

Guinness Care and Support Limited







Home Care Bristol

Inspection report

Southlands
Broadfield Road
Bristol
BS4 2UG
Tel: 0117 971 990
Website: www.guinnesspartnership.com

Date of inspection visit: 23 and 24 April 2015
Date of publication: 15/06/2015

Ratings

Overall rating for this service	Good	
Is the service safe?	Good	
Is the service effective?	Good	
Is the service caring?	Outstanding	
Is the service responsive?	Good	
Is the service well-led?	Good	

Overall summary

Home Care Bristol (part of the Guinness Care and Support group) is a domiciliary care agency that provides care and support to people in their own homes.

The inspection was announced. We gave the provider 48 hours notice of the inspection. We did this to ensure staff would be available at the service. At the time of the inspection the service was providing personal care to 39 people.

There was a registered manager in post at the service. 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. 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.

At the time of the inspection the service employed, a registered manager, a team manager, three senior enablers, 18 enablers and an administrator. The registered manager told us Guinness Care and Support used the job title enabler because it underlined the

Summary of findings

importance of enabling people who use the service to be as independent as possible. We found that people referred to staff as care staff rather than enablers. For this reason we have referred to enablers as care staff and senior enablers as senior care staff throughout our report.

People received care and support from care staff they felt safe with. People were safe because care staff understood their role and responsibilities to keep them safe from harm. Care staff knew how to raise any safeguarding concerns. Risks were assessed and individual plans put in place to protect people from harm. There were enough skilled and experienced care staff to meet people's needs. The provider carried out employment checks on care staff before they worked with people to assess their suitability.

The service was effective because staff had been trained to meet people's needs. Staff received supervision and appraisal aimed at improving the care and support they provided. People were supported to maintain their independence. Staff understood their roles and responsibilities in supporting people to make their own choices and decisions.

People received a caring and compassionate service. Care staff took time to listen and talk to people, they were described as going "above and beyond" what would be expected. People were treated with dignity and respect. People were involved in planning the care and support they received. Staff protected people's confidentiality and need for privacy.

The service responded to people's needs and the care and support provided was personalised. Staff providing care and support were familiar to people and knew them well. The provider encouraged people to provide feedback on the service received. The service made changes in response to people's views and opinions.

People received a service that was well-led because the registered manager and other senior staff provided good leadership and management. The vision and values of the service were communicated and understood by staff. Staff understood their roles and responsibilities. The quality of service people received was continually monitored and any areas needing improvement identified and addressed.

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?

The service was safe.

People received care from staff they felt safe with. People were safe from harm because staff were aware of their responsibilities to report any concerns.

People were kept safe and risks were well managed.

Recruitment checks were carried out to ensure people received care from suitable staff.

Medicines were well managed with people receiving their medicines as prescribed.

Good



Is the service effective?

The service was effective.

People were cared for by staff who had received sufficient training to meet their individual needs.

The registered manager had a good understanding of the Mental Capacity Act 2005 (MCA). Staff promoted and respected people's choices and decisions.

People were cared for by staff who received regular and effective support and supervision.

Good



Is the service caring?

The service was caring.

People received care and support from staff who were caring and compassionate and often went "above and beyond".

Staff provided the care and support people needed and treated people with dignity and respect.

People's views were actively sought and they were involved in making decisions about their care and support

People's confidentiality and need for privacy was respected.

Outstanding



Is the service responsive?

The service was responsive.

People's needs were at the centre of the service provided with staff knowing each person's likes and dislikes.

The service made changes to people's care and support in response to requests and feedback received.

The service listened to comments and complaints and made changes as a result.

Good



Is the service well-led?

The service was well-led.

Good



Summary of findings

The vision and values of the service were clearly communicated and understood by staff.

The registered manager and provider were well respected and provided effective leadership.

Quality monitoring systems were used to further improve the service provided.

Home Care Bristol

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, and to provide a rating for the service under the Care Act 2014.

We last inspected this service on 30 December 2013 to follow up on areas of concern we had identified during an inspection carried out on 9 October 2013. At our visit on 30 December 2013 we found the service had addressed those concerns.

This inspection was carried out by two adult social care inspectors, who visited on 23 and 24 April 2015.

We used a variety of methods to obtain feedback from those with knowledge and experience of the service.

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 reviewed the Provider Information Record (PIR) before the inspection.

The PIR was information given to us by the provider. This is a form that asks the provider to give some key information about the service, tells us what the service does well and the improvements they plan to make.

