

Care Unite Ltd

# Home Instead Bristol East

## Inspection report

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25 May 2021

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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

### About the service

Home Instead Bristol East are a domiciliary care agency (DCA). The service provides personal care to people living in their own houses and flats in the community. At the time of our inspection the service supported 20 people with the regulated activity of personal care. People had a range of health needs with some people living with the experience of dementia.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

### People's experience of using this service and what we found

People spoke positively about the service they were receiving from Home Instead Bristol East. People were involved in making decisions about their care and told us they felt safe whilst receiving care and support. They told us the care staff known as care givers were kind and caring.

Care givers knew how to keep people safe and free from avoidable harm. Risk assessments were in place. Care givers knew what to report to the office to ensure people were safe. Policies and procedures were in place on keeping people safe, which included the reporting of allegations of abuse.

People received support from a consistent team of staff that knew them well. Visits were completed at the time agreed and for the full amount of time. Care givers had been through a thorough recruitment process and received the training and the support they needed to support people safely and effectively. This included infection control training to keep people and themselves safe in relation to the pandemic.

People were encouraged to maintain a healthy balanced diet and they had access to health care professionals when they needed them. Where people's needs had changed appropriate referrals had been made to other health and social care professionals.

Systems were in place to monitor the quality and safety of the service and make improvements. This included seeking the views of the people who use the service. Care givers felt supported by the provider and the management team.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection (and update)

This service was registered with us on 20/02/2020 and this is the first inspection.

### Why we inspected

This was a planned inspection.

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

# Home Instead Bristol East

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

This inspection was carried out by one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

A new manager had started in post two weeks prior to the inspection and was planning to submit an application to register with the Care Quality Commission. This will mean that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider and the care manager would be in the office to support the inspection.

Inspection activity started on 19 May 2021 and ended on 25 May 2020. We visited the office location on 19 and 25 May 2021.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this

report. We used all of this information to plan our inspection.

#### During the inspection

During the office site visit we looked at records, which included three people's care and medicines records. We checked recruitment, training and supervision records for three care givers. We also looked at a range of records about how the service was managed. We spoke with the provider, the care manager, and two office administrators responsible for the recruitment and the scheduling of client visits.

#### After the inspection

We telephoned four people using the service and, five relatives about their experience of using the service. We spoke with six care givers on their experience of working for the agency. We also emailed two external health and social care professionals who responded and gave us their views about the service. We continued to seek clarification from the provider to validate evidence found such as requesting further information about training, quality assurance and safeguarding procedures.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to protect people from abuse. People told us they felt safe when being supported and had a consistent team of care givers that they had got to know well.
- Care givers had received safeguarding training and knew what they had to do to keep people safe.
- Care givers were clear their role was to report to the office. Three care givers were not aware of the lead role of the local authority in the protection of vulnerable adults. This was fed back to the provider.
- The provider provided us with copies of the staff handbook and leaflets that were available to care givers, which included the external agencies they could contact. Guidance on how to raise a safeguarding concern was displayed in the office.

Assessing risk, safety monitoring and management

- Risks to people were identified and managed so that people were safe. Individual risk assessments were completed which included the environment, moving and handling and health conditions. Risk assessments included information to reduce the level of risks to people.
- Moving and handling training was provided to care givers as part of their induction. Where people's needs had changed guidance had been sought from other health and social care professionals to ensure appropriate aids and adaptations were in place to keep the person and care givers safe.
- When people's needs changed, care givers were kept up to date. A care giver said, "We have an app on our phone which has all the care plans and risk assessments. We are told when anything has changed". They told us they also had a WhatsApp group for each person, which also provided updates, which only the team working with that person could see.
- The senior management team provided an on-call service. This was to support care givers when the office was closed in the event of concerns or in the event of an emergency.

Staffing and recruitment

- People were protected against the employment of unsuitable staff as the provider followed safe recruitment practices.
- The provider told us they would not commence any new packages of care, if there were not sufficient staff to support. Recruitment was ongoing to meet the needs of both the existing and new packages of care.
- People were supported by consistent staff. People told us they had not experienced any missed visits and care givers arrived on time and stayed for the full duration of the visit.
- People knew each week who was visiting them. A relative said, "A rota is posted to us each week, telling us who will be visiting, and we are also informed if there is a change to the rota".

- The provider used an electronic monitoring system to allocate care givers to support people. This system was monitored daily by office staff to ensure people received their support on time and alerted the office staff if there was a late or missed call.

