

Bristol City Council

# Bristol South Intermediate Care Service

## 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 ●

# Summary of findings

## Overall summary

The inspection took place on 01 and 02 November 2016 and was announced. We gave the service 48 hours' notice of the inspection. This was to ensure that people who lived at the service were available to meet with us and also that the registered manager and staff were available.

The service was last inspected in October 2014 and met with legal requirements at that time.

Bristol South Intermediate Care service is registered to provide personal care to people in their own homes. It is a multi-disciplinary service consisting of two teams that each provides rehabilitation or a re-ablement service to people living in their own homes. The client group changes frequently and the teams offer a short term service over a six week period.

There was a registered manager for the service. 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 protected because the provider had systems in place to minimise risks to them and to protect them from abuse.

People told us that all of the staff who visited them were always kind and caring in manner. People told us they interacted in a positive and warm way with the staff who provided them with personal care and other support.

People were supported with their care needs by staff who were regularly checked, monitored and supervised in their work. People also benefited because they were supported by staff that had been well trained to understand their needs.

People spoke highly about the care and support they received from the staff. Examples of comments we were told included, "They've been fantastic all of them have been wonderful" and "The carers are respectful, caring and kind and have been a lifeline for me."

Care records were informative and clearly showed what to do to effectively assist people with their personal care needs. Staff understood that a key part of their role was to prompt people and assist them to gain more independence.

People were properly supported to make complaints about the service the agency provided if they needed too. The views of people and their relatives were actively sought as part of how the service was run.

Regular checks on the quality of care and service were carried out. When needed suitable actions were put in place to improve the care and service people received.

## 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.

People were supported to take their medicines when they needed them and to look after them safely.

People received care and support from staff who knew how to protect them from abuse.

There were recruitment systems and checks in place to minimise the risk of unsafe staff being employed.

There was enough staff to ensure people received safe care and support.

### Is the service effective?

Good ●

The service was effective.

People felt the staff provided care that was of a high standard that met their needs and helped them to stay in their own home.

People were supported by staff who understood the requirements of the Mental Capacity Act 2005.

People were supported to eat and drink enough to stay healthy.

### Is the service caring?

Good ●

The service was caring.

Staff supported people in a way that encouraged them to be independent.

People felt that staff who visited them were caring kind and supportive

### Is the service responsive?

Good ●

The service was responsive

People spoke highly of the service and the flexible way they were

supported with their care

Care records clearly showed how to support people to meet their care needs.

The views of people who used the service were actively sought to improve the way it was run.

### Is the service well-led?

Good ●

The service was well led

The staff team followed the visions and values of their organisation . These included providing personalised care that ensured people were treated as unique individuals.

The quality of care and service people received was checked and monitored to make sure it was safe and suitable and met their needs.

People were consulted as part of this process and the feedback they gave was very positive.

# Bristol South Intermediate Care Service

## **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 provider was given short notice short because the location provides a domiciliary care service and we needed to be sure that people would be available to speak with us.

Before our inspection, we reviewed the information we held about the service this included statutory notifications. Notifications are information about specific important events the service is legally required to send to us.

We asked the provider to send us provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider completed a PIR and returned it to us.

The inspection team consisted of one inspector. During the inspection we spoke by telephone with 10 people who used the service and two relatives. We also spoke with seven members of staff, the registered manager, and the manager who had day to day management responsibility for parts of the service.

We looked at five people's care records medicine records and risk assessments. We also viewed staff training records, staff recruitment files, supervision records and staff visit plans. We also checked a number of other records relating to the way the service was managed and run.

# Is the service safe?

## Our findings

Every person we spoke with told us if they were to feel unsafe with a member of staff or concerned about them in any way they could contact the manager or any of the senior staff. People also said they had never had any reason to do this. People told us staff always treated them properly and they had never had a problem with any of the staff. Examples of comments made included "I have found that all of the staff have been amazing and no one treats me badly at all" and "The staff treat my relative perfectly well I know they are quite safe with them. "

Records of incidents and occurrences were kept and staff also wrote down what actions had been put in place after an incident or accident. Risk assessments had been updated or rewritten if needed after any incident where a risk was identified. For example, one risk assessment had been updated to support someone after they had experienced a fall which meant they had gone to hospital after they had been trying to get out of bed on their own.