Before the inspection date we sent questionnaires to 27 people using the service, 27 relatives and friends of people using the service, 21 members of staff and 2 community healthcare professionals. We received responses from nine people using the service, six members of staff and one relative. We reviewed the information we were given.

The provider asked people if they were willing to speak to us prior to our visit. During the inspection we visited five people in their own homes. We spoke to these people about the service they received and were also able to speak with a friend of a person receiving the service. We talked with two relatives by telephone. We talked with three care staff, two senior care staff, the team manager and the registered manager.

We looked at the care records of six people, the recruitment and personnel records of three staff, training records for all staff, staff duty rotas and other records relating to the management of the service. We looked at a range of policies and procedures including, safeguarding, whistleblowing, complaints, mental capacity, recruitment, confidentiality, accidents and incidents and equality and diversity.

Is the service safe?

Our findings

People told us they felt safe. One person said, “I feel safe because I know that whatever my carers do for me I will be OK”. Another person said, “I feel very safe with my carer because she knows me very well”. A third person told us, “I feel very safe with my carer because they have been doing the job for 17 years”.

Care was provided at the time identified in people’s care records. This was important to people and contributed to them feeling safe and secure. One person said, “My rota tells me when the carers are coming and they usually arrive at that time”. Another person said, “Staff are very good at checking in and out with their phones, so the company can keep a record too”. Another person told us, “Just lately they have been very good at arriving on time, but it was not always as good”.

We saw daily records which showed that staff arrived within five minutes of their scheduled time. Staff said they always tried to contact people if they were going to be late. They said they tried to avoid being late arriving at people’s homes but found that at times it was unavoidable due to traffic or unforeseen events. Care staff had all been provided with mobile ‘phones which were programmed with details of their calls and contact details for each person. One staff member said, “If I’m going to be more than five minutes late I call the person to let them know or if that’s not possible I’ll get the office to do it”. Another staff member told us of an occasion where they needed to stay with someone who was unwell. They said, “I contacted the office and they arranged for someone else to attend my next call”. A relative said, “If the staff are going to be late, they ring and let us know”.

Staff knew about the different types of abuse and what action to take when abuse was suspected. Staff described the action they would take if they thought people were at risk of abuse, or being abused. They were also able to give us examples of the sort of things that may give rise to concerns of abuse. There was a safeguarding procedure for staff to follow with contact information for the local authority safeguarding team. The staff knew about ‘whistle blowing’ to alert senior management about poor practice. The service had raised three safeguarding alerts in the 12 months leading up to our visit. Each had been managed

appropriately with the provider taking action to keep people safe. Of the people who responded to questionnaires, 100% said they felt safe from abuse or harm by care staff.

A range of risk assessments were in place. These covered areas of daily living and activities the person took part in, encouraging them to be as independent as possible. For example, risk assessments were in place for assistance with moving and handling people. Staff told us they had access to risk assessments in people’s care records and ensured they used them. Each person’s care records contained an environmental risk assessment. This showed the provider had considered factors to keep people safe within their homes. For example risks that might result in a fall, such as, uneven flooring or ill-fitting rugs. The provider investigated accidents and incidents. This included looking at why the incident had occurred and identifying any action that could be taken to keep people safe.

People were protected from the recruitment of unsuitable staff. Recruitment records contained the relevant checks. These checks included a Disclosure and Barring Service (DBS) check. A DBS check allows employers to check whether the applicant has any past convictions that may prevent them from working with vulnerable people. References were obtained from previous employers. Recruitment procedures were understood and followed by staff; this meant people using the service were not put at unnecessary risk.

People were supported by sufficient staff with the appropriate skills, experience and knowledge to meet their needs. People told us they received care and support from staff they knew. People told us they were happy with the staff providing care and support. One person said, “I have the same carer who cares for me all the time. This means that they know where everything is”. Another person said, “I have the same carer all the time, she is very easy to get on with”. Another person said, “I get five different carers, but they all know me well and are very good, so I like the change”.

There were clear policies and procedures for the safe handling and administration of medicines. Medication administration records demonstrated people’s medicines were being managed safely. Where staff administered medicines to people they had signed to record they had been given. People received their medicines as prescribed. Staff administering medicines had been trained to do so.

Is the service safe?

Staff told us they had access to equipment they needed to prevent and control infection. They said this included protective gloves and aprons. Of the people who responded to questionnaires, 89% said their care staff do all they can to prevent and control infection. The provider

had an infection prevention and control policy. Staff had received training in infection control. One of the care staff said, "We are encouraged to use protective equipment and can always get more gloves and aprons if we need them".

