Bristol City Council

East Bristol Intermediate Care Centre

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

The inspection took place on 6th, 7th, 26th and 27th July 2017 and was unannounced.

When we last inspected the service in April 2016 we found there were two breaches of regulations. This was because, medicines were not managed in a safe way and, the quality assurance measures the provider had in place had not ensured that any risks to people's safety were identified or mitigated.

The provider wrote to us and told us what action they were going to take to rectify those breaches. We have checked the improvements the provider said they would make and have seen that these have been sustained.

At the time of this inspection the reablement service were supporting 40 people by providing care and support in their own homes. The rehabilitation centre were looking after seven people.

Both the reablement part of the service (community) and the rehabilitation centre had a number of staff vacancies and some recent recruitment of new staff had already been completed. In the rehabilitation centre because of a number of staff vacancies. the provider had reduced the number of people they could look after at any given time to 12 from the 17 registered beds. The provider, Bristol City Council were currently in the process of changing the staffing structure at the service and changing job roles.

The service was registered for two regulated activities: accommodation for people who require personal or nursing care (the rehabilitation centre) and person care (community – reablement service). There was already a registered manager in post for the rehabilitation centre but the person in charge of the reablement service (team leader) was in the process of completing their application for registration. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

People said the care they received was safe. All staff received safeguarding adults training as part of their induction and mandatory training. They knew what to do if there were concerns about a person's welfare. They also completed moving and handling training which meant people who needed to be assisted to move about, were supported safely. Staff recruitment procedures ensured only suitable staff were employed. Risk assessments were completed and management plans were put in place to manage the risk. People were encouraged to look after and administer their own medicines but provided with assistance where required to keep them safe.

People received an effective service that met their care and support needs. They received either the rehabilitation service or reablement service they expected and, which enabled them to return to their own homes, with or without on-going support. Staff were knowledgeable about the people they supported and received the appropriate training and support to enable them to undertake their roles effectively. Where identified in the assessment process, people were provided with support to have food and drink. People

were supported to access health care services if needed.

People received a caring service. The staff in both services had good relationships with the people they supported. They were genuinely committed to helping them either return to their own homes or remain at home during a period of ill health. People reported to us that the staff were kind and caring. They said they were treated with kindness and respect. People in both services were involved in having a say about the support they received and how their service was delivered.

People received a service that was responsive to their individual care and support needs. The assessment and care planning ensured each person received the specific service they needed to meet their goals. People were included in making decisions and encouraged to express their views about the service they received.

People received a service that was well-led. The registered manager and team leader provided good leadership and management for their respective staff teams. The quality and safety of the service was regularly monitored and used to make improvements.

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 were safeguarded from harm. Staff had a good awareness of their responsibilities to protect people from coming to harm. Staff were recruited following safe recruitment procedures.

Risk assessments were completed to ensure people and staff were safe. Medicines were well managed where people needed assistance.

There were sufficient care staff available to meet the needs of people.

Is the service effective?

Good

The service was effective.

Staff were trained and well supported to do their jobs. People received the service they needed and had agreed to.

Staff were aware of the principles of the Mental Capacity Act (2005) and knew the importance of gaining people's consent.

People were supported to have sufficient food and drink. The staff teams worked with people and other health care professionals to ensure their well-being was maintained.

Is the service caring?

Good

The service was caring.

People were supported by a staff team who were kind and caring. The care staff respected their views and supported them to ensure their goals were met.

Staff spoke kindly about the people they supported and knew the importance of good working relationships.

Is the service responsive?

Good

The service was responsive.

People were provided with a service that met their care and support needs. Adjustments to the service were made when people's needs changed.

People were asked to express their views about the service they received and, were provided with a copy of the complaints procedure if they needed to raise concerns.

Is the service well-led?

Good

The service was well-led.

There was a good leadership and management structure in place for the staff team.

Feedback from people was gathered to ensure the service continued to provide a safe, effective and responsive service.

There were measures in place to monitor the quality and safety of the service and plan improvements.

East Bristol Intermediate Care Centre

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to provide an updated rating for the service under the Care Act 2014.

