

Guinness Care and Support Limited

# Guinness Care At Home Bristol

## Inspection report

Southlands  
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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?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Guinness Care at Home Care Bristol is a domiciliary care agency registered to provide the regulated activity of personal care. They provided care and support to people in their own homes. There were three main areas where the service was provided. The care office was based in Southlands an extra care housing scheme (referred to throughout the report as ECHS). Services were provided to people living in Southlands, another sheltered housing complex called Anchor and also to people living in the very near vicinity.

The inspection was announced. We gave the registered manager 48 hours notice of the inspection. We did this to ensure key staff were available for the inspection. At the time of the inspection the service was providing a service to 58 people and the staff team was 24.

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.

The service people received was safe. Staff understood their role in safeguarding people from harm and knew how to raise any safeguarding concerns they had witnessed or been told about. There were safe recruitment in place to ensure unsuitable workers were not employed. Any risks to people's health and welfare were assessed and management plans put in place to reduce or eliminate that risk. There were enough care staff employed to meet people's care and support needs.

The service was effective because staff had been trained to meet people's needs. Staff had supervision sessions with the registered manager or senior staff where their work performance and training needs were assessed. The staff were aware of the principles of the Mental Capacity Act 2005 and understood their roles and responsibilities in supporting people to make their own choices and decisions.

When we inspected the service in April 2015 we had found that people received a very caring service. At this inspection we found that people still received a very caring service and continued to be outstanding. Care staff took time to listen and talk to people, they were described as going "above and beyond" what would be expected and there are examples in the main body of the report. People were treated with dignity and respect. People were involved in planning the care and support they received.

The service was responsive to people's individual care and support needs and the service they received was personalised. Staff providing care and support were familiar to people and knew them well. Feedback was gathered from people regarding their views and experience of the service they received. Any complaints or concerns raised about the service were handled correctly in line with the registered providers complaints policy. The service strived to make 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.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service remains safe.

### Is the service effective?

Good ●

The service remains effective.

### Is the service caring?

Outstanding ☆

The service was very caring.

People were treated with respect, kindness and their dignity was maintained. The staff team was highly motivated to provide a kind and loving service and ensured people had a good and active social life.

### Is the service responsive?

Good ●

The service remains responsive.

### Is the service well-led?

Good ●

The service remains well led.

# Guinness Care At Home 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, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was announced and was undertaken by one adult social care inspector. The previous inspection of Guinness Care at Home Bristol was in April 2015. There were no breaches of the legal requirements at that time. The service was rated overall as Good but achieved an outstanding rating in the caring area.

Prior to the inspection we looked at the information we had about the service. This included notifications that had been submitted by the service. Notifications are information about specific important events the service is legally required to report to us.

We received feedback from five health or social care professionals prior to our inspection. We had asked them to tell us about their views of the service. Their comments have been included in the body of the report.

During our inspection we spoke with nine people who were supported by the service and two relatives. We spoke with 10 members of staff including the registered manager, the care coordinator, senior care staff and care staff, the regional manager, the director of care and the head of quality assurance and compliance. We looked at care records for five people, three staff employment records, training records, policies and procedures, audits, quality assurance reports and minutes of meetings.

# Is the service safe?

## Our findings

The service provided by Guinness Care at Home Bristol was safe. People said, "I am very safe here (extra care housing scheme), there is always someone we can call upon", "The staff look after us so well and I don't have to worry about a thing" and "The staff have never been anything but kind to me". One relative said, "I have watched the staff using the hoist and slings and they are very competent".

The service had a safeguarding adults policy and procedure and this was last reviewed in March 2017. The policy detailed all the different types of abuse and a flow chart detailing the reporting protocols. The policy also referred to child protection issues where there was a risk of harm to children who may visit people supported by the service in their own homes. All staff received safeguarding training as part of the induction, mandatory and refresher training programme. The service also had a whistle blowing policy which enabled staff to raise concerns about any bad practice and to be listened to.

All staff we spoke with knew what they should do if abuse was suspected, witnessed or alleged. They said they would report any concerns they had to the registered manager or to one of the senior care staff but knew they could report directly to the local authority, the Police or the Care Quality Commission.

Staff recruitment procedures were safe. Appropriate pre-employment checks were completed and these included written references from previous employers and an enhanced disclosure and barring service (DBS) check. A DBS check allowed employers to check whether the applicant had any past convictions that may prevent them from working with vulnerable people. These measures ensured unsuitable staff could not be employed.

Moving and handling training was completed by all staff. People who needed assistance from the staff to move and transfer from one place to another were therefore supported safely. Where people needed assistance a care plan was written which detailed the level of support they needed and stated the equipment to be used and the number of staff required. These plans were kept under review and updated as and when required. Staff we spoke with confirmed they had received training and that plans were always in place.