Is the service effective?

Our findings

People said their needs were met. One person said, “My carer is very considerate and excellent, she knows just what to do”. Another person said, “The people that come here are dedicated to what they do, I cannot find fault with them at all”. A third person said, “I have found all the staff very skilled at providing my personal care but they were not so good at cooking meals”. This remark was in contrast to all other comments received and we fed this back to the manager at the end of the inspection. Responses we received from questionnaires were consistently positive. For example, 100% of people receiving a service who responded said they received care and support from familiar, consistent staff, who arrived on time. Relatives and friends who responded to questionnaires were also positive regarding the service, with 100% of respondents saying they would recommend the service to others.

Training records showed the provider ensured staff received a range of training to meet people’s needs. Training provided to staff included e-learning packages and face to face training and covered a range of topics. Staff told us they had received training to meet people’s needs. One staff member said, “This company have offered me good training since I joined. I feel prepared to work with people using the service”. Another said, “Guinness are really good at providing training, I especially enjoy the face to face training as I find that I learn better this way”.

Newly appointed staff completed their induction training. An induction checklist monitored staff had completed the necessary training to care for people safely. A senior member of care staff with responsibility for inducting new staff said, “On induction we go through policies, make sure staff understand people’s needs, then get them to shadow experienced staff”. One of the care staff who had recently started working for the service said, “After I’d shadowed another staff member, I still didn’t feel confident, so I asked to do more shadowing and they arranged this”.

The registered manager told us that staff were supported to complete health and social care diploma training. Training records showed most staff either held or were working towards their diploma. The registered manager was working towards a higher level leadership and management in health and social care diploma qualification. Health and social care diploma training is a

work based award that is achieved through assessment and training. To achieve an award, candidates must prove that they have the ability (competence) to carry out their job to the required standard.

Supervisions and spot checks were being used to improve performance. Staff records showed that supervision was held regularly with staff. Staff told us they found supervision helpful. One of the care staff said, “Supervision is very useful, it helps you to reflect and improve because criticism is constructive”. Records of staff supervision showed this process had been used to identify areas where staff performance needed to improve, with targets for improvement agreed with staff.

The provider had policies and procedures on the Mental Capacity Act 2005 (MCA). The MCA is legislation that provides a legal framework for acting and making decisions on behalf of adults who lack capacity to make some decisions. Information in people’s care records showed the service had assessed people in relation to their mental capacity. The registered manager and senior care staff had a good understanding of MCA and DoLS. Staff understood their responsibilities with respect to people’s choices. Staff were clear when people had the mental capacity to make their own decisions, and respected those decisions.

People had been involved in drawing up their plans of care and had given consent to the care they received. One person said, “I signed a consent form for my care, it is all in the agreement that we sign at the beginning”. Another person told us, “I agreed to the care, it is exactly what I want”. We saw in people’s care records consent forms signed by people who use the service.

People’s dietary needs were planned for as part of the care planning process. Care records showed that people’s needs regarding food and drink had been agreed with them. One person told us, “I need gluten free food, and the carers always know just what to give me”.

Health and social care professionals were consulted and their advice taken. One healthcare professional told us, “The manager and staff listen to advice and carry out instructions”. Records showed that care staff ensured people had access to health care professionals when needed. One person said, “My eye was very red recently and the carer got in touch with the district nurse for me and they came the same day”.



Is the service caring?

Our findings

People told us staff were caring. One person said, “The carers are always kind, helpful and willing to do something extra”. Another person said, “When my phone wouldn’t work, the carer noticed and the manager came round and sorted it out straight away. Later on the carer came round to see me in her own time to check that I was OK which I thought was very caring indeed”. The care worker involved with this person said, “It’s vital (Person’s name) has a working ‘phone as it links to the call pendant and is needed for emergencies, I checked to make sure everything was OK”. Of the people using the service who responded to questionnaires, 100% said their care staff were kind and caring. People received care, as much as possible, from the same familiar care staff. A relative we spoke to said, “All the care staff are good, but the main carer is excellent, she is caring, very skilled and a great communicator. She often goes above and beyond what would be expected”.

Care staff told us they felt it was important to make sure they had time to talk with people. One staff member said, “You need to make time to listen to people and make sure they don’t feel rushed”. Another said, “Guinness are compassionate and think of people”. People told us care staff ensured they had time to talk with them. Three different people said, “The carers always have time for a chat before they leave”. Care records completed by staff contained many entries with comments such as, ‘had a nice chat’ or ‘the person told me about their family’.

