Birmingham Business Associate Ltd

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This announced inspection took place over two days on 08 and 09 May 2017. 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 to talk to us about the service. This was the provider's first inspection since relocating the office.

Birmingham Business Associates is a domiciliary care agency registered to provide personal and nursing care to people living in their own homes. The service currently provides care and support for 43 people, ranging in age, gender, ethnicity and disability.

There was a registered manager in post. 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.

The provider had recruitment processes in place however they were not always robustly applied and required some improvement. The provider had quality assurance systems in place to monitor the care and support people received. However, systems were not consistently effective in identifying and resolving issues on recording when medicines were to be administered.

People were kept safe because staff had a good knowledge of current safeguarding practices and how to apply these when supporting people. People received safe care because risks had been identified and were managed to minimise the risk of harm to people Sufficient numbers of staff were available to ensure people received support as they wanted. People were supported to receive their medicine as prescribed.

People were assisted by suitably trained staff that had the knowledge and skills they needed to do their job effectively. Most people felt staff had a good knowledge of their care and support needs.
People were supported to have maximum choice and control of their lives as much as was practicable and staff supported them in the least restrictive way possible; the provider's policies and systems supported this practice. Health care professionals were involved in supporting people to maintain their health and wellbeing.

People were supported by caring and kind staff who demonstrated a positive regard for the people they were supporting. People had been encouraged to be as independent as possible in all aspects of their lives. Care was planned and reviewed with each person and, where appropriate, their relatives, to ensure the care provided continued to meet people's needs.

People and their relatives were aware of how to raise concerns or make complaints and were generally happy with how the service was managed. Feedback was sought from the people who used the service and their relatives.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe

People were supported by sufficient numbers of staff . The provider had recruitment processes in place however they were not always robustly applied and required some improvement.

People felt safe with the staff that supported them. People were safeguarded from the risk of harm because staff were able to recognise abuse and knew the appropriate action to take.

Risks to people's health and safety had been identified and were known to the staff.

Staff supported people, where appropriate, to take their medicine as prescribed.

Is the service effective?

Good

The service was effective

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

People's consent was sought by staff before they received care and support.

People received additional medical support when required.

Is the service caring?

Good

The service was caring

People were supported by staff who were kind and respectful.

Staff were respectful of peoples' choices.

People's privacy and dignity was respected.

Is the service responsive?

Good

The service was responsive

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

People knew how to raise concerns or make a complaint about the service they had received.

Is the service well-led?

Requires Improvement

The service was not consistently well led

Quality monitoring systems in place to audit the provider's processes and assess the quality of the service had not always been effective and required improvement.

People said that the overall quality of the service they received was good. They were happy with the service they received.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place over two days on 08 and 09 May 2017 and was announced. The provider was given 48 hours' notice because the service provides personal and nursing care support to people living in their own homes and who are often out during the day; we needed to be sure that the registered manager and staff would be available to meet with us. The first day was spent visiting people in their own homes and the second day was spent with the registered manager at the provider's office. The inspection team comprised of one inspector and an expert by experience. An expert by experience is someone, or is caring for someone, who has had direct experience of this type of service.

Before our inspection, the provider was sent a Provider Information Return (PIR) to complete. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We sent out questionnaires to people who used the service and four were returned. Questionnaires were also sent to relatives and one was returned. As part of the inspection process we also looked at information we already held about the provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care and any incidences which put people at risk of harm. We refer to these as notifications. We reviewed the notifications that the provider had sent us, to plan the areas we wanted to focus on during our inspection. We reviewed regular quality reports sent to us by the local authority to see what information they held about the service. These are reports that tell us if the local authority has concerns about the service they purchase on behalf of people.

As part of the inspection process, we spoke with four people, nine relatives, the registered manager, the care

consultant manager and four care staff. We looked at four people's care records to see how their care and treatment was planned and delivered. We also looked at medicine records for seven people. Other records we looked at included three staff recruitment and training files. This was to check that suitable staff were safely recruited, trained and supported to deliver care to meet people's individual needs. We also looked at records relating to the management of the service and a selection of the provider's policies and procedures, to ensure people received a good quality service.

