

# Trident Reach The People Charity Birmingham & Solihull Domiciliary Care

## Inspection report

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Date of inspection visit:

29 May 2019

30 May 2019

Date of publication:

27 June 2019

## 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

### About the service:

Birmingham & Solihull Domiciliary Care is part of the Trident Reach The People Charity, and is registered to provide personal care to people in their own homes. There were 37 people receiving care and support at the time of the inspection.

### People's experience of using this service:

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 were supported to receive their medication as prescribed and staff demonstrated a good knowledge of types and signs of abuse and how to report concerns of abuse.

People were supported by staff who had the skills to meet their needs. People's consent was sought before providing support. Staff demonstrated a good understanding of the Mental Capacity Act 2005 and what this means for people.

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 to healthcare professionals when required.

People told us staff were kind and caring in their approach and people's privacy and dignity was respected. People's independence was maintained and encouraged.

People received individualised care and support from staff that demonstrated detailed knowledge of people's individual needs. The provider supported people to access information by producing care plans and other records in different formats.

People's 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 or raise concerns but knew how to and would feel comfortable doing so should they need to.

The management team had systems in place to monitor the quality of the service that they provided, however we found that the staff training record showed that a number of staff had not received refresher training in line with provider's stated timescales. The checks made had not been effective in identifying this issue or taking action in a timely way.

The management team showed a commitment to developing the service. They maintained good links with local community groups and healthcare professionals and looked to develop the service to improve the care

of the people it supported.

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 Birmingham & Solihull Domiciliary care as 'Good' (report published 19 December 2016).

Why we inspected:

This was a planned inspection which took place on 30 May 2019. Telephone calls were made to people receiving care and their relatives on 29 May 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](http://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 remained safe.

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service remained effective.

Details are in our Effective findings below.

Good ●

### Is the service caring?

The service remained caring.

Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service remained responsive.

Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

Requires Improvement ●

# Birmingham & Solihull Domiciliary Care

## **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 who made calls to people who receive the service and their relatives. An Expert by Experience is someone who has had experience of working with this type of service.

#### Service and service type:

Birmingham & Solihull Domiciliary Care is a domiciliary care service.

The service had a manager registered with the Care Quality Commission. This means that they and the provider 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 five people and four relatives on 29 May 2019 and visited the service on 30 May 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 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. This information helps support our inspections. We also contacted the local authority for feedback about the service. We used this information to help us decide what areas to focus on during the inspection.

During the inspection, we spoke with interim service manager, two service managers and five support workers. We also spoke with the providers interim head of social care and inclusion. We spoke by telephone with five people who used the service and four 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 and training files, policies and procedures and the provider's quality monitoring systems.

# Is the service safe?

## Our findings

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

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.
- Staff were confident people were treated with kindness. Staff stated that they had not had reason to raise concerns about people's safety but were able to do so with the management team if needed, and they were assured that action would be taken as a result. They were also aware of external agencies they could report concerns to if they needed and two members also confirmed that the provider had a whistleblowing policy in place.

Staffing and recruitment

- People said that staff generally arrived on time and always stayed for the agreed length of time. One person commented, "They have to clock in and out with their mobile phones so there's no getting round it at all." People told us they received information on which staff would attend calls, so they knew who to expect. One person told us, "I have the list that tells me who's going to be coming and when."
- People were advised if staff were running late and said they would usually get a call from office staff to advise them. One person commented, "If there's an emergency with the previous client, somebody from the office will always phone me to find out if I'm alright to wait or whether I need someone else sending to me instead."
- We looked at two staff recruitment records 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 but the provider needed to strengthen their recruitment process further and ensure a full employment history was completed for all staff.

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. Staff told us of the safety measures in place to support one person who required the support of two staff. One member of staff confirmed, "[It's] always two staff."
- 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. One person said, "I just need my carer to pass me my tablets out of the box then I can take them myself. I usually take them about the same time each morning."
- 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 and wore personal protective equipment (PPE). People we spoke with confirmed that staff wore gloves and aprons when required and staff told us the provider ensured a good stock was always available to them.

### Learning lessons when things go wrong

- Prior to the inspection CQC had received notification of an incident at the service. The manager understood the importance of ensuring lessons were learnt and showed us the actions taken in response, which included the issuing of a new policy and a discussion of learning in the team meeting. We also saw that a weekly management report was in place to give the provider an update on the service and any incidents. This enabled the provider to keep an overview of the service.

# 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

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 were in control of their day to day care and staff listened to and acted upon their choices and preferences.
- People told us they had been involved in the initial assessment of their needs prior to using the service. One person said, "I've only been with the agency a few months, but I met [acting manager] to start with when he came and talked to me about what help I needed, and he's been back since go check that I'm happy with everything, which I am."
- Relatives told us communication was good and they told us they were updated with any changes in people's care.

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.
- The manager told us staff completed an induction when they first started which included shadowing a more experienced member of staff and having an introduction session with people they were supporting so they could get to know one another.

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. At the time of the inspection no one required a specialist diet.
- People confirmed that staff would contact healthcare professionals if requested in support of their wellbeing. One relative also told us how their family member had been supported by staff to access emergency healthcare. They commented, "Thankfully the carer had taken charge and immediately made sure that [person's name] was safe, before calling the ambulance and waiting with [person's name] until they arrived. [The member of staff] called me and let me know what had happened. . . . . I have told the manager at the agency that I was so impressed with how [the member of staff] calmly took control and made sure that [persons' name] didn't panic."

