

Bristol Quality Care Limited

Right at Home (Bristol East)

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

Right at Home (Bristol East) 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 10 people.

There was no 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. The provider had informed CQC when the previous registered manager left. They had appointed an interim manager who had applied to CQC to become registered manager.

Summary of findings

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.

People were safe because staff understood their role and responsibilities to keep people safe from harm. They knew how to raise any safeguarding concerns. Accidents and incidents affecting people were closely monitored and appropriate action taken to reduce the likelihood of a reoccurrence. People were supported to take appropriate risks and promote their independence. Risks were assessed and individual plans put in place to protect people from harm. There were enough skilled and experienced staff to meet people's needs. Staff underwent employment checks before working 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 service because staff treated people with dignity and respect. People were actively involved in planning the care and support they received.

The service was responsive because the care and support provided was personalised. People and their relatives were appreciative of staff adapting the care and support to meet their requirements. Staff providing care and support were familiar to people and knew them well. The service made changes in response to people's views and opinions.

People received a service that was well led because the interim manager, provider and senior staff provided good leadership and management. The values, vision and culture of the service was clearly communicated. 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 were safe from harm because staff were aware of their responsibilities to report any concerns.

People received care from staff they felt safe with. Staff recruitment procedures ensured unsuitable staff were not employed.

People were kept safe and risks were well managed.

Medicines were well managed and people received 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 provider and manager had a good understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The service promoted and respected people's choices and decisions.

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

People were supported to maintain their independence.

Good



Is the service caring?

The service was caring.

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.

Good



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.

There was a person centred culture at the service that promoted people's independence.

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

Good



Summary of findings

Quality monitoring systems were used to further improve the service provided.	
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Right at Home (Bristol East)

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.

This was the first inspection of Right at Home (Bristol East) following their registration with CQC in November 2013.

The inspection was carried out by one adult social care inspector, who visited on 12 and 13 March 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 questionnaire forms to all 10 people using the service and 10 members of staff. We received responses from 5 people using the service and one member of staff. We reviewed the information contained in these responses.

During the inspection we visited three people in their own homes, spoke with two relatives, talked to three care workers and three office based staff (with separate responsibilities for personnel and training, carrying out spot checks and allocating staff to people) the interim manager and the provider. The provider asked people if they were willing to speak to us prior to our visit.

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 and deprivation of liberty, 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 with the staff, everything goes smoothly, they’re very skilled and able”. A relative told us, “They’re brilliant, we feel safe with them”. Of the people who responded to questionnaires, 100% said they felt safe from abuse or harm by care staff.

People were protected by staff who 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. Additional guidance for staff on what to do if abuse was suspected was in place, this was called a list of ‘do’s and don’ts’. Staff had received training in safeguarding. The staff knew about ‘whistle blowing’ to alert senior management about poor practice. The service had raised a safeguarding alert in January 2015. The alert had been managed appropriately with a plan put in place to keep the person safe.

People were kept safe because there were comprehensive risk assessments 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.

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. For example, changes to the layout of a room to reduce hazards or provide more space. The interim manager said, “We try to make sure people and staff are safe but we’re providing care in people’s own home so need to negotiate things with them”.

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. The provider said they carried out a risk assessment when an applicant disclosed a criminal conviction, they said, “We wouldn’t rule someone out for a care job if they had made a mistake in the past but we would never put anyone we care for at risk from unsuitable staff”. References were obtained from previous employers. Recruitment procedures were understood and followed by staff; this meant people in 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, “They recruit good staff”. Another person said they liked the way the provider introduced staff to them at a separate visit before they began providing care and support. A member of care staff told us, “Right at Home are pie hot at introducing people to staff beforehand”.

There were clear policies and procedures in the safe handling and administration of medicines. Medication administration records demonstrated people’s medicines were being managed safely. Staff administering medicines had been trained to do so. There had not been any errors in the administration of medicines in the 6 months before our visit.

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, 100% 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.

Is the service effective?

Our findings

People said their needs were met. One person said, “They’re always on time or within a few minutes and efficient when they’re here”. Another person said, “I have a small consistent team, I always know who’s coming”. A relative told us, “I would recommend Right at Home to anybody”. Responses we received from questionnaires were consistently positive. For example, 100% of respondents said they received care and support from familiar, consistent staff, who arrived on time.

Training records showed the provider ensured staff received a range of training to meet people’s needs. Staff told us they had received training to meet people’s needs. One staff member said, “The training we get is very effective, I’ve had moving and handling training today”. Another said, “The training has been very good”. Newly appointed staff completed their induction training. An induction checklist monitored staff had completed the necessary training to care for people safely. One staff member who had recently commenced employment said, “I had a good induction, including training and shadowing experienced staff”.

The interim manager told us that staff were supported to complete health and social care diploma training. Training records showed 83% of the 29 staff employed either held or were working towards these qualifications. The remaining staff were all completing their induction and probation. The interim manager said these staff would be enrolled upon successful completion of their probation. The interim 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. The interim manager carried out

formal supervision with staff, a care supervisor carried out spot checks on staff which were recorded and reviewed at staff supervision meetings. The interim manager explained this helped to encourage staff to reflect on their performance and develop their skills and abilities further. 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) and Deprivation of Liberty Safeguards (DoLS). 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. DoLS provides a lawful way to deprive someone of their liberty provided it is in their best interests or is necessary to keep them safe from harm. Information in people’s care records showed the service had assessed people in relation to their mental capacity, and that people were able to make their own choices and decisions about their care. The interim manager and provider had a good understanding of MCA and DoLS. The service was in the process of arranging for all staff to receive training on the 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. The service was not providing care to anyone who had been assessed as requiring a DoLS authorisation.