People were involved in planning their care and support. The service provided to people was based on their individual needs. Senior staff told us they took people’s wishes and needs into account and tried to be as flexible as possible in accommodating any changes to visit times. When planning the service the provider took account of the support the person required, the preferred time for calls and where possible the care staff they liked to be supported by. The views of the person receiving the service were respected and acted on. Senior staff said they matched the skills and characteristics of care staff to the person. Where appropriate family, friends or other representatives advocate on behalf of the person using the service and were involved in planning care delivery arrangements. One person told us, “I explained what I needed to the Council and Guinness Care and Support and

I was involved in drawing up the care plans”. Another person told us “My daughter was there when they came to sort out my care. We decided together that we were satisfied with what they offered us”.

Staff respected people’s privacy and maintained their dignity. Staff told us they gave people privacy to undertake aspects of their personal care but ensured they were close if help was needed. One person told us “My carers respect and understand me because they have got to know me very well”. Another person told us “my carer is very gentle and respectful”. Another person told us “I look forward to my carers coming every time”. Another person told us “my carers always ask if they can shower me and how I would like it done. It is not always the same because it depends how I feel”.

People told us they were supported to be as independent as possible. One person said, “My carers have helped me to become more independent because they help me to get ready to go out and be prepared for what I am going to do”. Another person told us, “I can now go shopping with my carer rather than them do it for me”. Another said, “I really appreciate the fact that my carers get me out of bed in the mornings, I feel much better after my shower and have got dressed. I have a new lease of life now”. A friend of a person using the service said, “It has made a great difference having carers because my friend has a good start to the morning”. Of the people who responded to questionnaires, 100% said the care and support they received helped them to be as independent as they could be.

People’s confidentiality was respected. One person told us, “I am sure that everything is kept confidential within the agency, of course carers and managers need to speak to each other because they need to know how to best care for me”. Staff told us confidentiality was important to people. One member of care staff said, “People need to know that private information will be kept confidential”.

People’s care records addressed equality and diversity. In one person’s care records we saw their culture and heritage had been recognised, along with their spiritual needs and dietary preferences. The staff member providing care for this person was able to tell us about their needs and why they were important to the person. Staff had received training on equality and diversity.

People told us they would recommend the service to others. Care staff spoke with pride about the service



Is the service caring?

provided. One staff member said, “I would recommend the service to anyone”. Relatives we spoke to said they would recommend the service. One relative said, “We have used other agencies. Guinness are by far the best and I’d recommend them to anyone”.

Throughout our inspection we were struck by the caring and compassionate approach of staff. We heard managers and senior staff answering the telephone to people using the service, relatives, staff and other professionals. They spoke to people in a clear, respectful and caring manner and ensured people’s needs came first. For example, a manager spoke with a staff member and agreed for one person’s support to be increased to ensure they had the

care they needed. Senior care staff and care staff were enthusiastic about their roles and spoke positively about the people they cared for. One member of care staff said, “I came into care to make a difference and feel that I can do that here”. A second said, “People I care for have told me Guinness is the best. They say we turn up when needed and we’re happy to do that little bit extra”. Another said, “I love my job. There is something about Guinness. (Manager’s name) and (Team Manager’s name) really care and are very supportive”. The registered manager and team manager said, “We think our staff go the extra mile to meet care for people” and, “The staff go above and beyond what we’re contracted to do”.

Is the service responsive?

Our findings

People said the service was responsive to their needs. One person said, “Sometimes I have to ‘phone to change the time my carer comes if I have a hospital appointment and they are very good at responding”. Another person said, “The staff listen to me and don’t do anything I don’t want them to do. They do their best to accommodate me”. Another person told us, “I tried two other carers who I didn’t like very much, so they changed them for my present carer who I like very much”. Care staff said the service was responsive to people’s needs.

People said they made choices and decisions regarding their care and support. One person said, “The manager came out and reviewed my care plan with me, so I know exactly what is in it”. Another person told us “I have changed the time of my care because I needed less help”. People had been involved in planning their care. Of the people who responded to questionnaires, 100% said they were involved in decision making regarding their care and support arrangements.

