visit people in their own time to celebrate their birthdays.
- The provider also offered a 'Rapid Response' service to people when their relatives did not live nearby. This gave people reassurance that should there be an emergency, staff would be the prime contact and available to support them.
- One relative spoke passionately about how staff cared and supported people's families too. They told us how staff had supported them for a period when they were unwell. They said, "They [staff] go the extra mile. They supported me without asking, they are so very caring."
- The provider recognised that a number of people receiving support were at risk of social isolation. They had developed a strategy to support positive engagement between people and staff to promote positive relationship and reduce people's sense of isolation. We saw photographs of people smiling with 'Mr Cuddles' (a cuddly toy complete with a staff lanyard). One member of staff said, "We take him to clients (people) he brings a smile to their face. He is photographed out in the community for example with Police etc...I then show the story of what the bear gets up to with clients. They like to see what he has been up to."
- The registered manager was a Dementia friends champion. He provided dementia sessions to enable families understand more about living with dementia and how to sustain their relationships with their family member. He had also supported a local community to achieve recognition as the first dementia friendly community in Birmingham. This supported people to have better access to the wider community, by making the community more understanding and responsive to people's needs.

- We saw community links had been made with events held in which people and staff participated in together. For example, Macmillan coffee morning and food bank charity events; these enabled people to retain a sense of self-worth and maintain relationships in the community.
- The management team had a clear ethos of putting people at the centre of all that the service did. The provider advised us, "We want to make real difference in our client's lives and to our local community and to provide the best support we can to our caregivers in order to achieve this – as our tag line says - to us its personal." This ethos was shared with the staff team who were highly motivated and keen to support people to the best of their ability and treating them with dignity and respect. The management team and all staff we spoke with told us 'People are at the heart of all that we do.' This was evidenced by the people we spoke with who were all consistently very complimentary about the service they received and caring approach of the provider and staff.
- People consistently told us they had developed good relationships with the staff that supported them. Staff told us the management team looked to match them with people who had similar interests to help them build a bond with people. One member of staff said, "I was asked my interests to match me to clients - interests and past jobs. It works well. I like football, I support a number of people who enjoy speaking about football." Another member of staff told us how they supported a person who had the same religious belief. They said, "We are able to discuss our belief." One member of staff told us they had changed their work days, so they could continue to support one person. This approach to matching staff and people supported the development of positive relationships and resulted in people's experience of receiving care being enhanced.
- Staff were enthusiastic about their role and spoke in a caring way about the people they supported, they told us by providing care to the same people they could build up relationships with people and get to know them and their families. One member of staff said, "You build a bond with people. They are like family. They look forward to it [the care call] and I look forward to seeing them too."
- Staff gave examples of where support had a positive impact on people's wellbeing. For example, where staff had recognised one person was at risk of social isolation they had encouraged the person to join a day centre. This had had a positive impact on the person's wellbeing by enabling them to develop links within the local community.
- Staff also praised the caring nature of the organisation. For example, one member of staff praised the management team for the emotional support and continual contact they gave to staff when they were providing end of life care. They acknowledged the emotional resilience they needed to stay well at work, to provide the care that people needed at this sensitive time.

Supporting people to express their views and be involved in making decisions about their care

- People told us they were involved in decisions about their care and were given choices. Their preferences were respected by staff. People and relatives told us they were involved in regular reviews about their care. The provider had a clear programme of regular reviews and checks so people were continually involved in their care.
- People were encouraged to recommend staff for a reward pin (staff award) in recognition of good care. Where the person and their relatives wished to give the pin themselves, the management team would arrange to go to the person's home for the person to present the pin personally. The provider commented the was to show, "Appreciation and empowering our clients making our staff feel valued."
- The provider had invested in a new computer system that enabled people and their relatives to access information. For example, people and their relatives were able to access real-time information on the care delivered and request any changes required.
- People were empowered to share their experiences which helped them feel valued. For example, we saw examples of where people and their relatives had provided talks and insights to staff about their experiences of living with and caring for someone with an illness. This gave people a sense of self-worth and inclusion

and also enabled staff to get a valuable insight of people's experiences.

- Staff we spoke with demonstrated they understood the importance of ensuring people were able to make their own choices regarding their care and support.