The last inspection of the East Bristol Intermediate Care Centre was in April 2016. At that time we found that improvements were required and there were two breaches of regulations. These were in respect of some aspects of the management of medicines and the quality assurance systems the provider had in place. The service submitted their action plan telling us what improvements they planned to make to rectify these breaches and, we followed this up to ensures the improvements had been sustained. The inspection team consisted of one adult social care inspector.

Prior to the inspection we looked at the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. We had not asked the provider to submit a provider information return prior to this inspection.

During the inspection we spoke with the registered manager, the team leader responsible for the community reablement service, two assistant managers, two senior reablement workers and seven other members of staff.

We spoke with allied healthcare professionals employed by Bristol Community Health. They worked in partnership with the Bristol City Council staff to provide short term rehabilitation and reablement services for people under the care of this service.

We spoke with 11 people who were being provided with rehabilitative care in the centre or being supported

in their own homes by the community reablement team. We looked at eight people's care records and attended two multi-disciplinary meetings regarding the two parts of the service. We looked at records relating to the management of the service, including training records and key policies and procedures.

Good

Is the service safe?

Our findings

People said, "The staff make sure I am safe when I am walking and I have been practising going up the stairs so I can manage when I go home", "The staff who look after me are very polite and kind to me", "I trust all the staff here and they are working hard so I can go back home" and, "I do not worry at all. The staff have to let themselves in to my home but they call out who they are, wear a uniform and have an ID badge". One visitor who was in the centre said, "All the staff are working to make it safe for when Mum goes home".

Staff in both teams completed safeguarding adults training as part of their mandatory training. Those we spoke with knew what was meant by abuse and adult protection and were aware of their responsibilities to keep people safe. Staff knew to report any concerns they had about a person's safety to the registered manager, team leader or senior staff but were also aware they could report concerns directly to the Police, Bristol City Council and the Care Quality Commission. The registered manager had completed managers safeguarding training with Bristol City Council. No safeguarding alerts had been raised by the service. However, the community team told us they had worked with people who they were informed were subject to safeguarding monitoring because of their vulnerability.

We were unable to check staff personnel files to ensure the service followed robust recruitment procedures because these were kept at Bristol City Council headquarters. We spoke to their recruitment department and were advised pre-employment checks included written references, a health questionnaire to ensure staff were fit for the job and an enhanced disclosure and barring service (DBS) check. A DBS check allows employers to check whether the applicant had any past convictions that may prevent them from working with vulnerable people. These measures ensured the service employed suitable staff.

People were supported safely by both the rehabilitation and reablement services because a range of risk assessments were completed. These included the likelihood of falls, skin damage, the risk of malnutrition and dehydration and moving and handling tasks. Where people needed to be supported by staff to move or transfer from one place to another, a care plan was written detailing the equipment to be used and the number of staff required. For those people who were supported by the reablement workers, an environmental risk assessment of the person's home was undertaken. The reablement workers were expected to report any safety concerns that had not been present at the initial assessment. This meant action could be taken to prevent any accidents, incidences or near-misses. For those people receiving a rehabilitation service in the Centre, a personal emergency evacuation plan (PEEPs) was written. This detailed the level of support the person would require in the event of the building needing to be evacuated.

The provider had a contingency and business continuity plan. This set out the arrangements if events meant the service was impaired, interrupted or experiencing difficulties. The plan covered adverse weather conditions, failure of utility services and IT systems and a reduction in staff availability. The plan contained the contact details for relevant services the registered manager or staff might need to use.

The service was currently undergoing a review of the staffing structure and job roles. There were sufficient staff in the rehabilitation service and, reablement service to meet the care and support needs of those

people being assisted at any given time. People were only admitted to one of the rehabilitation beds in the centre if the staff had the capacity to meet their needs. The registered manager told us that because of staff changes and vacancies, only 12 of the 17 beds were used. The reablement service would only take on a new package of care when reablement workers were available to support them and the person met their criteria – to expedite a hospital discharge where the person needed a temporary increase in support, or to prevent a hospital admission.

When we inspected the service in April 2016 we found that improvements were required in the completion of the medicine administration records (MARs). This included the information recorded if people needed assistance with applying creams and topical medicines and the protocols around administering 'as and when required' medicines (known as prn's). We found improvements had been made and new documentation had been introduced. Senior staff were auditing the completion of records to ensure they were completed correctly by the staff teams.