Care records were held at the agency office with a copy available in people’s homes. We viewed the care records of the people we visited. People’s needs were assessed and care plans completed to meet their needs. Staff said the care plans held in people’s homes contained the information needed to provide care and support. They said the registered manager and senior care staff took care to ensure any updated information was placed in care records in people’s homes and at the office. Care records were person centred and included information on people’s likes, dislikes, hobbies and interests. Staff told us this information meant they could get to know the person they were caring for.

The service provided was person centred and based on care plans agreed with people. Some people received assistance with personal care only, others with accessing their local communities and taking part in social activities. One person had been supported to find a job and were complementary of the support they had received from staff to do this. Another person was supported to regularly access community facilities as they were identified as being at risk of social isolation.

People said they felt able to raise any concerns they had with staff and that these were listened to.

One person told us “I know who to complain to. A year ago I wasn’t consulted about a change to my plan, but it is fixed now”. Another person told us “I have never had a reason to complain, but I am sure that if I ring the office they will listen to me”. Relatives told us they knew how to complain and were confident their concerns would be addressed. One relative said, “The office staff are lovely, if I wasn’t happy I’d contact them and I’m sure they’d put it right”.

A record of complaints was kept at the agency offices. We looked at the records of three complaints received in the 12 months before our visit. Each complaint had been appropriately investigated, with the outcome recorded and fed back to the complainant. The most recent complaint had resulted in care staff caring for one person being changed. The registered manager told us they valued comments and complaints and saw them as a way to improve the service provided to people. They said, “The most recent complaint resulted in us changing a person’s care staff”.

Care staff told us they were able to raise concerns with managers. One of the care staff said, “We are well supported and can raise any concerns we have”. Care staff were confident any concerns they expressed would be dealt with.

Is the service well-led?

Our findings

Throughout our inspection we found the registered manager and team manager demonstrated a commitment to providing effective leadership and management. They were keen to ensure a high quality service was provided, care staff were well supported and managed and the service promoted in the best possible light.

People told us they were cared for in a person centred manner. People received good care and support when they wanted it and were encouraged to be as independent as possible. This showed the vision and values of the service was being put into practice.

Staff we spoke to understood their roles and responsibilities. Staff spoke positively about the leadership and management of the service. They said the registered manager and team manager were approachable and could be contacted for advice at any time. One staff member said, "We can always contact a senior member of staff". The registered manager told us the service operated a 24 hour on call service, for staff to contact a senior person.

Regular staff meetings were held to keep staff up to date with changes and developments. We looked at the minutes of previous meetings and saw a range of areas were discussed. For example, a meeting held in March 2015 involved a discussion of the findings of the most recent quality audit. Staff told us they found these meetings useful. One member of care staff said, "Meetings are useful, we can check out our understanding of things and bring up anything we want".

The registered manager knew when notification forms had to be submitted to CQC. These notifications inform CQC of events happening in the service. CQC had received appropriate notifications from the service. Accidents, incidents and complaints or safeguarding alerts were reported by the service. The manager investigated accidents, incidents and complaints. This meant the service was able to learn from such events.

The policies and procedures we looked at were regularly reviewed. Staff we spoke to knew how to access these policies and procedures. This meant clear advice and guidance was available to staff.

Systems were in place to check on the standards within the service. These included a monthly care quality audit, an annual quality audit and an annual satisfaction service carried out by an independent organisation.

The most recent monthly audit had been carried out on 5 March 2015. The audit had been completed by a senior manager with responsibility for completing these checks. The audit was thorough and asked the five key questions of; is it safe, is it effective, is it caring, is it responsive and is it well-led. The audit report identified actions to be taken and we saw these had either been completed or were in the process of being rectified. For example, the need for a person to have the office number programmed into their 'phone had been identified. This had been done.

The annual quality audit had been completed in March 2015 and covered the previous 12 months. This had also been carried out by a senior manager from elsewhere in the organisation. The report was very positive and identified many areas of good practice. The report summarised the findings of the satisfaction survey carried out in March 2015. Feedback received had been acted upon. For example, one person had commented they had received care and support from ten different staff over the Christmas and new year period. The team manager said they had planned for a small team of consistent staff to provide care and followed up with the person to check if they were satisfied with the action taken.

The registered manager told us the findings of these audits and other feedback they received were included in a service development plan which they used to guide the direction of the service.

The provider had health and safety policies and procedures in place. Health and safety was seen as a priority by the registered manager. Care staff had contributed to an individual risk assessment to assess the risks in them working alone. Individual arrangements had been put in place, including carrying a personal alarm and a buddying system to alert the on call manager if a staff member's whereabouts were unknown.