

Bristol City Council

East Bristol Intermediate Care Centre

Inspection report

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Ratings

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Overall rating for this service	Inspected but not rated
Is the service safe?	Inspected but not rated

Summary of findings

Overall summary

East Bristol Intermediate Care Centre is service operated by Bristol City Council consisting of two teams. One team is registered to provide personal care and accommodation for up to 17 people who are receiving a reablement service. There were 12 people staying at the service during the inspection. The second team is registered to provide personal care to people who are receiving a rehabilitation and reablement service in their own homes. The client group changes frequently as both teams offer a short term service over a six week period. Both managers for these services facilitated this inspection.

We found the following examples of good practice

We spoke with people and asked them if they felt safe whilst using the services. Comments included, "We are absolutely, 100 per cent in safe hands", "I cannot fault them, they follow everything they have been taught", "They are good company for me, and they always wear masks and gloves", "Everything is spot on" and "They are caring compassionate staff, they have done a remarkable job".

On our arrival to the centre we were greeted by a member of staff and asked to provide our Covid Pass to show our vaccination status and evidence that we had completed a Lateral Flow Test (LFT). All visitors provided contact details to support the track and trace system. Vaccination status was checked for all contractors and health and social care professionals in line with legislation that had come into effect in November 2021.

The emotional wellbeing of people and their families had been supported throughout the pandemic. All visiting arrangements at the centre followed government guidance and these were adjusted dependent on whether there was an outbreak. In the event of an outbreak the manager had ensured people had access to a nominated Essential Care Giver (ECG). This was usually a family member, but an alternative significant other would be nominated for those who did not have family. Enhanced risk assessments ensured this was managed safely and that all relevant testing and the use of PPE was maintained at all times. End of life visits had also been supported and respected so that people could spend time with those people who were important to them.

Staff welfare and mental health was paramount in ensuring they received the kindness and support they required as individuals, so that they felt valued. Staff recognised their responsibility to protect the people they cared for and how crucial it was that when they were not at work, they respected and followed government guidelines to reduce their own exposure to risks. The managers spoke with us about the continued commitment and team work. Staff had access to occupational health and an employee assistant programme. They had a health and well-being plan and where necessary a risk assessment and support plan to help protect them. There was a learning programme which helped staff practice, relaxation and breathing techniques. Celebrating success and recognising staff commitment was evident. Staff often wrote messages to each other thanking them, we were told this had been a positive initiative to increase morale. Comments included, "Thank you for your energy, passion, enthusiasm, hard work and knowledge, your support is endless, "For always being cheerful and lovely to work with and for making me laugh when I feel

down" and "Thank you for being a lovely lady and keeping the cogs turning single handedly in the background".

The centre was clean and there were good systems in place to ensure cleaning schedules were completed and that enhanced cleaning took place for regular touch points. We met two domestic staff during our visit, and we remarked on the cleanliness. They clearly worked hard to maintain the standards required.

The providers workforce contingency plan had ensured people's safety and quality of care had not been compromised. People continued to receive prompt medical attention when they became unwell and relationships with health professionals remained strong. When people were admitted to the centre, risk assessments were completed, and people isolated in line with current guidance. Social distancing was encouraged throughout the centre. Where this was not achievable, staff were aware of the need for enhanced cleaning of frequently touched surfaces and people were supported to wash their hands regularly.

Audits were undertaken for both services, and actions would be taken to ensure improvements were made if necessary. Staff had received IPC training and regular updates were provided. Spot checks in the community took place to check staff understanding and compliance with the use of PPE and infection prevention and control practices. There was effective, supportive communication between the provider, managers, staff, people using the services 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?	Inspected but not rated

Further information is in the detailed findings below



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 is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

As part of CQC's response to care homes with outbreaks of COVID-19, we are conducting reviews to ensure that the Infection Prevention and Control (IPC) practice is safe and that services are compliant with IPC measures. This was a targeted inspection looking at the IPC practices the provider has in place. We also asked the provider about any staffing pressures the service was experiencing and whether this was having an impact on the service.

This inspection took place on 3 February 2022 and was announced. We gave the service short notice of the inspection to ensure a manager was available.

Inspected but not rated

Is the service safe?

Our findings

Staffing

• The provider told us they had measures in place to mitigate the risks associated with COVID-19 related staff pressures

How well are people protected by the prevention and control of infection?

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The provider was facilitating visits for people living in the home in accordance with the current guidance.

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency.

• The Government has announced its intention to change the legal requirement for vaccination in care homes, but the service was meeting the current requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.