A range of other risk assessments were completed. These covered areas of daily living, the person's home and activities the person took part in. Risk assessments were in place where people needed assistance with moving and handling and copies of these were kept in the person's care file kept in their own home. Examples of other risk assessment include the likelihood of falls, epilepsy, choking, medicines, mental health and vulnerability of the person. Staff confirmed they had access to risk assessments in people's care files and would report any changes regarding the level of risk. The environmental risk assessments ensured the person's home was a safe place for the care staff to work in.

Any accidents and incidents that occurred were investigated and analysed in order to identify any trends. This meant the service was then able to make changes to mitigate the risk and either prevent or reduce the likelihood of the event happening again.

The service had a business continuity plan in place. The plan set out what would happen if there was an untoward incident that affected service provision. The plan covered fire, flood, failure of the IT system and utility services and contained a set of emergency contact telephone numbers. The service had access to a minibus so they were able to transport people away from Anchor or Southlands if there was an event that compromised safety.

At the time of our inspection there were sufficient care staff employed to cover the needs of the people supported. Staff were allocated to work either in the extra care housing scheme (ECHS- Southlands), Anchor House or the local community. Staff told us they generally worked within the ECHS and Anchor or the community. The registered manager and care coordinator were involved in the assessment of new people moving in to the ECHS in order to ensure there were sufficient staff to be able to meet assessed care and support needs.

The service had a Care at Home Medication Policy and Procedure. The policy set out the provider's expectations to ensure the competency of the staff team and the safe administration of medicines to those people who required support. Staff confirmed they had been trained to support people with their medicines and their competency was rechecked at regular intervals. Where people needed support, the exact level of assistance was recorded in their care plan. Staff had to complete a medicines record after having delivered the care. People were provided with level one support – general support and assistance, level two support – administration of medicines, and level three support – administration of medicines by specialist techniques. Staff assisting those people who required level three support would have received additional person-specific training before they were able to carry out these tasks. At the time of the inspection no-one required level three support with medicines.

Staff were provided with personal protective equipment (PPE) in order prevent the spread of infection. This included gloves, aprons and hand sanitising gel. Infection control training was part of the mandatory training. The service had an infection prevention and control policy.

## Is the service effective?

### Our findings

People told us the service was effective because they received the service they needed in order to remain in their own homes. Comments included, "I could not manage at all without their help. They come and see me every day and do the things I can't", "The staff encourage me to continue being as independent as I can but help me with other things" and "The service I receive is extremely supportive. You hear some horror stories on the television but you cannot fault the service here". One relative said, "They look after my sister so competently and always let me know if there are any changes".

Staff were overwhelmingly positive about their experience of working for the service and would recommend the service to family and friends. The service had a programme of mandatory training all staff completed. New staff had six and a half days corporate induction training to attend at the start of their employment. This included training in safeguarding adults, safe medicine administration, dementia care, food hygiene and moving and handling. New to care staff then started the Care Certificate training and their progress in completing this was tracked through the governance arrangements. Two members of staff who had recently started working for the service said the induction programme had prepared them to do their job well and they had been supported by their colleagues. All care staff were encouraged to undertake health and social care diplomas.

The majority of staff had had a supervision within the last three months but the arrangements for direct observations and competency checks had been sketchy. The registered manager had a plan in place for the next year for every staff member to have the required number of individual supervision sessions with a senior member of staff plus the other checks. In addition the registered manager arranged group supervision sessions and team meetings. There was an expectation that all staff attended staff meetings and it was mandatory to attend one in three. Staff meetings were held on a monthly basis and staff were encouraged to have a say about how the service was running. In addition quarterly 'drop-in surgeries' had been introduced at Southlands and staff could attend these and discuss any issues. A newsletter had been introduced providing key information regarding the company and the service.

It was assumed that each person had the capacity to make decisions for themselves however this was assessed when a care and support service was set up and on an on-going basis. The registered manager was always involved in saying who was offered tenancies in Southlands and Anchor. This ensured tenants were appropriate and the staff team had the required skills and competencies to meet people's needs. As part of the provider's training programme staff completed Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) training. Those staff we spoke with understood the principles of the MCA and DoLS. MCA legislation provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make decisions for themselves. DoLS is a framework to approve the deprivation of liberty of people who lacked the capacity to consent to the treatment or care they needed.

The registered manager and the senior care staff had recently completed training titled 'Knowledge and practical application of MCA and DoLS'. Staff knew the importance of gaining consent before they provided any care, support and treatment. They said they would always check with the person that they were happy



for them to provide care and support.

People were assisted to eat and drink and prepare meals where this had been assessed. Those people who lived in the ECHS could have a prepared midday meal in the communal dining room and the care staff may have needed to support them to walk down to the dining room. Staff told us if people were temporarily unwell a meal could be delivered to their home. Those people who lived in Anchor could have a meal delivered from the ECHS two days a week but could also visit the ECHS and have a midday meal on arrangement.

