The Council of St Monica Trust

Care at Home Service - Henleaze Road

Inspection report

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Henleaze
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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

Overall summary

We undertook an announced inspection of Care at Home Service - Henleaze Road on 1 and 2 September 2015. When the service was last inspected in June 2013 there were no breaches of the legal requirements identified.

Care at Home Service - Henleaze Road provides personal care to people living in their own homes within the Bristol area. At the time of our inspection the service was providing personal care and support to 115 people.

A registered manager was in post at the time of inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Summary of findings

People said they felt safe with the staff employed at the service and told us their care needs were met. There were sufficient staff available to meet people's assessed needs and the provider had systems that monitored the attendance at care appointments. Safe recruitment systems were in operation.

People received the support they required with their medicines. Staff demonstrated a good awareness on the identification and reporting of actual or suspected abuse. People's individual risks were assessed and where required risk management guidance was produced to reduce the risk of unsafe or inappropriate care.

The service had liaised with appropriate healthcare professionals when needed and people received support with their meals and drinks. Where required, additional training to meet people's nutritional need was provided to staff.

Staff understood the principles of the Mental Capacity Act 2005 and gave examples of how they supported people with decisions. The provider had ensured staff had received continual training to ensure they provided effective care to people. The provider had an induction programme aligned to the new Care Certificate and staff received supervision and appraisal.

People spoke positively about the caring nature of the staff at the service. People were given important information about the service and the service knew people well and supported people in a caring way. Staff at the service understood the needs of the people they cared for and the service had a compliments log that reflected the feedback we received from people we spoke with.

People felt the service was responsive to their needs and that care was delivered in accordance with their needs. People's care records were personalised and were reviewed regularly. Where required, the service had been responsive to people's changing needs and completed a care review following a change in their assessed needs.

The provider had systems that ensured people had a regular opportunity to give their views on the service and appropriate supporting records of these reviews were maintained. Where required, care records were changed when the need was identified. The provider had a complaints procedure and details of how to make a complaint were communicated to people.

People commented positively about the contact and communication they received from the management of the service. Staff told us they were happy in their roles and spoke positively about their employment and the support they received. The provider had systems to communicate matters about the service with staff.

There were systems that monitored that monitored the quality of service provided by staff and reflective learning was undertaken if required to achieve the required standard. Additional auditing systems that monitored care records, medicines and staff records were also undertaken.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. People felt safe with the staff who provided their care.

There were sufficient staff to meet people's needs.

Staff were trained to identify and respond to suspected abuse and understood reporting procedures.

People received support with their medicines if required and regular audits were completed.

People's risks were assessed and risk management guidance was produced where required.

Is the service effective?

Good

The service was effective. Staff received regular training, supervision and appraisal.

The service communicated with GPs and other healthcare professionals where required.

People received the support required with food and drink.

Staff understood the principles of the Mental Capacity Act 2005.

Staff received training, supervision and appraisal.

Is the service caring?

Good

The service was caring. People told us the staff were kind and caring.

The service communicated important information to people.

Staff demonstrated a good understanding of people's needs.

People received care in line with their wishes and preferences.

The service had received compliments about the caring nature of the staff and the quality of care delivered.

Is the service responsive?

Good

The service was responsive to people's needs. People received care which met their assessed needs when they needed it.

People's records detailed their care needs and contained appropriate information.

The provider had quality assurance systems to obtain the views and opinions of people.

The provider had a complaints procedure and this was communicated to people.

Is the service well-led?

Good

The service was well-led. People felt they could contact the service and knew who to contact.

Staff were supported by the management team.

The provider communicated with staff about the service.

There were sufficient quality assurance systems to monitor the quality of service provided.

Care at Home Service - Henleaze Road

Detailed findings

Background to this inspection

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

The inspection took place on 1 and 2 September 2015 and was announced. The provider was given short notice because the location provides a domiciliary care service and we needed to be sure senior staff would be available in the office to assist with the inspection. The last inspection of this service was in June 2013 and we had not identified any breaches of the legal requirements at that time.

This inspection was carried out by one inspector and an expert-by-experience who had experience of domiciliary care. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. Before our inspection, we reviewed the information in the PIR along with information we held about the service, which included incident notifications they had sent us.

On the day of the inspection and the following day, we spoke with 24 people who received care from the service. We also spoke with five members of staff which included the senior members of staff and care staff.

We looked at six people's care and support records. We also looked at records relating to the management of the service such as the staffing rota, policies, incident and accident records, recruitment and training records, meeting minutes and audit reports.

Good

Is the service safe?