Requires Improvement

Is the service safe?

Our findings

The Provider Information Return (PIR) stated the provider had a 'robust recruitment system in place and only recruited staff who had a recent Disclosure & Barring Service (DBS) check and two acceptable references. DBS checks help providers reduce the risk of employing staff who are potentially unsafe to work with people. We saw that the provider had recruitment processes in place. This policy stated that all staff employed must have a DBS check prior to working with people using the service. We looked at three staff files and discussed with the care consultant manager and the registered manager, their recruitment processes. We found on one file, the provider's processes for checking past employment references and DBS history was not robust and required improvement. Although a risk assessment was put in place after the inspection in response to our findings , the issues seen at the time of the inspection had not been identified by the provider prior to our visit. It is important to ensure past employment references and DBS checks are thoroughly reviewed and corroborated, as this can reduce the risk of unsuitable people being recruited.

All the people we spoke with told us they felt safe with the staff in their homes. One person told us, "I feel safe with everyone who comes. They [staff] know me and I am getting to know them." Another person said, "I feel very safe and look forward to them [staff] coming." A relative said, "I do feel that she is totally safe. They [staff] all know how to use the hoist. There has never been a problem." Another relative told us, "I feel that she [person using the service] is safe with the carers. They do things like making sure that the chain is on the door when they are in the house." Staff knew about the different types of abuse and the signs to look for which would indicate that a person was at risk of abuse. Staff that we spoke with knew the provider's procedures for reporting concerns and were clear about what action they would take if they were concerned about people's safety. This included notifying external agencies if they had any concerns or if the registered manager or provider had not taken appropriate action. For example, one staff member explained, "If nothing was done I would tell CQC." (Care Quality Commission).

The PIR stated when a person was first evaluated for the service, a risk assessment was undertaken so staff had clear guidance on what they were required to do and the safest way to support people. We saw that people had received an initial assessment before receiving support, to determine if the provider was able to meet the person's care needs safely. The care plans that we looked at contained risk assessments to reduce individual risks to people. For example, it had been clearly documented how staff should support people safely who were at risk of developing sore skin. One relative told us, "[Person's name] had a sore on their back but this has cleared up nicely now." Risk assessments also included information about the person's home and living environment, identifying potential risks for staff to be aware of, for example parking accessibility, street lighting and any uneven flooring. We saw risk assessments were reviewed and discussions with staff demonstrated they had read the plans because they knew how to support people safely. For example one staff member explained how they ensured medication was not left 'in sight' for one person because they could be at risk of taking more medicine than they should.

Staff spoken with explained the procedures for handling emergencies, such as a medical emergency indicating they knew how to keep people safe. A relative told us, "They [staff] have had to call the

ambulance a couple of times and they phoned me and stayed with [person's name] until the ambulance arrived." This showed that staff were quick to respond to an emergency to ensure people remained safe.

People and relatives told us they had the same staff supporting them. One person said, "I have the same staff see me in the mornings but can get different ones [staff] coming in the afternoons." Another person told us, "They [staff] are generally on time. Maybe occasionally five or 10 minutes late but not more than that and they stay for the full half hour each time." A relative we spoke with explained, "They [staff] are usually on time and they do what was agreed. [Person's name] normally gets a regular carer unless they're on holiday. It's the same carer right the way through the day. The only time they are not there is when they are on annual leave." Another relative told us, "There are two carers on each visit and they generally come together and on time. Only once or twice they have been late and they will call me to let me know. They have never missed a call." Staff we spoke with confirmed they received a weekly rota detailing who they would be providing support to for the week and felt there was adequate time allocated to meet people's individual care needs.

Everyone spoken with said and we saw that there were enough staff to meet people's needs. All staff we spoke with said there were enough staff to provide support and care safely. One member of staff told us, "I think there is enough staff at the moment, I get the hours I need." All the staff we spoke with told us they would cover each other's calls, at times, due to holidays or unplanned absences.