Prior to this inspection we had information shared with us regarding potential unsafe practice in respect of medicines support, for people receiving a reablement service. We discussed the concerns with a senior reablement worker and the team leader. The concerns were that some people who were supported by the service did not have a prepared list of their medicines in the home and may also have large stocks of medicines in the home. The caller had been concerned the 'office' had not arranged things properly. The providers policy states that reablement workers do not support people with their medicines until it is safe to do so and a list of prescribed medicines had to be in place. Where people were referred to the service via the duty desk system in order to prevent admission to hospital, the current information was not always available. During our inspection were heard the senior reablement worker liaising with family, GP, and the local pharmacy in order to get current prescribed medicines arranged for a person they had just started working with. The team leader agreed to ensure a message was relayed to all reablement workers that support was not given until there was a robust plan of care in place.

People retained responsibility for their own medicines where possible. Where people needed support the level of support they required with their medicines was assessed and recorded in their care plan. This was recorded as level one, prompting with medicines, or level two, administration of medicines. All staff received medicine administration training and spot checks were carried out on their competency to ensure medicines were administered safely. Those care plans we looked at clearly stated these instructions. For those people in the centre, their ability to manage their own medicines was assessed as part of their rehabilitation. Their ability to self-manage their medicines was assessed so they could manage independently when they returned home, or extra support was arranged.

Our findings have concluded that the management of medicines was safe in both the rehabilitation centre and the reablement service.

Good

Is the service effective?

Our findings

People said, "I am glad I could come out of hospital and be looked after here", "All the staff are doing their very best to get me back to being active", "I cannot fault the service here. They make us work hard though but I need to be more mobile in order to be able to go home", "They think of everything I will need to be able to do for myself when I go home" and, "They come up with solutions to problems. Nothing seems to faze them".

There were good communication systems in place to monitor the effectiveness of the service in achieving the goals set for each person. Both the reablement service and the rehabilitation centre each had weekly multi-disciplinary meetings (MDM) to discuss how plans were progressing. A senior reablement worker led the community MDM along with a social care practitioner and an occupational therapist. The centre MDM was led by the registered manager and attended by the allied healthcare professionals, a nurse from Bristol Community Health, rehabilitation support workers and care staff and a social care practitioner. Each person was discussed and their discharge home arrangements planned. These measures ensured people received the care, treatment and support they needed and met their needs. From both meetings it was evident the staff knew the people they were supporting well.

Those community based staff we spoke with said they were given enough information about the people they supported but were always able to call in to the office if they needed more information. The initial visit to a person in their home was completed by a senior reablement worker. The assessment and care planning documents were completed and then updated as the service continued. For those referrals where the request for support came from the adult duty desk (Care Direct) the reablement team were able to ask for a face to face assessment if there were concerns regarding suitability for a reablement service.

Admissions to the centre were managed by the admission team and the bed manager. The registered manager ensured the centre staff had the capacity to meet the person's needs prior to any admission being arranged. These measures ensured the service was effective for every person who was admitted.

New staff to both services had an induction training programme to complete at the start of their employment. Some of the training was corporate induction whilst others was role specific. Both teams told us, because of the nature of their service, staff who were experienced social care workers were generally recruited.

There was a programme of refresher mandatory training for all staff to complete. This included moving and handling, safeguarding adults, the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), safe medicine administration, health and safety, dementia awareness and basic life support. Electronic staff training records were kept for each member of staff and these identified when refresher training was due again. Person specific training could be arranged if necessary and staff were able to work closely with the allied healthcare professionals. These measures ensured staff had the skills and competencies appropriate to their role.

All staff in both services were encouraged to complete diploma qualifications in health and social care at least at level two. The registered manager had completed their level three award in care and level four award in management. They were also an 'NVQ' assessor. The team leader for the reablement team had the level four qualification in care and a level five diploma in leadership and management.

Staff received regular supervision sessions and team meetings. Supervision is dedicated time for staff to discuss their role and development needs with a senior member of staff Supervision may be individual or delivered to a group of staff with a training element to it. Staff confirmed these arrangements were in place. Records we saw evidenced that supervisions had taken place. Minutes were recorded of all staff meetings and shared with the team, including those staff members who had been unable to attend.