Our findings

All of the people we spoke with gave very positive feedback on the service and told us they felt safe receiving care and support from the staff. All of the people told us they trusted the staff at the service and no complaints were raised. One person we spoke with told us, "I feel comfortable and safe in my home." Another person we asked about the service told us they were, "Very happy indeed."

There were sufficient numbers of staff to support people safely and ensure care appointments were completed on time. We received positive feedback from people when we asked about the punctuality of staff at care appointments. People told us that staff were normally on time and they received a call from the service should an appointment be running late. People received their scheduled care appointments weekly that informed them of their projected appointment times and the staff member who would be supporting them. People were advised that there was a 30 minute period either side of the appointment time when the staff member may arrive to allow for matters such as traffic and appointments running slightly over.

The provider had systems in place to monitor that care was being delivered safely. Each member of staff employed at the service received a smart phone with a pre-installed application used to monitor and manage care delivery. The application system in use required staff to 'log in' their arrival and departure times at appointments. This was used to ensure scheduled appointment lengths were kept and allowed the service management to monitor punctuality. We reviewed a recent period of records that showed appointments were mostly on time and that people received the length of care appointments they needed to meet their assessed needs.

The provider had safe recruitment systems that ensured all pre-employment requirements were completed before new staff began work. Staff files contained application forms with details of the employee's previous employment history together with employment or character references. Appropriate documentation had ensured the service had confirmed the new staff member's identity and postal address. An enhanced Disclosure and Barring Service (DBS) check had been completed as required. The DBS check ensures that people barred from working with certain groups such as vulnerable adults would be identified.

People who required assistance with the medicines received the support they required. Some people the service required support with their medicines and some people were independent with their medicines. People's care records showed how people obtained their medicines, for example collection or delivery by the local pharmacy, and the level of support they needed. Where required, appropriate risk assessments had been completed for people. People said they were satisfied with the support they received from the staff and records showed staff had received appropriate training to support people safely with their medicines. Medicine Administration Records (MAR) were completed by staff within people's homes and the provider had systems to monitor the accuracy of people's individual MAR on a monthly basis.

Staff knew how to identify and respond to suspected or actual abuse. Staff received training in safeguarding adults and demonstrated awareness of safeguarding procedures and reporting processes. They told us any concerns would be immediately reported to a senior member of staff within the service. The provider had appropriate policies for safeguarding adults and whistleblowing. Staff understood the concept of whistleblowing, and they were aware this was a process whereby they could report concerns about poor or bad practice in the workplace in confidence to external agencies. Staff examples of who they would report concerns to included the Commission or local safeguarding team.

The provider had completed an assessment of people's needs and identified risks were managed when identified. During our review of people's care records, we found that records contained an assessment of people's individual needs and risk assessments. For example, people had completed risk assessments in relation to their risk of falls, medicines, a moving and handling risk assessment to ensure people were moved safely, and where required a challenging behaviour risk assessment. Where a risk had been identified, guidance had been produced to manage the risk effectively whilst ensuring positively enabled to live in a least restricted manner.

Guidance following the identification of a risk contained detailed information for staff on how to support people safely. For example, within one person's record it showed the person required the use of a mobility hoist for all transfers n their home. The guidance showed what type of hoist the person used, what sling they needed and what

Good

Is the service safe?

adjustable sizes and settings the straps needed to be set at to support the person safely. Following this written guidance, the service had produced an illustrative document that showed a picture of the sling and the corresponding settings as written in the record. This meant the risk of unsafe or inappropriate care was reduced.

Good

Is the service effective?

Our findings

People we spoke with said the staff were caring and well trained. People raised no concerns about the ability and competence of the staff at the service and gave only positive responses. One person told us they were, "Very satisfied" with the staff and another said the staff, "Will help in anyway."

Most people using the service were able to contact their own GP or other healthcare professionals should this be required. People's relatives were also involved in communicating with healthcare professionals at times. Other people in the service received care directly from the district nursing team for pre-existing medical conditions. Within some people's records we saw the service had worked with various services when arranging a care package for people. For example, a recently arranged care package had been created with input from social workers, the local mental health team and the local dementia services team.

Staff provided assistance to some people in the preparation of their meals and drinks. A senior member of staff at the service told us that nobody using the service was currently at risk of malnutrition or obesity. During our conversations with people no concerns were raised about the level of support people received with their meals and drinks. Within people's records we saw the level of assistance people required in relation to supporting them with their weekly shopping and preparing their meals for them.

The provider had ensured that staff had received appropriate training to ensure people's nutritional needs could be met. Within a person's care record it was shown where a person received liquid nutrition via a Percutaneous Endoscopic Gastrostomy (PEG). PEG feeding is the requirement of delivering liquid nutrition to people through a tube into the stomach due to a pre-existing medical condition. We saw by supporting training records that the provider had sourced appropriately accredited third party training and staff had been trained in the use and maintenance of the associated equipment.