People told us, where applicable, they received appropriate support with their medicines. One person said, "I take my own tablets, they [staff] just remind me." Another person told us, "The girls are good at making sure I take my medicine at the right time." A relative explained, "They [staff] give [person's name] their medication. Another relative told us, "He has a blister pack. There has not been any problems. The tablets always seem to have properly gone from the pack as they should." Staff we spoke with confirmed to us that where they supported people with their medicines, they had received training on how to support people safely.

Good

Is the service effective?

Our findings

The Provider Information Return (PIR) stated that staff received training, for example in moving and handling, medication and safeguarding to ensure staff undertook their tasks in a safe way to ensure the safety of the person at all times. People spoken with told us they generally felt staff were trained to carry out their role. One person said, "They [staff] do just what I want them to do when I ask them. I think they have the proper skills." A relative told us, "They [staff] are always very conscious of [person's name] pressure care and of being in the same position. They [staff] reposition and will say things like '[person's name] is leaning too much on this side' and adjust accordingly." Another relative said, "[Person's name] has a catheter and they [staff] know how to deal with it. They [staff] change the night and day bags over." The staff we spoke with confirmed they received the necessary training to support them in carrying out their roles. One staff member told us, "The training is very good." Staff told us they had received an induction when they first started working at the service. Staff we spoke with told us this induction gave them a good introduction to people and their support needs. The PIR stated that new staff would shadow a more experienced staff member as part of their induction. One staff member said, "I was supported through my induction and shadowed another staff member for three visits". The provider supported staff to undertake nationally recognised qualifications, for example, the Care Certificate. The Care Certificate is an identified set of induction standards to equip staff with the knowledge they need to provide safe and effective care. We saw from the provider's records that training for staff was reviewed and refresher training planned for the year.

Staff we spoke with told us they had received supervision with their manager. One staff member said, "We have supervision and spot checks regularly." We saw from the staff records we looked at that supervisions had taken place along with observed practices. An observed practice is when a staff member is observed by a senior staff member to ensure the delivery of care and support is effectively practised. This ensured that staff put their training and knowledge into practice to meet people's needs.

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 people lack mental capacity to make particular decisions, any made on the person's behalf must be in their best interests and as least restrictive as possible. We reviewed information about capacity in people's care plans and found, they contained assessments of people's capacity, where it was appropriate. This ensured that people were supported appropriately and their rights were being protected. Staff we spoke with gave us examples of how they would obtain people's consent before supporting them. One person told us, "I am given choices and staff ask me if it is alright to do things for me." A staff member said, "You talk to people and ask them what they want, when you get to know a person, you understand their gestures and facial expressions." We saw staff explained to people what they were doing with lots of reassurance. "We're just going to move you ….. well done [person's name], are you comfortable, are you ok."

Most people were supported with their meals by family members. Although some people we spoke with were supported by staff to make their meals. One person told us, "They [staff] make me some sandwiches for lunch and later on I have a cooked meal which they [staff] usually get out of the freezer." Staff told us

they would ask people what they wanted to eat and drink before preparing the person's meals. We found that some people had special dietary requirements, one person told us, "They [staff] do give me my meals at breakfast, lunch and in the evening and they [staff] always give me choices. I am diabetic and they understand this when preparing my meals and don't give me anything too sweet." People who required soft food because they had difficulty swallowing, where appropriate, referrals were made to health care professionals for assessment and guidance.

People were supported by health care professionals to assess and review their care and support needs. We saw from the care plans we looked at that people were effectively supported to maintain their health and wellbeing with additional input from healthcare professionals as required.

Good

Is the service caring?

Our findings

Most of the people and relatives we spoke with told us they felt staff were caring and kind. One person told us, "They [staff] are just like family or friends to me. They [staff] are so kind and we have a chat about things and a bit of a laugh which cheers me up." Another person said, "I can have a good laugh with [staff name]." A relative said, "They [staff] are very very good. The personal care is done well and they [staff] always move [person's name] gently. They make sure that she doesn't get sore skin and that she is comfortable in the bed. If there is anything we want they [staff] do help us." Another relative told us, "They [staff] are kind reassuring and willing to put themselves out." We saw that staff interacted with people in a kind and caring way.