Staff were expected to gain people's verbal consent before care was delivered and work within the principles of the MCA. The MCA sets out what must be done to make sure that the human rights of people who lacked mental capacity to make decisions are protected. People who we spoke with in the centre and those we telephoned said they were always asked if they were happy with the support to be provided. Those people who had short stays in the rehabilitation centre had agreed to stay there for the care, treatment and support they needed. However, the registered manager was aware of the DoLS legislation and the need for best interest decisions to be recorded where a person lacked capacity to agree to their care. The decisions would be made with other healthcare and allied healthcare professionals as necessary.

People being assisted by the reablement team were provided with assistance to eat and drink where this has been identified as a care need. The level of support the person needed would be recorded in their care plan. The aim of the service was for people to regain skills they may have lost during a period of illness or a hospital stay. The reablement workers worked with people and guided them to make hot drinks and snack meals independently where possible.

Those people in the rehabilitation centre were provided with three meals a day. The centre had two practice kitchen areas and, the occupational therapists worked with people to help them regain independent living skills. They were assessed for any equipment needed to enable the person to manage when they went home. One person who was using the centre at the start of the inspection told us there was little choice for people who only ate a vegetarian diet and this was discussed with the cook. They showed us the options that were available for people and explained the person always chose the same meal. The registered manager explained that healthy food options were provided and they had started to provided decaffinated teas and coffees. During the hot weather, extra fluids had been encouraged for every person in order to prevent dehydration.

People in the rehabilitation centre were temporarily registered with a local GP if their own GP was not in the nearby vicinity. When people were temporarily registered with this GP, the medical centre obtained a medical history from the person's own GP. The GP visited the centre on a weekly basis and saw those people who required a medical review. The rehabilitation team staff would contact other GPs as and when needed.

Reablement staff consulted with people's GPs and district nurses as and when necessary. During the inspection we heard the senior reablement worker liaising with a person's medical centre to sort out the person's current prescribed medicines.

Both services worked closely with occupational therapy and physiotherapy services to enable people to regain life skills and be as independent as possible. Both services were short term and assisted in the process of organising longer term support where this was required.

Good

Is the service caring?

Our findings

People told us the staff treated them well. They said, "The staff are very understanding and kind to me", "They put me through my paces because I really want to be at home looking after my wife again. They are firm with me but fair" and, "The staff are so kind to me. They have a job to do but we still manage to have some fun". One person told us they could be very anxious at time but the staff helped allay some of their fears. Visitors to the rehabilitation centre were made welcome. One visitor said they had seen a real improvement in their relative's health and had been "very impressed" with the caring, kindness and professionalism of the staff team.

Staff in the rehabilitation centre were knowledgeable and supportive of the people they were assisting. People were included in discussions about their care and were encouraged to express their views and make decisions for themselves. The staff ensured that people were given time to make informed decisions. The staff we spoke with knew people's individual care needs, their social set-up and their goals for independence

We observed the rehabilitation staff treating people with dignity and respect. Their personal care support was provide in private and the staff made sure that toilet, bathroom and bedroom doors were closed when they were attending to people's personal care needs. We saw that staff knocked on bedroom doors before entering the room. Staff responded promptly when people needed help or reassurance.

Those staff we spoke with in the reablement team understood people's needs and demonstrated they knew how people liked to be looked after. The staff understood the importance of supporting people to regain life skills to enable them to continue living in the their own homes.

The reablement team aimed, where possible to ensure the same reablement worker supported people for a period of time before handing over to the member of staff on duty for the next period of time. This ensured continuity of care and enabled the staff to get to know the person well and understand their strengths and weaknesses. This meant the team and person were able to work together to ensure the goals were met.

Good

Is the service responsive?

Our findings

People told us they received the service they expected. They said, "I am determined to get home again. They come and put me through my paces to ensure I will be able to manage when I go home", "I have had a little bit of a setback whilst I have been here, so my plan of care had to be changed but I am back on track now" and, "I had a discussion with the staff about the things I would need to be able to do on my own when I got home and they said how they would help me achieve that".

We looked at care records in the both the rehabilitation centre and the reablement office. The assessments and care plans for both services provided a good picture of the person, their care and support needs, their goals to regain independence or to prevent them needing a hospital admission. The care plans were adjusted as often as necessary. It was evident the person had been involved in saying how their care and support needs were to be met. The rehabilitation service worked in conjunction with the physiotherapist and occupational therapist in order to meet people's needs.

