

The Council of St Monica Trust

Care at Home Service - Henleaze Road

Inspection report

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Date of publication:
04 January 2021

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Inspected but not rated
Is the service caring?	Inspected but not rated
Is the service responsive?	Inspected but not rated
Is the service well-led?	Good ●

Summary of findings

Overall summary

This report was created as part of a pilot which looked at new and innovative ways of fulfilling CQC's regulatory obligations and responding to risk in light of the COVID -19 pandemic. This was conducted with the consent of the provider. Unless the report says otherwise, we obtained the information in it without visiting the provider.

About the service

Care at Home Service - Henleaze Road is a domiciliary care agency providing personal care. At the time of our inspection, they were delivering care to 77 people.

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

People and relatives spoke extremely positively about the service they received. We were given many examples that showed people received quality care and support from kind, caring staff that ensured people were kept safe, were happy and felt well cared for.

People and their relatives described the staff as being polite, friendly, courteous, kind and respectful. One person said, "They have helped me build my confidence since coming to me." Another described the staff being "More like family relationship with them."

Each person benefited from a regular staff member who knew them well. People told us they had developed positive, caring relationships with their regular staff. Comments included, "Carer is a real gem – very caring." And, "They [staff] are very careful with my husband – all very nice girls."

Staff spoke knowledgeably regarding all aspects regarding safeguarding people. Staff had completed safeguarding training and understood their role in identifying and reporting any concerns of potential abuse or poor practice.

Risks were individually assessed, regularly reviewed, clear and covered all areas of people's health as well as any potential environmental risks. Risks assessments ensured staff were given current guidance and information to enable them to support people safely whilst allowing them to maintain their independence.

People were supported by sufficient numbers of trained, experienced staff to meet people's needs. People received their support from a consistent team of skilled staff that knew people well and delivered their care in ways people preferred.

People received their medicines safely because medicines were well managed.

There were robust procedures in place to ensure people were protected from infections that could affect both staff and people using the service. Staff had completed infection prevention and control training and understood the actions needed to minimise the risk of avoidable harm, including the prevention of

avoidable infection. Staff had access to plentiful supplies of personal protective equipment (PPE) and followed current national guidance regarding the COVID -19 pandemic.

People, relatives and staff consistently spoke of the passion, commitment, kindness and approachability of staff at all levels. People felt the service was well led with a strong commitment to providing the very best person-centred care.

Staff told us, and records showed, there was an open, honest, positive culture with a strong ethos on learning and development. Staff were provided with mandatory training, however a member of staff said they had requested Parkinson's training that hadn't been provided to them yet. We fed this back to the management team and they told us any specific healthcare training would be provided as the need arose. Other staff said they had received training in diabetes when they were providing support to someone with diabetes.

Governance systems and oversight of the service were robust. Issues were identified, analysed and discussed with staff to enable learning to be achieved from incidents. There was an open, supportive culture that empowered staff to put forward their ideas for improvement to enable people to receive quality, individualised care that impacted positively on their lives.

People, relatives and staff consistently spoke of the effective and clear communication. One member of staff told us, "Communication here is simply brilliant, everything is instant, we have all the information we need straight away, I can't fault it."

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff had a good understanding of the Mental Capacity Act 2005.

People received a personalised service to meet their specific needs, preferences and wishes. People were involved in making decisions about their care and supported to maintain their independence. Care plans were personalised, very detailed and up to date. This meant staff had the information they needed to deliver appropriate care.

People, relatives and staff were encouraged to share their views about the service to make improvements and to recognise good practice. Regular checks were made to monitor the quality and safety of service provided.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection – The last rating for this service was Good (published 6 February 2018).

Why we inspected

This was a planned pilot virtual inspection. The report was created as part of a pilot which looked at new and innovative ways of fulfilling CQC's regulatory obligations and responding to risk in light of the COVID -19 pandemic. This was conducted with the consent of the provider. Unless the report says otherwise, we obtained the information in it without visiting the provider.