#### Using medicines safely

- People's medicines were managed safely. A person told us they were happy with the way care givers supported them with their medicines telling us, "The girls know when I need more, and they just sort it out for me". They told us the care givers liaised with the pharmacy and the GP to ensure they had their medicines.
- The support people needed in relation to medicines was clearly recorded within the person's care plan. Medication administration records were checked for any gaps and errors. Systems were in place to ensure medication records were updated if there were any changes to the person's prescription.
- Care givers were trained to administer medicines, including observations (spot checks), to ensure people were supported safely.

#### Preventing and controlling infection

- We were assured that the provider was using personal protective equipment (PPE) effectively and safely. Care givers confirmed they had access to sufficient PPE they required and had received infection control training.
- The provider had updated the COVID risk assessments/policy and provided regular updates to all care givers as guidance changed.
- We were assured that the provider was accessing routine testing for care givers in line with government guidance and for the people they supported when showing symptoms.

#### Learning lessons when things go wrong

- Systems were in place to report and record any accidents, incidents and near misses. Any changes needed to people's care was implemented and communicated with staff. There had been very few accidents or incidents.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People and relatives, if appropriate, were involved in the assessment process. People's needs were assessed prior to receiving a service to ensure care givers could meet those needs.
- The agency only took on new packages of care, when they had undertaken a thorough assessment and were confident, they had staff with the right skills to provide the person with the care they needed.
- Care givers completed a 'This is me' document, which enabled care givers to be matched to people with similar interests. People spoke positively about their care givers having the right attributes, personalities and skills to support them.
- New staff were introduced to people either by the care manager or their regular care giver.

Staff support: induction, training, skills and experience

- Newly recruited staff received a comprehensive induction that included shadowing experienced care givers to learn about their role in supporting people and to ensure they were competent in completing care duties safely.
- Care givers spoke extremely positively about the support they received from the previous registered manager, the provider and from their colleagues especially where they were new to care during their induction.
- The provider used the national Skills for Care Certificate, a set of minimum standards that should be covered as part of induction training of new care workers. There was also training specific to the needs of the people they were supporting such as supporting people with dementia, end of life care, stoma care and catheter care.
- There was a training plan in place to ensure care givers completed their mandatory training. The provider said they were aware of some gaps in training and this was being explored with care givers to ensure all their e-learning training was being completed. The provider told us that some of the training had been completed as part of the induction.
- Care givers spoke positively about the support that was in place from the previous registered manager and the new manager. The COVID-19 pandemic had meant that there was limited face to face meetings. However, care givers had received regular supervision and annual appraisals. The provider had introduced weekly calls to care givers to reduce isolation and to help them to feel more connected with the office.
- A health professional told us, "The staff appear to be well trained and competent in their skills. People told us they had confidence in their care givers and a relative said, "Definitely have the skills".

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they were supported to eat and drink enough to maintain their health and well-being. One person said, "The girls get my breakfast and lunch. I decide what I will have". A relative said, "One of the girls cooked us Chinese food the other day, which was lovely". Another person described to us how the care givers had encouraged them to eat and now they were getting better they did not want to stop the service because they were now eating so well.
- People's support plans contained information about their dietary needs and preferences. Care givers monitored people's food and fluid intake where required to ensure people ate and drank enough to maintain a balanced and healthy diet.

Staff working with other agencies to provide consistent, effective, timely care and Supporting people to live healthier lives, access healthcare services and support

- Care givers worked closely with health care professionals and kept them informed about people's progress and any changes in their wellbeing. For example, a care giver had contacted the dentist when they noticed a person was on blood thinning medication to ensure they could continue with the treatment.
- Feedback from professionals was positive confirming referrals were made appropriately as people's needs changed.
- People were supported to access healthcare services and worked in partnership with other health and social care professionals such as district nurses and GPs.
- Where people needed support to attend health care appointments such as their COVID vaccination care givers supported them to attend.
- Care givers had also recently supported a person in hospital as their family did not live locally providing them with a familiar face and provide reassurance to the family.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Care givers had completed training in the MCA and DOL's as part of their induction. Further e-learning could be completed as part of a refresher. Staff understood the principles of the Mental Capacity Act 2005 (MCA).
- Care givers were clear that people should be involved in making decisions about their care and where they lacked capacity the involvement of their representative to ensure decisions were made in the person's best interest.
- The principles of the Mental Capacity Act 2005 (MCA) had been followed regarding obtaining consent to care. Where people held a Lasting Power of Attorney copies of these documents were retained within the

care plan.