People told us they were supported to be as independent as possible. One person said, “I like to do as much as I can myself and they help with that”. A relative said, “The help we get has helped us both feel more independent”. 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. The provider had stated in their PIR that people’s needs assessments focussed on maintaining independence at home and identifying opportunities for people to take part in activities. People’s care records showed people had been supported with; going swimming, social visits, shopping and appointments at hospital and GP surgeries.

Is the service caring?

Our findings

People told us staff were caring. One person said, “They’re lovely, really caring”. A relative told us, “The staff are great, if I ask them to do something they’re only too willing to please”. Of the people who responded to questionnaires, 100% said their care workers were kind and caring. People received care, as much as possible, from the same familiar care staff.

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.

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 we spoke with gave an example of how this worked for them. They said staff assisted them to get to their bathroom using their stair lift, made sure they had everything they needed, then left them to shower and waited to be called when needed. When speaking to people and their relatives on the telephone, staff demonstrated a caring approach. People told us the office based staff were respectful. A relative said, “The communication between us and them is great, we have contact from the office every fortnight”. A record of these ‘courtesy calls’ was kept in people’s care records.

People’s care records addressed equality and diversity. Staff had received training on equality and diversity. The interim manager said, “If any person we cared for had any individual needs regarding language, culture or any area of equality and diversity, we would meet those needs”.

People told us they would recommend the service to others. Care staff spoke with pride about the service provided. One staff member said, “I would have no hesitation in recommending Right at Home to any family or friend who needed care”.

Is the service responsive?

Our findings

People told us the service responded to their individual needs. One person said, “Staff fit in to how I want things done”. Another person told us how they had asked to be supported to go swimming. They said, “They carried out a risk assessment then took me swimming”. A relative explained they had requested additional support to allow them to attend a funeral. They said, “We really appreciated the support being provided at such short notice”.

People said they made choices and decisions regarding their care and support. One person said, “Staff fit in to how I want things done”. Another person said, “They give me choices over everything and never rush me”. A relative said, “We agreed with them how and when care would be done”. 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 in the homes of the people we visited. We saw these were up to date and consistent with those held at the office.

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 interim manager and senior staff took care to ensure any updated information was placed in care records in people’s homes and at the office. Staff said this was helped by having a care plan amendment sheet they could complete and pass to 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.

Care staff had received training on providing person centred care and support. Staff said they were encouraged and supported by the interim manager and senior staff to work in a person centred way. One care worker said, “Right at Home has a person centred approach”. A second staff member said, “I always try to follow the clients lead”. A third said, “Sometimes what people need is a 10 minute chat and, we’re given the time to do it”.

People said they felt able to raise any concerns they had with staff and that these were listened to. One person said, “If I wasn’t happy I’d tell the staff or get in touch with (Manager’s name)”. We looked at the provider’s complaints log and saw one complaint received in October 2014. The complaint had been responded to appropriately with the outcome clearly recorded. The provider kept a record of compliments received. One email compliment from a relative stated, “(Person’s name) tells me that (Staff name) went in today and did a great job, including getting a leg lifter to make getting into bed easier. A fantastic service, and I would be grateful if you would extend my thanks to (Staff name)”. The staff member referred to in the email confirmed the interim manager had discussed the comments made with them. The interim manager told us they contacted each person regularly to seek feedback on the service. They said, “The purpose of this is to learn and change things for people if we need to”.

Is the service well-led?

Our findings

People told us they received good care and support when they wanted it and were encouraged to be as independent as possible. People were supported in a personalised manner. This showed the vision and values of the organisation were being put into practice.

The interim manager and provider told us their vision was to provide high quality, personalised care and steadily increase the number of people using the service. They said they aimed to achieve this by slowly increasing the hours provided within a defined geographic area, so they could ensure staff had manageable workloads and were able to get to people at the allocated time. The provider said, “We don’t want to grow too quickly, we’re not interested in short in and out calls, we want to provide people with a good service”. People were aware of the provider’s plans. One person commented, “I just hope they don’t grow too quickly, I know they’re trying to manage that”. A staff member told us, “We’re a good company, as long as we don’t grow too quickly and lose control and I know (Provider’s name) is aware of that we’ll stay that way.” This showed the provider and manager had a clear strategy to accompany their vision and values and had communicated this.

People told us they were able to contact the provider, interim manager or senior staff if they needed to. Staff said they were able to contact senior staff when needed. One staff member said, “We can always contact someone senior, even on bank holidays”. The interim 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 them 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 January 2015 was used as an opportunity for staff to identify ways of best meeting people’s needs. A meeting held in March 2015 concentrated on management and administrative processes. Staff told us they found meetings helpful. One staff member commented, “Management are always open to listening to new ideas”.

Both the interim manager and provider 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 spot checks and working alongside staff providing care and support, courtesy calls made to people and families, satisfaction surveys and regular audits by the provider and manager. The manager and provider held regular management meetings with senior staff where issues arising from these checks were discussed and action agreed to improve.