People and their relatives told us that staff involved them in decisions about people's care and that they knew the importance of people being involved in making these decisions. One relative told us, "They [staff] do seem to understand that there are some decisions Mum can still make such as what she has to eat." We saw staff respected people's wishes. Another relative explained, "They [staff] always talk to mum. Sometimes mum talks and sometimes she doesn't. She sits out of bed most mornings and they [staff] sit and support her to eat and always chat with her and then they help her to bed for a rest in the afternoon. They do communicate with us and with each other. I can tell when mum is pleased and she often looks pleased to see the carers. They really help me, even getting her clothes out ready. I can really talk to them if there is anything on my mind. They are brilliant." We saw care plans detailed people's cultural needs, how the person communicated and specific information that staff needed to know to support effective communication with the person.

Staff we spoke with were positive about their role and the relationships they had developed with the people they supported. Staff were able to tell us about things that were important to the people they supported. A staff member told us, "When you have supported the same people for a time you get to really know them, what they like and dislike."

People and relatives told us that they never heard staff talk disrespectfully about another person while they were supporting people. People and relatives felt staff were conscientious and maintained people's confidentiality. One relative said, "They [staff] don't mention the names of other people they visit." Another relative told us, "I have never heard them talk about anybody else."

Staff told us that people's independence was promoted as much as possible and gave us examples of how they did this. One person told us, "They [staff] encourage me to wash myself and I do what I can but I can get very tired quickly." A staff member explained, "Where people can we try to encourage them to what they can for themselves but it is not always possible because some people we support have high needs."

People we spoke with told us that staff 'always' treated them with dignity and respect. One person said, "Yes, staff do respect my privacy and dignity." During our home visits, we saw staff did respect people's' dignity and gave them privacy. A relative told us, "They [staff] are all very respectful." Staff gave us examples of how they ensured a person's dignity and privacy was maintained. For example, asking relatives if they

could leave the room when providing personal care to the person, making sure doors and windows were closed and covering people as much as practicably possible when bathing/showering people to protect the person's dignity.

Good

Is the service responsive?

Our findings

The Provider Information Return (PIR) stated the consultant care manager visited people before the first visit to draw up a care plan with them. One person told us, "[Staff name] came out and completed a review with me." A relative explained, "They [staff] write in the booklet each day for me to see what has been going on. There has not been any talk about a second assessment yet. [Staff name] came out about six months ago and did a thorough interview about what Mum needed then." Another relative said, "The manager is absolutely brilliant. She has been out a couple of times and reviewed the care plan but no changes were needed. They [the provider] always communicate clearly with us. Everything is running fine." People we spoke with said the service was flexible to meet their needs and they received their care and support in the way they preferred. We saw care plans were in place which reflected people's individual support needs and were written in a person centred way.

The PIR stated that everything would be done to support people using the service giving them the choice to change how their care and support is delivered. For example changing the time staff arrive to support people. Staff we spoke with explained to us in detail how they provided support in line with people's wishes and how the support was adjusted to ensure the person's individual needs continued to be met. The PIR stated that care plans were individual to the person and we found that care plans were detailed and written to reflect people's individual care and support needs. One person said, "I would recommend them to somebody else looking in the area. They do seem to listen generally. People told us they were generally supported by the same staff and the questionnaires returned to us also reflected this. We saw from records people had staff members that provided regular support to them. A staff member told us, "We will always check the care plan because peoples' needs can change quickly."

100% of the questionnaires returned said people and relatives knew how to raise a complaint. The PIR stated the provider had received three complaints and people and relatives we spoke with explained how they had raised issues with the provider. One relative said, "I did phone about two or three months ago as the regular carer was away and the temporary carer was not writing in the book and so I didn't know what was happening. They [the provider] said they would talk to her. They have told me they are going to come out and check all the paperwork and make sure it's up to date." A relative told us, "If we had a problem with any of the carers I'd speak to them first. I've never had to phone the office because we sort everything out between us." Another person explained, "Staff don't always understand what is being asked of them, they are all lovely ladies but communication can be difficult because English is not always their [staff] first language." We found the provider had investigated, met with people and addressed their complaints. The provider also explained to us a number of staff were currently attending additional classes to improve their English speaking skills. Minutes of staff meetings showed discussions had taken place with staff explaining the importance of 'good communication' to ensure people's support needs were effectively met.