- It was evident there was a culture where people were involved in their care, and care was delivered in a way the person wanted. People had been consulted on who they wanted to view their care information through the electronic care planning application, consent to photographs and support with medicines and personal care.
- People told us care givers always asked for their consent and agreement before providing any support.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- The ethos of the service was to provide flexible, individualised and person-centred care to people. There was an emphasis on encouraging people to maintain their independence enabling them to live in their own home.
- People were treated with respect and supported in the way that they wanted. Feedback from people and relatives was positive about the care givers that supported them. Comments included, "All are lovely, friendly and I am really pleased", and "Lovely girls, very happy and I have no complaints".
- Relatives told us they were very happy with the way care givers supported their family members. Comments included, "Mum did not want care, but now looks forward to the visits. The carers are more like a friend and they chat about things mum is interested in" and "lovely attitude all of them".
- Care givers talked about people in a very person-centred way. They said because they supported the same people regularly, they had got to know people really well. Information was available to care givers on people's preferences, religious and cultural beliefs.
- People told us the care givers always asked them if there was anything else they could do before they left. Comments included, "Nothing is too much trouble" and "Happy with what I am getting, I only need to ask".

Supporting people to express their views and be involved in making decisions about their care

- People were very much part of the service. Their views on what they needed and wanted were asked prior to setting up a service and followed up at subsequent reviews. This included what people's interests were, which helped when matching them with the right care giver. A person said, "What they said they would do, they are doing. Cannot fault them".
- A relative told us, "Really good, they ask rather than tell us what we want, they listen and work with us as a family, which includes involving my parents".
- Regular care reviews were taking place seeking the views of the person and their family. After the initial visit a person from the office contacted the person and/or their relative, then again after two weeks and then every three months thereafter. People confirmed that the reviews had taken place and some instances changes had been implemented such as timings or an increase in the frequency of the visits.
- A relative told us in response to one of the care reviews there was an increase in the team that supported their mum. This was because at first there was a reluctance for any care support but as the person's confidence and trust grew with their initial care giver other care givers were slowly introduced on their request. This also meant that if one of care givers was not available another care giver could support that knew the person well.

## Respecting and promoting people's privacy, dignity and independence

- People's right to privacy was promoted. People were asked whether they wanted their relatives to have access to the electronic care planning application. Relatives spoke positively about having information in real time so they could respond to any concerns. One relative said, "I have the electronic care planning application, but I do not feel need to check, X (name of person) is happy with the care team.
- Care documentation included what the person could do for themselves and where they may need support. One person said, "The staff help with the bits I cannot do but allow me to do what I can". A relative told us how they loved one only showered when the care givers were present because of confidence and the risks of falls. They told us the care givers remained outside of the bathroom in close proximity. This was to promote the person's independence and the right to privacy.

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care was planned and kept under review. There was clear guidance on what support each person needed when care givers visited. This was person centred and evident that people had been consulted as each person's plan was unique to them on how they wanted to be supported.
- The service was extremely responsive. A relative told us when their family member had been discharged from hospital, Home Instead had arranged a 24-hour support package for a short period enabling them to return home. They praised the service provided to their relative and the progress they had made since returning from hospital enabling them to continue to live at home.
- On the day of the inspection an emergency referral had been received requesting support to a person who needed 24-hour care whilst their partner was in hospital. The care manager completed an assessment of need and had arranged for it to start that evening for the duration of the hospital admission.
- People and their relatives confirmed care was kept under review to ensure it was suitable and met their needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans contained information about people's communication needs such as any aids they needed such as glasses or hearing aids and how care givers could best support the person to communicate.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us they had good relationships with the care givers that supported them, and this had helped them feel less isolated. One person said, "Been a difficult year(pandemic), I look forward to the girls visiting." A relative said, "It's been good for mum, as she is sociable, and I know they have lots of interesting chats".
- Care records included information about people's life history, hobbies and interests. This helped the care givers build relationships with the people they were supporting.
- There were lots of examples where care givers and the senior management team had supported people during the pandemic. For example, picking up some candles from the local church for one person, to picking up shopping prior to the visit, collecting prescriptions or getting weekly fish and chips for people.

- Moving forward the provider told us they were organising a film club for people using Home Instead and the wider community in the local village hall which would enable people to meet new people and make new friendships. People had been told about this in a recent newsletter.

#### Improving care quality in response to complaints or concerns

- The provider had a policy for the management of complaints. This included timescales for a response. Information about how to make a complaint was given to people when they started using the service.
- The provider told us there had not been any formal complaints from people using the service since the service was registered with CQC in February 2020.
- People were confident that if they did have any concerns, they would be listened to and action would be taken to address their concerns.