The reablement service for people in their own homes was provided short term, and for up to six weeks. The aim of the service was to prevent a hospital admission or to provide temporary support following a hospital stay to assess any longer term care and support needs. The care plans for these people were completed by the senior reablement workers and the person and involved goal setting. Each week the service was reviewed in a formal multi-disciplinary meeting and new goals were set. These arrangements enabled longer term arrangements to be discussed and organised where required.

Those people who were being supported in their own homes were provided with a care file. This contained a copy of the service users guide, the out-of-hours contact details and the complaints procedure. The file also contained a copy of their care plan, daily records completed by the reablement workers, medicine administration records and other records relating to their care. Staff and those people in receipt of the service we were able to speak with confirmed these records were kept in their homes. These files were returned to the office at the end of the period of care. Where the person required on-going longer term support, the reablement service liaised with the new care provider.

For those people who had a short stay in the rehabilitation centre, their care and support needs were reviewed each week in a multi-disciplinary meeting with the occupational therapists, physiotherapists, social workers and nurses. The plans for each person were discussed along with the arrangements for their on-going community support.

People were encouraged to have a say about the service they received at the end of their stay in the rehabilitation centre. They were asked to make comments about whether they had received enough information about the service, their views on the staff, the quality of food they were served and, whether they were involved in making decisions about their care and support. They were also asked if they felt they had benefited from the service and benefited from there being a social worker, physiotherapist and occupational therapist on site. People were also asked if they had any suggestions to make which they felt would improve the service.

People using either service were provided with a copy of the complaints procedure. Those we were able to speak with felt able to raise a complaint. However they added they had no reason to complain because they were well looked after. There had been no formal complaints received in the last year but the registered manager explained the actions that would be taken if a complaint was received. They said that outcomes from any complaints made would be seen as an opportunity to learn and make improvements. The Care Quality Commission have received no complaints about this service.

Good

Is the service well-led?

Our findings

Those people we spoke with were satisfied with the service they received. One person in the rehabilitation centre said, "My mobility is so much better now. I have been given some exercises to work on each day and they are helping. I am glad I will be able to return to my own home". Another person who was receiving a reablement service said, "It all seems very organised and the staff just turn up to help me. Some one is doing a good job".

Both rehabilitation staff and reablement staff said the service was well-led and they enjoyed working for the service. Both the registered manager and the team leader (applying to be the registered manager for the community service) had a long career history working in social care services. They each had relevant social care and management qualifications. All rehabilitation staff said the registered manager was approachable. Due to a recent restructuring and change in job roles the reablement team were now being managed by a new manager.

Staff meetings were held regularly and staff were encouraged to make suggestions. The registered manager for the rehabilitation team also used a newsletter to communicate with the staff team. The registered manager and team leader for the reablement team attended meetings with their line manager and the providers other managers from similar services. These meetings enabled them to share what had gone well and not so well with the other managers and to learn from their experiences. Outcomes of Care Quality Commissions inspections were shared between the various services.

The provider had a quality monitoring system in place. This ensured the quality and safety of the service was maintained. Audits were completed of people's care records, staff training and staff supervision, maintenance checks and equipment checks. On a yearly basis, there was a full health and safety audit completed. In light of a recent serious fire event that had happened elsewhere, the premises had been checked to ensure safety.

The registered manager and team leader had to submit regular reports to their line manager in respect of the following: safeguarding alerts raised, complaints received, any accidents and incidents, staffing issues and a 'bed summary' or numbers of people being supported by the reablement team.

The service used a process of satisfaction questionnaires to gather feedback from people who used either part of the service. Systems had been developed since the last inspection to analyse the feedback and make any necessary changes. The survey forms had been expanded to enable more meaningful feedback to be provided plus there was the addition of a comments box.

The registered manager and team leader were aware when notifications had to be sent in to CQC. These notifications would tell us about any events that had happened in the service. We use this information to monitor the service and to check how any events had been handled.

All policies and procedures were kept under regular review. Staff were able to access the policies

electronically and view the current edition. This meant all staff worked to the same policy.