People were supported to consult with health and social care professionals as necessary. This may be the person's GP, a district nurses or community based occupational therapists and physiotherapists.

## Is the service caring?

### Our findings

People were overwhelmingly positive about the care and support provided by the Guinness Care at Home Bristol staff team. Comments we received included, "We are all one big happy family here", "They go out of their way to make sure we have a good time and there are things for us to do", "The care staff are so kind and caring" and "I could not ask for any better care. It was a really good move to come and live here (ECHS)". Two relatives said, "The staff are excellent, nothing is too much trouble and they cheer you up with their smiley faces" and "X enjoys their visits and I always hear the care staff having fun with her".

The service kept all the thank you letters and cards they received. All the comments in these were very complimentary and full of praise for the service. Comments included, "Mum looked forward to your calls especially that chats and all the laughs", "Thank you so much for all the care and kindness you gave to our dad", "A big thank you for all the support you gave to the family as well as to mum" and "Words cannot really express our thanks in making X's last month's so happy and comfortable".

Staff spoke about the people they were supporting lovingly and with great respect. As part of the care planning process an 'About Me' document was completed. These gave an oversight in to the person's life and the process of gathering the information enabled the staff to get to know the person better. The document also recorded the gender preference of the staff who was going to look after them, their likes and dislikes and other preferences. It also recorded facts about what was important to them, what a good day was like and what a bad day was like.

People were always involved in planning their care and support and had a say in the times their care was delivered. Each person was provided with a person-centred package of care and this took account of their needs and wishes. When arranging the staff rotas for the care visits the senior staff took account of people's preferences regarding which care staff supported them. One person told us they liked all the care staff but a named member of staff was "the best". The service was able to be as flexible as possible in order to accommodate any changes to visit times. Another person told us they had been listened to when they had asked for a small change to be made to their care calls.

Staff were respectful regarding people's privacy and maintained their dignity when delivering personal care. One person told us, "The staff help me have a shower and the door is always shut".

One member of staff told us there were activities that took place in the communal lounge in the ECHS. On day one of the inspection an armchair aerobics session took place and from the laughter this generated it was evident it was a greatly enjoyed activity. We spent a period of time on day two of the inspection observing a group of people who lived in the ECHS and the staff during a coffee morning and get together. We observed one member of staff helping two people play a game of ten pin bowling on the games console. This equipment had been donated to the people living in Southlands by a member of staff. One of the senior staff members told us that any spare time the staff had was used to engage with people or to do domestic tasks and this was confirmed by our observations.

During our discussions with the registered manager and others in the care team we were told about examples where the staff had gone the extra mile and enhanced the lives of the people they supported. One person whose spouse had died, was supported by the staff team to make the funeral arrangements and they also organised the wake. Staff had attended the funeral and one staff member had done a reading. The person told us, "This happened at a very sad time for me and they made it more bearable. I can never thank them enough". Those people who lived in Anchor said more activities were arranged now and they put this down to one member of staff who arranged things. The examples they gave included a cream tea afternoon, a 60's party, external entertainers and coming soon a Halloween party.

Examples of other organised activities include movie afternoons, bingo sessions and parties. The staff were in the process of organising a Christmas party to be held on 19 December 2017 where a three course meal will be provided, funded through their fund raising activities.

A member of staff told us how they had supported one person who had fallen on hard times and had very little possessions. The staff team had rallied around and provided essential items to enable them to live more comfortably in their own home. This had had an impact upon the person's emotional well-being and ability to have a degree of independence.

In the summer time there had been a summer fete, held to celebrate 127 years of the Guinness Partnership. The mayor had attended and met with people. One person told us, "It was the best day of my life". There were pictures displayed of this event by the front entrance of the ECHS. Staff told us that people from the local community, friends and family, could come along to any of the functions they arranged.

The service had previously looked after people with end of life care needs, supported by the person's family and health care professionals. Staff told us they had provided people with personal care and at times "just sat, held their hands and chatted" and worked under the guidance of the district nurses to keep people company. In the ECHS there was a guest room available for family members use and as one staff member said, "It is important we look after the family too". We noted that a couple of people had a DNAR form (do not attempt resuscitation) in their care notes. This decision was well documented and visible within the notes.

## Is the service responsive?

### Our findings

People and their relatives said the service was responsive to their needs and had been adapted whenever any changes were needed. One person told us they had return from the hospital the day before and wanted "a bit of a lie in that morning because they didn't get much sleep in hospital". The care staff had juggled their calls around to accommodate this request.