The pilot inspection considered the key questions of safe and well-led and provide a rating for those key questions. Only parts of the effective, caring and responsive key questions were considered, and therefore the ratings for these key questions are those awarded at the last inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Care at Home Service - Henleaze Road on our website at www.cqc.org.uk.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Inspected but not rated

At our last inspection we rated this key question Good. We have not reviewed the rating at this inspection. This is because we have not reviewed all of the key lines of enquiry (KLOEs) in relation to effective.

Is the service caring?

Inspected but not rated

At our last inspection we rated this key question Good. We have not reviewed the rating at this inspection. This is because we have not reviewed all of the key lines of enquiry (KLOEs) in relation to caring.

Is the service responsive?

Inspected but not rated

At our last inspection we rated this key question Good. We have not reviewed the rating at this inspection. This is because we have not reviewed all of the key lines of enquiry (KLOEs) in relation to responsive.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-led findings below.

Care at Home Service - Henleaze Road

Detailed findings

Background to this inspection

The inspection

As part of a pilot into virtual inspections of domiciliary and extra-care housing services, the Care Quality Commission conducted an inspection of this provider on 25 November 2020. The inspection was carried out with the consent of the provider and was part of a pilot to gather information to inform CQC whether it might be possible to conduct inspections in a different way in the future. We completed this inspection using virtual methods and online tools such as electronic file sharing, video calls and phone calls to gather the information we rely on to form a judgement on the care and support provided. At no time did we visit the provider's or location's office as we usually would when conducting an inspection.

Inspection team

This inspection was carried out by two inspectors, one medicines inspector, and one Expert by Experience.

An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of the inspection the registered manager was on leave. The management of the service was being overseen by a head of operations manager, a business support manager and an assistant manager.

Notice of inspection

We gave a short period notice of the inspection as we needed to be sure that the appropriate people would be available to support the inspection.

Inspection activity started on 25 November and ended on 4 December 2020.

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

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.

During the inspection

We spoke with seven people who used the service and eight relatives about their experience of the care provided. We spoke with nine members of staff including the nominated individual, head of operations manager, business support manager, assistant manager, operational administrator and care staff. We received feedback from one healthcare professional.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at a variety of records relating to the management of the service, including audits, training and supervision records and we reviewed policies and procedures.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

People were safeguarded from abuse and improper treatment

- People and their relatives told us they always felt safe and comfortable when staff were with them in their home. Comments included "I'm safe – they are very kind to me and very helpful." And, "They are very careful with my husband – all very nice girls."
- Staff fully understood their role in protecting people from abuse and had received appropriate training on safeguarding adults.
- The provider worked with the local authority safeguarding team to ensure people remained safe.
- Staff told us they felt confident the current management team would respond and take appropriate action if they raised any concerns. One member of staff said "I feel confident enough to raise any concerns with management and whistle blow if need be."

Assessing risk, safety monitoring and management

Risks to people were regularly reviewed to ensure people received safe, effective care and support

- Individual assessments were carried out to identify any risks to people and to the staff supporting them. This included environmental risks in people's homes and any risks in relation to people's care and support needs.
- Records gave staff guidance on how to reduce risks and were up to date. Staff said, "All known risks are in the care plans, and easily accessible." A healthcare professional told us "I have observed competent moving and handling practice with all of the carers that I have met keeping the individual cared for safely."
- The service had contingency plans in place to ensure people's care would continue in the event of an emergency.

Staffing and recruitment

Staffing levels had been planned and organised in a way that met people's needs and kept them safe.

- There were enough staff available to support people in their own homes. Staff said, "As a team we make sure we cover visits and make enough time for each customer. Much of the time, yes, we have enough time to manage needs. There are exceptions with some clients due to fast declining mobility issues, I am aware that more time is being put in place for these customers when it is available."
- Staff recruitment practices were safe. Checks such as a disclosure and barring (police) check, had been carried out before staff were employed. This made sure they were suitable to work with people. One person said, "They come out and monitor the new ones to make sure they're up to standard".