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 this legislation and the importance of gaining consent from people before providing support.
- People told us staff sought their consent before providing care and that staff respected their choices. 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.

## 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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People we spoke with said they were treated with kindness and gave positive feedback about the caring approach of staff. One person said, "They [staff] are all very good with me, and if anything, they usually stay over their time allowance while they make sure I'm comfortable and have everything I need."
- Relatives also complimented the approach of staff. One relative said, "[Person's name] can be quite cantankerous, but they [staff] treat them [person's name] with nothing but the utmost respect."
- Staff told us they enjoyed working with the people they supported. One member of staff said, "I love my job. I love the banter with people. [We] have a laugh together."

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

- People told us that they were given choices and their preferences were respected by staff.
- 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 were supported to be as independent as possible. Staff explained how they promoted people's independence by ensuring they were aware of what the person could do for themselves encouraging this and providing support where required. One staff member stated, "[I get] people to do the bits they can themselves."
- People and relatives told us that staff respected their privacy and dignity and staff demonstrated they understood how to ensure this was done and the importance of this. For example, ensuring people were covered and doors were closed when providing care.

# Is the service responsive?

## Our findings

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

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. One person commented, "I just have two main carers who are lovely. They are very respectful and always do things how I like them to be done."
- People were supported by regular carers and were able to build up good relationships with them. One relative said, "[Person's name] must have four or five carers who they see most of the time now. [Person's name] gets on well with all of them and we often hear them having a laugh together."
- People directed their care on a daily basis and they told us, staff were responsive to any required changes. One relative said, "The office staff never make any bother if we have to phone up to change [person's name] time occasionally."
- People's care was reviewed with them and their relatives to ensure it reflected their current needs. One relative said, "[Acting manager] comes out to see us every six months to look over her care plan and to chat with us about how [person's name] is and whether we're happy with everything." Staff we spoke with confirmed people's care plans were reviewed to show people's changing care needs and contained the right information to support people.
- We looked at information made available by the provider to support people and signpost them to other services to see if this information is accessible to the people that use the service. We saw that information was produced in larger print to support one person with a visual impairment.
- The service supported a number of people of Chinese heritage. We saw information such as people's individual care plans and complaints information had been translated to support people in accessing and understanding the information. The service also recruited Cantonese speaking care staff to provide this care and support. Staff and people were supported by a dedicated service manager who managed this element of the service and ensured that training and staff information was also available in Cantonese to support staff.

Improving care quality in response to complaints or concerns

- People and relatives told us they had not needed to make a complaint or raise concerns but knew how to and would feel comfortable doing so. One person commented, "I certainly know how to go about making a complaint, but thankfully I've never needed to. If there have been minor issues, [acting manager] has always sorted them out straight away."
- We saw that where the service had received written 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.

# 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

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- We found that the staff training record showed that a number of staff had not received refresher training in line with provider's stated timescales. The management team had systems in place to monitor the quality of the service that they provided, however these checks had not been effective in identifying this issue or taking action in a timely way. Following the inspection, the provider sent confirmation on actions taken to address this and how this will be monitored going forward.
- People and relatives spoke positively about the service, which they felt was well managed. One person told us, "I wouldn't be without them now."
- The service had a registered manager in place. The registered manager was not available at the time of the inspection and the service was being managed on a temporary basis by the interim service manager. People we spoke with said the service was well managed, one person recommended, "We have [interim service manager's] number on speed dial! He is always available when I need him, and I've been really impressed with the fact that if he says he'll do something, then it gets done."
- 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 high-quality care.
- Staff told us they felt listened to and supported by the management team. One member of staff commented, " Things are really good here. You can't fault the management team. [I've] never had a problem. I'm happy here." Another member of staff commented, "I feel safe as a member of staff."

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

- A service user questionnaire had been completed in April 2019 and we saw the provider had received positive feedback on the service. However, whilst people could share their views by completing the questionnaire the provider did not ensure the analysis from the process was being shared with people. The interim service manager said this would be addressed following the inspection.
- The provider was in the process of developing a service user forum group, so there was a formal meeting and process in the way people could be involved in the decision-making process. This was still in the planning stages at the time of the inspection.

### Continuous learning and improving care

- The management team showed a commitment to developing the service. For example, we saw that since January 2019 the service had organised and funded a number of trips which people were invited to attend. We saw that trips had been arranged to places such as an African heritage centre and the Birmingham wildlife centre. In addition social events such as a Christmas party and Chinese New Year lunch had been arranged. Staff told us people really enjoyed the events and it contributed to people's wellbeing and prevented people from becoming isolated.
- The interim service manager told us that they kept themselves up to date with developments and best practice in health and social care to ensure people received positive outcomes. This included attending training sessions, local authority managers meetings and accessing on-line guidance and information, for example, the CQC website.

### 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. As part of the Trident Reach, The People Charity, staff were able to refer people to other parts of the organisation for example, one person had been supported to access financial advice and second person had been linked to volunteers to help support them to attend community activities.