We saw the provider had a complaints policy that contained contact details of relevant external agencies for example, the local authority and CQC. Another person told us, "I have no complaints, the service is good." Our conversations with people and their relatives demonstrated to us they had confidence in the provider that if they had any concerns or complaints, they would be listened to and any issues dealt with quickly.

Requires Improvement

Is the service well-led?

Our findings

As part of the inspection process, we sent out a Provider's Information Return (PIR) for the provider to complete and return to us. The PIR provides an overview of what the service does well and where the provider intends to develop the service. We received the completed PIR within the requested time frame and found overall it reflected what we found on the day. Although when we reviewed the provider's quality assurances processes we found that the systems in place to review care plans, risk assessments and medicine recording sheets required some improvement. For example, it was not clear on the medicine recording sheets how many tablets had been given to people, what time of the day some medicine needed to be administered and there was some inconsistency in recording whether the medicine had been taken by the person or left for the person to take later. We found the recording discrepancies had not been identified by the provider. The provider explained the administrative staff member who's responsibility had been to audit medicine recordings sheets had recently left the organisation and as a result a number of sheets had not been reviewed. A new administrative staff member was now in post and the provider gave us their reassurances medicine sheets would be audited. The provider sent to us, post inspection, a revised medicine recording sheet that would support staff to complete the sheets accurately in the future.

Although the provider told us they had tried to obtain people's feedback on the quality of the service provided, this had not always been recorded. We found there were some completed satisfaction surveys but they were for 2015. People and relatives we spoke with told us, "They [the provider] have not asked for formal feedback but might say on a call about something else 'How are you doing?," and "We did have a phone call in the early days regarding feedback but nothing needed to be actioned at that time." The provider said they did speak with people and relatives on a regular basis and asked them if they were happy with the support received but confirmed these conversations had not been consistently recorded. The provider explained they would be reviewing how they could effectively seek feedback on the quality of the service provided from people and their relatives.

People and relatives we spoke with generally told us that they were satisfied with the service they received. One person told us, "I have no complaints, I can call [consultant care manager's name] and she will deal with any issues I might have." Another person said, "I can only say they [staff] are very good, there is nothing really they could do better, I am happy with the service." A relative explained, "Overall it's not a bad service." A staff member is spoke with told us, "They [the provider] are doing alright, they are improving things."

Staff spoken with told us the registered manager and their team had provided continuity and leadership and staff felt supported in their role. Staff explained the consultant care manager completed spot checks on the care they delivered. We saw from records that spot checks had been completed. One staff member told us, "I like to help people and I enjoy this job very much." Another staff member explained, "I've been here a while now and very happy with the company, they are flexible and if I wasn't happy I wouldn't stay."

Staff we spoke with and records we look at confirmed staff meetings had taken place. All the staff spoken with confirmed with us the management team were 'approachable' 'helpful' and they would have 'no hesitation' in requesting support or assistance. One staff member told us, "The managers are very good."

All care staff spoken with said they knew what was expected of them.

Staff told us if they were worried or concerned about anything they would speak 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 "If nothing was done, I'd go to CQC." We saw the provider had a whistleblowing policy. Whistleblowing is the term used when an employee passes on information concerning poor practice.

It is a legal requirement to notify the Care Quality Commission of any significant incidents or accidents that happen as this helps us to monitor and identify trends and, if required, to take appropriate action. We had been notified about significant events by the provider. We saw where incidents had occurred, where appropriate, investigations into any safeguarding,s had been conducted in partnership with the local authorities to reach a satisfactory outcome.

Duty of Candour is a requirement of the Health and Social Care Act 2008 (regulated activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. We found that the provider was working in accordance with this regulation within their practice. We also found that the management team had been open in their approach to the inspection and co-operated throughout. At the end of our site visit we provided feedback on what we had found and where improvements could be made. The feedback we gave was received positively with clarification sought where necessary.