Using medicines safely

People received their medicines safely

- The medicine policy and procedures covered all aspects of medicines management and followed national guidance. Care staff followed the policy in practice.
- Medicine records showed that people received their medicines at the right times. Comments received included, "They [staff] give me my tablets and make sure I don't run out of them." And, "Yes, they give my husband his 4 tablets in the morning."
- Monthly medicine audits were detailed and effective in ensuring medicines were handled safely and lessons were learned from incidents. One member of staff told us, "The system works well, we get instant medicine updates, spot checks and observations where we are assessed on each visit to check we are doing it right."
- Staff who managed and administered medicines were appropriately trained.

Preventing and controlling infection

People were protected from the risk of infection

- Staff were trained in infection control and followed the current national infection prevention and control guidance.
- People and their relatives confirmed staff followed good infection control practice in their homes. They said they felt safe and staff wore PPE appropriately. A member of staff said, "We have plenty of PPE, I never run out." A healthcare professional told us "I have noted that staff have always worn appropriate PPE."
- Every person we spoke with told us all the care staff wore facemasks, aprons and gloves during each visit. One person described staff having; "A strict routine. They come in with masks and then put on apron and gloves. Very professional."
- Staff had completed infection control training and additional training specifically relating to COVID-19. Staff understood their responsibilities in relation to this.

Learning lessons when things go wrong

Processes ensured accidents and incidents would be regularly reviewed and checked for emerging trends or themes.

- Accidents and incidents would be seen as an opportunity to reflect on practice and continually improve outcomes for people.

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.

At the last inspection this key question was rated as Good. We have not reviewed the rating at this inspection. This is because this inspection was carried out as part of a DCA pilot inspection and only part of this key question was reviewed.

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.

- Staff had a good understanding of the MCA. Training records showed staff had received and understood the training. No one using the service at the time of our inspection had any restrictions placed on their liberty. One member of staff described their understanding of the MCA as being "that we empower and support any vulnerable individuals who may not be able to support themselves. We may make decisions based on their preferences to help them."
- Where people had capacity to make their decisions about their care and support, they were involved in the planning and review of their care plans and gave consent. People told us staff gave them choices so they could make an informed choice.
- When people did not have capacity to make decisions, management arranged for mental capacity assessments to be carried out.
- Where best interest decisions were needed, management had involved relatives, representatives and healthcare professionals appropriately.

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.

At the last inspection this key question was rated as Good. We have not reviewed the rating at this inspection. This is because this inspection was carried out as part of a DCA pilot inspection and only part of this key question was reviewed.

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

People received care respectful of their individual needs and wishes

- People told us staff were really caring. Comments included, "Sensitive to my needs." And "They are absolutely brilliant". A healthcare professional told us, "I have observed staff taking time to listen to the individual and being considerate to their needs whilst respecting their dignity when completing personal care tasks." Comments from staff included; "We always offer a person-centred care plan, everything we do is based on the preferences and needs of that individual. All staff are so caring and have genuine compassion when working with customers. I always make sure the clients are comfortable with me before proceeding with any care, throughout visits I make conversation about their pasts, families, and their interests." And "We all get to know our customers so can provide a good level of personalised care. We have regular training to provide us with knowledge on how to adapt our skills for customers with changing needs. We have regular team meetings that provide support and peoples experiences with each customer, we can then work together to provide better care and support as a team."
- People knew their regular staff well and told us they always had time together to talk about interests. A person said "She [staff] treats me like a friend, and we have a good chat which is so important as it's been a very lonely time during lockdown." Another told us "They [staff] know me well. We talk about my family and interests."
- Staff had completed equality and diversity training. They told us how they provided support to meet the diverse needs of people using the service including those related to disability, gender, and age.

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

People had control over their lives and were fully involved in making decisions about how they wanted to be cared for and by which staff.

- Comments received included, "The senior will meet with the client and their family, the senior will then gather all the necessary information to create a care plan and do the appropriate risk assessment. The care plan is available for the client and the family to read and sign, making sure that everything is correct. They are updated by the senior after a review with the family of the client."
- People and those acting on their behalf were provided with a range of opportunities to express their views about the care and support from the initial assessment through to regular care reviews and surveys.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. We have not reviewed the rating at this inspection. This is because this inspection was carried out as part of a DCA pilot inspection and only part of this key question was reviewed.

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

Staff worked with people to put together a care plan that was person centred.