Staff understood the Mental Capacity Act 2005 (MCA) and gave examples of how they applied this to their work. The MCA provides a legal framework for acting on behalf of people who lack capacity to make their own decisions and ensuring their rights are protected. Staff understood how this meant they ensured people were given choices in their everyday lives, and that their role meant they supported people making decisions where required. Staff told us how they gave people choices in things such as the clothing they wore and what meals they ate. We saw from supporting training records that staff received training in the MCA.

Staff received training to carry out their roles. Records showed that staff had received training in subjects to support them in providing effective care to people. The records showed that staff received training in safeguarding adults, medicines, first aid, health and safety and infection control. Staff we spoke with told us they felt well supported by the provider with the training they received and told us they felt the training provided enabled them to provide effective care to people.

The provider had recently introduced a 'Mandatory Update Day' to allow staff to complete a full day of update training in specific subjects. These training days included subjects such as health and safety, first aid, moving and handling, safeguarding, the Mental Capacity Act 2005 and equality and diversity. We received positive feedback from staff about the update day and they told us the day was useful in the way it was structured and that they felt receiving refresher training in various subjects throughout the day was a positive way to learn.

Staff received regular performance supervision and appraisal. The provider had entitled this process as 'Advancing Colleagues Contribution' and staff said felt supported through this process. They commented it was a process that promoted the opportunity for them to have constructive discussions every three months to discuss their performance, training needs and career progression. The Advancing Colleagues Contribution process also ensured staff annually completed a document that incorporated a personal training and development plan for the following year.

New staff completed an induction followed by a period of shadowing senior staff. The provider had recently implemented the new Care Certificate and new staff employed at the service would be undertaking this as part of their induction process. A senior member of staff at the service explained that some senior care and support staff had recently received the Care Certificate assessor training

Good

Is the service effective?

to enable them to train and evaluate new staff. During the induction period, new staff were monitored by senior staff following training to ensure they were competent at their role.

Good

Is the service caring?

Our findings

We received a high level of praise and feedback from people about the caring nature of staff at the service. All of the people we spoke with told us they felt cared for and many people told us they felt they wouldn't be able to cope without the service supporting them. We did not receive any negative information from any of the 24 people we spoke with about the care they received. One person we spoke with told us, "The overnight sitter is an angel." Another person told us, "They [staff] go beyond their remit." Another person simply described the staff as, "kind and helpful."

People were given a 'service user guide' that communicated important information to people about the service. A senior member of staff told us that at the time of commencing a care package, people, their relatives or others acting on their behalf received to ensure they understood different aspects of the service. The guide contained information such as contact numbers for the service, information on the complaints process, safeguarding information, examples of the different documents used by staff and risk assessment examples. This ensured people had information that may be important to them when they needed it.

Staff spoke in a caring manner about people and demonstrated a good knowledge of the people they cared for. Staff told us the service tried, if possible, to ensure they [staff] cared for the same people on a regular basis. This was to allow staff to understand the people they cared for and enable them to form a good relationship with people. Staff we spoke with told us that they had the opportunity to get to know people well and that they had sufficient time to travel between appointments so they could spend the allocated time with people. The staff felt they had sufficient time to meet people's needs and that on the whole care appointments were not rushed. They told us this enabled them to provide care for people that met all of their assessed needs.

Some people's care records communicated information to staff on how to provide care to people in the most kind and compassionate way. For example, where it was identified people had communication difficulties, guidance for staff on how to avoid causing undue distress was recorded. Within one person's care records it showed the person could not communicate verbally with staff. The recorded guidance for staff showed they should continually engage with the person when supporting them, to constantly maintain eye contact and communicate in a quiet manner. It showed that staff should allow sufficient time after speaking for the person to process what the staff were saying to ensure they understood. The demonstrated the service had taken steps to get to know people and deliver care in the best way possible whilst meeting their needs.

The provider maintained a log of compliments received from people. The compliments log at the service contained both written compliments and recorded compliments that had been received from people during quality assurance checks on the telephone. There were multiple compliments within the log and we recorded some that had been recently received. The first record said, "Mum and I would like to thank you all for the care and kindness you gave her." Another read, "Thank you all for your kindness and support over the last few years." A final compliment from a person's relative commented, "They [staff] were professional and kind and we certainly could not have coped without their help."

Good

Is the service responsive?

Our findings

People felt the service was responsive to their needs and no concerns were raised. People felt they received the care in line with their assessed needs when they needed it. All of the people spoken with were complimentary about the service and some described the service as "Fantastic." Another person we spoke with said they, "Can't find fault" with the service and another person praised the service highly and told us, "I couldn't do without them."