Respecting and promoting people's privacy, dignity and independence

- People appreciated the service's role in helping them to remain independent. One person told us, "They [staff] are all very good – I have one regular carer and she has encouraged me with my exercises and I am getting better and am more active. I feel immediately happy when she comes in; she is like a friend. She thinks ahead of me.she has given me confidence and my independence has been encouraged." Another person also told us how they felt the support of staff had enabled them to stay in their own home. They said, "There is no place like home. The care is outstanding. There is not one of the carers I don't like.They are all very good and two are exceptional."
- Staff explained how they promoted people's independence. One member of staff said, "I let them lead so they can do things themselves; I step into help with the bits they can't do. It can be different day to day depending on how they are feeling."
- Respect for privacy and dignity was at the heart of the service's culture and values. People we spoke with consistently praised the approach of staff. One person said, "They are polite, I feel at ease with them." Staff we spoke with demonstrated they understood how to ensure this was done and the importance of this.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This means people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received individualised care and support from staff that demonstrated detailed knowledge of people's individual needs. People were supported by regular carers and were able to build up good relationships with them. One person said, "I feel comfortable with the carers; they are very professional."
- We saw example of personalised care, for example, where one person had been reluctant to eat staff had encouraged them by preparing a picnic which then then ate together. When another person had expressed to staff they would like to try a fast food burger because they had never eaten one, staff arranged this for them.
- One relative complimented the management team who they said had visited their family member in hospital, so they could speak to the healthcare professionals and ensure the right care was in place when the person returned home.
- People's care was reviewed with them and their relatives to ensure it reflected their current needs. One relative said, "There are regular reviews, we recently had one. They also do random checks to make sure everything is okay."
- One relative commented, "The company is very accommodating – we give notice if there are any changes. They are very understanding; invaluable."
- Staff advised how people's diversity was respected and supported for example, how support had been provided which reflected people's cultural heritage and religious beliefs. The management team had a system in place to match staff to people who may have English as a second language or had cultural food preferences.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service ensured information was displayed and given to people in an accessible way. For example, some people were living with dementia and whiteboards had been used to show each day which staff were supporting them and remind people when to expect staff. All people received a weekly schedule of their calls. The provider told us this information could be provided in larger print if required.
- People's records reflected their communication needs, we saw that most people were able to communicate verbally. People were supported by regular staff who had got to know how they expressed their needs and staff told us they looked for people's body language to support their communication.

Improving care quality in response to complaints or concerns

- People and relatives told us they felt comfortable to speak to staff if they had any concerns or complaints. Two relatives told us when they raised a concern action had been taken. One relative commented, "When I mentioned about one carer they were taken out of the equation. They [managers] responded well to the issue. I have peace of mind and I know [person's name] is safe and looked after; they would ring if there were a problem."
- We saw that where the service had received complaints, the provider had a system in place to ensure any complaints received would be logged, investigated and responded to and any learning used to improve the service provided.

End of life care and support

- The service was not currently supporting anyone who was receiving end of life care. The deputy manager told us where end of life care and support had previously been provided, they had worked closely and liaised with the healthcare professional staff were supporting the person's health.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This means the service was consistently managed and well led. Leaders and the culture they created promoted high quality, person-centred care.

Continuous learning and improving care

- People we spoke with praised the service provided. One person said, "There are high standards of care because of the quality of the staff – they are mature, knowledgeable and bring their own life experiences. Compared to previous companies I would whole heartedly recommend this company; I already have to friends and my relative."
- The management team showed a commitment to developing the service. Since the last inspection they had developed a process of recording information against CQC's key questions and this had been shared and discussed with staff, so they could contribute.
- The deputy manager told us the management team kept themselves up to date with developments and best practice in health and social care to ensure people received positive outcomes. This included accessing on-line guidance and information, for example, the CQC website. The deputy manager said online searches also provided valuable information and guidance for medication information etc.
- Home Instead Birmingham runs as a franchisee of Home Instead. The deputy manager told us Home Instead shared information across all branches. For example, changes in legislation or examples of best practice.

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

- The service had a registered manager in place. The registered manager (who is also the provider) was on leave at the time of the inspection, therefore we spoke to the deputy manager and other members of the management team. The provider had ensured consistency in approach and managers and staff were all clear about their roles.
- The management team had systems in place to monitor the quality of the service that they provided. Since the last inspection a new electronic recording system had been introduced. This enabled real-time monitoring of call times and support. For example, a system alert would show if staff did not record when medication had been given. We saw the alert would be followed up by office staff.
- Staff we spoke to told us that they had regular supervisions and team meetings to discuss any concerns and share best practice.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The service promoted person-centred and good quality care. The registered manager and deputy manager met daily to discuss the ongoing management of the service and ensure any actions required were

taken in a timely way.

- All staff we spoke with consistently praised the management team and told us they felt listened to and supported. One member of staff commented, " They are very supportive, but more than that they [management team] listen and take our comments and suggestions on board."
- All staff told us they felt valued and told us about the staff award scheme. We saw staff were rewarded with coloured pins which they wore on their uniforms and the awards were also shared in the provider's newsletter. One member of staff said, "
- We found the deputy manager to be open throughout the inspection about what the service does well and what areas needed further development.

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

- A client satisfaction survey had been completed in 2019 and we saw the provider had received positive feedback on the service provided with 96% of respondents saying they were either likely or very likely to recommend the service to other people.
- A care giver [staff] satisfaction survey had also been completed in 2019 and we saw the provider had received positive feedback on staff satisfaction on working for the service.
- The provider had developed a newsletter which they sent to all people using the service and their relatives. The newsletter gave updates on the service including new staff and links to community events.
- The provider PIR showed that the management team sought to gain feedback to improve the service. The PIR stated, 'We employ an independent organisation who conduct an anonymous annual survey called PEAQ (Pursuing Excellence by Advancing Quality) with both our clients and caregivers [staff]. The results are shared with staff and clients and are used to continually improve the service and to improve as an employer.'

Working in partnership with others

- The management team had established and maintained good links with local community groups and healthcare professionals, which people benefited from.
- We saw the management team held an annual coffee morning with people receiving care to raise money for charity. They had developed links with local charities and staff held fund raising events.
- The management team were also looking to establish a dementia café to give people and their families an opportunity to meet up.