- People's care plans were very detailed. They gave clear information about the support people needed to meet their physical, emotional, and social needs. Comments received from people included, "I'm pleased with all they do for me." And "They have helped me to carry on living in my own home and not having to go into a care home." A relative said staff "Give my husband choices – bath/shower/wash. Polite and explain to him what they are doing." Staff said, "We always encourage clients to make active choices, if they cannot do this completely on their own, we may prompt but not influence any decisions."

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.

- Staff assessed people's information and communication needs. These needs were identified and recorded in care plans. People's needs were shared appropriately with others.
- People's communication needs were met. The service was able to provide information in different formats.

End of life care and support

- At the time of this inspection no one was receiving end of life care. The service had a policy in place and staff would receive appropriate training should they support people towards the end of their life.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 positive and open culture ensured good outcomes for people and staff

- Staff consistently told us of the positive, open, honest and supportive management structure that was in place. Everyone we spoke with described how people were very much at the heart of the service and how this culture came from the passion and drive showed by the management team and their commitment to provide the very best, person centred care for people. Comments included, "The office management are very approachable, and I can email or talk to office staff whenever I need."
- Staff felt incredibly well supported which led to a happy and confident staff team. People told us staff were always cheerful when they visited which was very important to them.
- People told us they would feel able to raise any concerns. Where concerns had been raised, people told us these had been dealt with quickly.
- Staff benefited from strong leadership and oversight. Staff understood what was expected of them, demonstrated motivation, enthusiasm and felt empowered to put people at the heart of everything they did to ensure people received high quality, person centred care. Without exception staff we spoke with were passionate about providing a high quality, personalised service to people.

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 understood the duty of candour in respect to being open and honest with people and relatives

- The provider was aware of their responsibilities to provide CQC with important information and had done so in a timely way.

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

There was a clear management structure in place and staff knew their responsibilities and there were clear lines of accountability

- Effective quality assurance and governance systems were in place to assess, monitor and improve the quality and safety of the service. This included checks and observations to assess staff competency and audits. A healthcare professional told us, "The 'service' have contacted me in a timely way when they have correctly identified that changes need to be made to equipment and/or moving and handling techniques evidencing that they are competent and confident in these skills. I have always found that senior staff respond in a timely way and have referred to me when appropriate. They have identified when there have

been risks (moving and handling) and responded appropriately."

- There was a range of audits and quality assurance systems in place which would ensure any shortfalls would be quickly identified and action taken to rectify weaknesses. The audits provided an effective method of monitoring the quality of service provided to people.
- Staff told us "I feel as if I can talk to management about my wellbeing if I have concerns. We have regular supervisions with the seniors to check in with how we feel about the job and if we have any concerns."
- Regular emails and text messages were sent to staff containing updates and guidance.

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

Systems were in place so people were involved and engaged in the service

- People were encouraged to express their views and suggestions about the service with staff, the management team and reviews of their care. This information was used to improve the service and to highlight good practice which was shared with staff.
- The service had received many positive comments from people and their relatives which were shared with staff via 'good news' newsletters, Comments included, "The team are brilliant carers and have really made a difference to his dad's life." And "Having care at home has been the best thing to happen to him and he is so thankful he can be at home with his wife where he belongs, with our support."
- People, their relatives, friends, health and social care professionals had the opportunity to nominate staff for the Providers 'Recognition of Special Endeavours' awards. Last year the entire Care at Home staff team were awarded for going above and beyond the providers values. Two staff received individual awards for living the providers' values.
- People and staff felt valued and confident their views would be listened to and acted upon.
- Staff had a good understanding of equality issues. They valued people as individuals and staff took pride in their achievements.
- Staff told us they felt able to contribute their thoughts and experiences on the service.

Continuous learning and improving care; Working in partnership with others

The management team were committed to improving care where possible. They kept up-to-date with national developments in the care sector.

- The management team and staff team had a strong commitment to learning and a strong ethos of continual improvement to ensure people received the highest quality of service.
- Regular unannounced spot checks were carried out on staff to ensure they were working to the standards and values of the service and were following correct policies and procedures.