Care records demonstrated the care and support people received from the service was personalised. We saw within records that people, their relatives or representatives were involved in care planning and reviews. Records contained detailed information about the level of support people needed during different appointments. For example, they showed how many appointments the person received daily, the level of support they required and how staff met the individual needs of the person.

Examples within people's care showed how staff met people's needs in a personalised way. For example, within one person's records it showed the person's likes and dislikes for food choices, how the person preferred to dine and showed that they liked staff to join them for a meal. Other examples showed how a person liked a kettle to be full when staff left the care appointment to ensure person had sufficient hot water until their next appointment. One record showed a person liked a specific drink first thing in the morning and a specific type of breakfast of their choice. This demonstrated the service had systems to deliver personalised care to people in line with their needs and preferences.

People's care needs were regularly reviewed. A senior member of staff at the service told us that people's care needs were reviewed every six months or when a change in their needs was identified. We observed within people's records that reviews had been completed when required and appropriate records were maintained to support this. We saw examples of how the service had been responsive to people's needs within the care reviews.

Within one person's records we saw that the person's care needs had been reviewed on four separate occasions in four months. This had been for a variety of reasons such as following a significant medical episode, a change in the person's needs identified by staff and a review was completed following input from a healthcare professional. This showed the service monitored people's care needs to ensure they received the correct level of care and support.

People felt they could raise any concerns or complaints. People were given a copy of the complaints procedure within their service user pack. The provider's complaints procedure detailed how a complaint would be dealt with, by whom and the timeframes in which people would receive a response. All of the people we spoke with did not raise any complaints about the service and all were satisfied with the service they received. We reviewed the complaints log at the service which showed seven complaints had been received in 2015. From reviewing the complaints log, all of the matters raised by people were dealt with by the registered manager or other senior member of staff at an early stage either in person or via the telephone.

The provider had a system to encourage feedback about the service and to ensure people's views and opinions were captured. A quality assurance system was in operation that encouraged people, their relatives or representatives to give their views of the service. A set quality assurance document was in use by the service that asked people for their views on matters such as if they were happy with the service, if there was anything they wish to change and if there was any other matters of importance they wished to raise.

A senior member of staff at the service told us these reviews were completed by office based staff and care staff should they have time available to do so when in the office. We reviewed a sample of the recent quality assurance reviews that showed people were happy with the service they received. A comment within one record said, "Very happy with the service, flexible and meets my needs." Another read, "Very happy, the staff are lovely." A final comment we recorded was, "Very happy with the service being provided." This showed the provider gave people a regular opportunity to comment on the service they received.

Good

Is the service well-led?

Our findings

No concerns were raised about the management of the service when we spoke with people. People had sufficient information to contact the senior staff at the service. People we spoke with commented positively that they were visited by the management or senior staff of the service.

Staff spoke very positively about the service and told us they were supported in their roles. Staff commented about the strong teamwork, support and communication they received at the service from the management and senior staff. All said they felt supported through their structured supervision and appraisal programme but told us support was available at any time should it be required. One member of staff said, “They are a good employer - it’s like winning the lottery working from Saint Monica.” Another member of staff said, “I really can’t complain, they look after you.” A further comment we received was, “I’m happy with my job, they are absolutely lovely to work for.”

The management and senior staff communicated with staff about the service. There was a staff communication book within the service and staff meetings were held monthly. Staff confirmed these meetings were held and told us they attended if they were able. The recent minutes from previous staff meetings showed that matters such as care record completion, travelling between care appointments, training, business growth and people’s care needs were discussed. The communication book showed that matters requiring the attention of staff sooner that the monthly meetings were highlighted. This included, for example, when people had passed away or records errors had been identified. This ensured staff were made aware of important matters at the earliest opportunity.

The provider had systems to monitor the quality of the service provided by the staff. We spoke with a senior member of staff at the service who explained that checks were made on staff that formed part of the staff member’s supervision process. These checks involved senior staff from the service attending a person’s house unannounced and monitoring the care provided by the staff member. During the check, a record was made of matters such as the staff members moving and handling ability, their competence with handling medicines and their communication skills and suitability. This check was then discussed at the staff member’s next supervision where good practice was highlighted and reflective learning was completed should areas of improvement be identified.

There were additional quality assurance systems that monitored the risks to people who use the service. A monthly medicines audit was competed that monitored the records completed by staff to ensure they were accurate. We saw that where errors were identified they were addressed with the staff member to drive improvement. An audit of people’s records was completed. This ensured that staff had completed people’s care records accurately and that all the information within the records was reflective of the person’s care needs. Audits of staff supervisions were completed to ensure that staff received the correct level of support.