People's care and support needs were assessed and a plan of care written that set out those needs and how they were to be met. Care records for each person were held in the care office in the extra care housing scheme called Southlands. A copy of the care plan and other documentation was also kept in people's homes. Staff confirmed the care plans provided clear details about the level of care and support the person needed. The plans listed the tasks that were to be completed for each care call – morning tasks, afternoon tasks and evening tasks. The support times were recorded on a timetable meaning that the person would know when the care staff were calling upon them. Staff told us that if they knew care calls were going to be delayed because of other circumstance, they would phone the person and tell them.

Care plans were reviewed regularly and people were involved in the process. They were encouraged to make choices and decisions regarding their care and support. The care team were expected to report any changes in people's needs to the registered manager, senior staff or care coordinator. These measures ensured the service provision matched their care and support needs.

People who used the service were provided with information about the service Guinness Care at Home Bristol offered and this was kept in the care files kept in each person's home. It included information about what to do if they were unhappy about any aspect of their care. People were given a copy of a document called 'Do you think we got it wrong' and this explained how to make a complaint and what they could expect. The complaints policy and procedure referred to quick fix complaints and those that required more investigation. This meant that people and their families knew what they could expect the service to do if they were unhappy. People and relatives we spoke with said if they had any concerns or complaints they would feel comfortable about raising these with either the senior staff or the registered manager. People were encouraged to express their views and make comments about things during their care plan reviews and also during the 'tenants meetings' held in the ECHS and Anchor, on a monthly basis.

## Is the service well-led?

### Our findings

We did not receive any direct feedback from people and the relatives we spoke with about whether they thought that Guinness Care at Home Bristol was well led. The comments they made however supported the fact that the service was well organised, was focused on meeting people's needs well and providing them with a good quality of life.

Since the last inspection there had been a restructuring of all the care at home services within Guinness Care and Support Limited (registered provider). The current registered manager started with the service in April 2017 and their registration with CQC was completed in September 2017. Team structures had been put in place. There was one care coordinator post (currently vacant), three senior posts and a team of care staff. The team were supported by a regional manager, the head of quality assurance and compliance and the director of care.

The service was supported by a 24 hour on call service and staff were able to contact a senior person in the evenings and at weekends should the need arise. In addition the registered provider had produced a 'team manager and senior' handbook, providing key information to enable to carry out their job role effectively.

The registered manager and senior staff demonstrated a commitment to providing good leadership and management for the staff team who in turn were complimentary about the way they were supported to do their jobs well. All the staff we spoke with were keen to ensure people were well looked after, provided with a high quality service and had the opportunity to have access to good social functions.

Staff meetings were held on a monthly basis to keep staff up to date with any changes and developments within the service and the wider company. The meeting notes were posted in the staff room so that those who had been unable to attend to read about what was discussed. For the people who lived in the ECHS and Anchor there were monthly 'tenants meetings' where tenancy and care issues could be discussed.

The registered manager attends meetings with the regional manager and other Care at Home managers and learns from outcomes of their inspections and audits. The registered manager had links with the local authority provider forum. These measures enabled them to keep abreast of good practice.

The vision and values of the service supported the belief that everyone should have the opportunity to live fulfilled, safe and happy lives. The service achieved this by caring about the people they supported, being respectful of individuality, privacy and dignity and being dedicated to exceed people's expectations. Staff told us that as well as caring about the people they supported, they felt cared for and valued by Guinness Care and Support.

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.

Any accidents, incidents, complaints or safeguarding alerts that occurred were recorded electronically.

Outcomes from the investigations that then took place, were recorded and monitored, by the regional manager and the head of quality assurance and compliance. This meant the service was able to learn from such events and make improvements.

The service welcomed feedback and appreciated suggestions and comments that could be used to shape the service in the future. Following discussions with the registered manager and the head of quality assurance and compliance it was evident that any issues raised in complaints were used as an opportunity to make improvements. Complaints were categorised as either a service delivery issue or a staff conduct issue. This meant the service was able to identify any common themes and address the problem. In the last year the service had logged and handled 11 complaints. Progress in dealing with any complaints was monitored and were signed off on completion.

A customer survey was last completed in December 2016 and the results analysed and reported upon. The survey had identified where the strengths of the service were and where improvements were required. The overall satisfaction rate for the service was 83%. A poster was displayed in the entrance of the ECHS stating the ways in which the service was going to improve based upon the results of the survey.

The policies and procedures we looked at were regularly reviewed. Staff we spoke to knew how to access these policies and procedures. We saw in staff files where staff had signed to say they had been issued with amended policies and procedures, read and understood them. This meant the staff team were kept up to date with any changes and clear advice and guidance was available to them.

There was a range of quality assurance measures in place to check on the standards within the service. A full audit by the head of quality assurance and compliance had been completed in September 2017 and a quality development plan (QDP) had been put in place identifying where improvements were required. The QDP will be reviewed on a monthly basis to ensure the improvements are driven through.