#### End of life care and support

- At the time of our inspection the service was not providing anyone with end of life care.
- Training on end of life was available to care givers. The service had received compliments about how they had supported a person at the end of their life from a relative.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider, the care manager and the staff were motivated and committed to providing person-centred care. The provider was passionate about providing individualised care to people based on their wishes and delivered flexibly to suit the person enabling them to remain in their own home.
- People and relatives were full of praise for the care givers that supported them. Comments included, "Came up trumps when we found this agency", and "I look forward to the girls visiting me, more like friends" and "Really good, great and enabled X to live at home. Flexible service managed to put in 24-hour care at very short notice".
- A relative described how service took the time to get to know them when they first started with Home Instead. They said X (the care manager) visited us and spent ages finding out about what we wanted and my parent's interests". They told us, "It's been absolutely brilliant. We have three different carers, and all have bonded". They told us it had been a positive experience especially as their parents were reluctant to have care and now, they have trust in the service being provided".
- Feedback from health care professionals was positive in respect of the person-centred approach. One professional said, 'From my experience I feel Home Instead have been great'. They continued by saying that 'the person was doing well and they did not have anything negative or improvements to report'

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had a clear understanding of their responsibilities under duty of candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidance providers must follow if things go wrong with care and treatment.
- The provider understood their responsibilities under the Health and Social Care Act 2008 and were aware of their legal obligation to send us notifications, without delay, of events or incidents that affected people they supported.
- Care givers knew how to raise concerns and would have no hesitation in contacting the office where they had any concerns.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Systems were in place to continually monitor the provision of care provided to people. This included regular care reviews, the checking of care documentation and people's views sought via an annual survey. The care manager completed weekly reports on business activity.
- Systems were in place to ensure care givers completed their visits in a timely manner. Real time information was provided to the office, the person and their relatives where relevant. An alert would inform the office of a late or missed call to enable them to continually monitor service delivery.
- Care givers completed electronic records of visits, which could be viewed in real time to ensure all care had been delivered in line with the person's care plan. This enabled the office staff to continually monitor care delivery.
- A relative said electronic records had been extremely useful when liaising with the GP because of the detailed records and provided them with assurances as they could see what care had been delivered.
- People, their relatives and care givers were aware of the appointment of the new care manager. The new care manager told us they were visiting everyone using the service so they could get to know people. People and relatives confirmed these visits had taken place. The care manager was in the process of registering with the Care Quality Commission.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives told us they were very much involved and engaged in the planning of the care delivery. There was a robust process of mapping client to care giver so people could get the best out of the visits.
- Care givers were encouraged to engage and be involved in the management of the service and make suggestions about people's care. This was facilitated through supervisions and regular phone contact.
- The provider said face to face contact with care givers had been more difficult with COVID and the restrictions in place. This had not had an impact as care givers told us they had felt supported during the pandemic. Zoom Calls and weekly telephone calls with staff had continued throughout.

Continuous learning and improving care

- The provider ensured there was continuous learning and systems to improve care. Care givers spoke positively about the provider and the management of the service. They told us they were well supported, offered ongoing training and were able to approach the provider/manager and office staff at any time.
- A member of staff said they had recently had an annual appraisal and were confident they would get some additional training on catheter care they wanted to build on the basic training they had completed so they could support their client better.
- The exiting registered manager had a strong role in providing training to care givers having completed courses on various topics such as train the trainer in moving and handling and safeguarding. The provider told us they were planning for the new manager to complete similar training. In the interim they were working closely with another Home Instead branch to ensure training continued in topics such as moving and handling.
- The provider told us to encourage staff to complete the Care Certificate they had introduced an incentive with a bonus paid to the care giver on completion.
- Care givers could also be nominated for carer of the month and year.

Working in partnership with others

- The provider worked with other health and social professionals. The provider told us they regularly attended provider forums run by the local authority where they learned about and shared good practice. These had been held virtually during the pandemic.
- The provider spoke highly of the support from the National office of Home Instead and the support they

had been given during the pandemic. They had also built links with another local franchise of Home Instead to help them and support them build and develop their business.

- The provider told us they had attended an annual National conference with Home Instead, which enabled them to link with other agencies and registered managers. All office staff were offered the opportunity to attend.
- Care givers worked alongside and in partnership with other agencies including personal assistants/live in carers to offer them breaks or to provide a double up where a person needed two staff.