There were specific risk assessments in place to identify and manage possible risks to staff working at night. Some people had a pendant alarm for summoning emergency help.

People were supported by staff who knew how to keep them safe from abuse. The staff knew about the agency's procedure for safeguarding people from abuse. They told us they were given their own copy of the procedure in the staff handbook so that it was available to them in the event of an allegation of abuse being made. There was a copy of the provider's procedure as well as other useful information to guide and assist staff to know how to keep people safe from abuse. Information in training records confirmed staff had been on training courses to learn more about the subject of safeguarding people from abuse.

The staff were able to tell us about whistleblowing at work. They knew it meant reporting dishonest or abusive activities at work to relevant authorities. The whistle blowing procedure was up to date with contact details for the organisations people would use if they needed to report concerns.

People that we spoke with told us they felt there was enough staff and always plenty of time given for each visit they had from them. One person told us "They always take their time and there never seems to be any pressure on them if they have to overrun." Another comment a person made was "They take all the time they need with me and more if necessary." The staff also told us there were enough of them and plenty of time given to provide safe care to those they visited. The manager told us that they tried to use the same staff who worked for the provider if cover was needed. This was to ensure people were supported by a consistent team of staff.

We saw the online system that was used to help to work out staff visits and times. These were calculated based on people's needs and how many people staff were providing care to. Other factors that were used to plan visits were the locations of the people staff had to visit and where each staff member lived. The staff told us this system worked well and they had enough time to provide care that was safe to everyone they visited.

People were supported to look after their own medicines safely and were given them when they needed them. Medicine charts were accurate and up to date and confirmed when people were given their medicines or the reasons why not. People kept their medicines securely and regular checks of the supplies were carried out.

The care records for people who had support with their medicines reflected the support that care staff were giving them. We saw that instructions from healthcare professionals were also acted on. People were supported to maintain or increase their independence with their medicines where possible. Care staff who supported people with their medicines had received training and their ability to do this safely was regularly checked.

The manager and the staff said that the numbers of staff and the times of visits to meet the care needs of people were increased and adjusted whenever it was required. They told us how staffing numbers and visit times were adjusted recently when a person had been unwell and needed extra support. Checks were carried out on the suitability of all potential new employees before they were able to commence work for the service. These included references, employment history checks and Disclosure and Barring Service (DBS) checks. These had been completed on all staff to ensure only suitable employees were recruited. There were also checking systems in place to monitor the safety and suitability of the service. Health and safety risks were identified in each person's home. Suitable actions put in place to minimise the likelihood of harm and to keep people safe. For example, if people needed support with bathing, action was taken to ensure there were no trip hazards. People were also supported with their personal home security if needed.

## Is the service effective?

### Our findings

People felt they were being really well supported with their needs since they had started using the service. One person said, "They push me to do more and more for myself each day it's been amazing they give me a wash and encourage me to dress myself". Another comment was "The support that they have given us has been perfect it's been second to none in every way I could not have managed to cope without them, the staff could not improve on anything in any way that I can think of."

The people we spoke with said that when they had first started using the service of the agency, a manager had met with them. This was to work out with them what sort of care they would like to receive. They said they worked with the manager to decide how they wanted to be supported with their care.

People were assisted with their personal care by staff who understood how to provide them with effective support. The staff we spoke with had a good understanding and insight into how to effectively support the people they visited. The staff said they were always well prepared by staff who worked in the office to visit new clients. They said they always had a lengthy phone call and a person's needs were discussed with them. The staff also told us they read each person's care records before they first visited them. They also said they were promptly told when care plans were updated if a person's needs had changed.

People were effectively supported to meet their physical healthcare needs. Each person had a health action plan. People told us they could be supported to see their GP if they were concerned about their health and needed support to make appointment. Their action plans contained information that showed how people were to be supported with their physical health needs. People said they had access to medical services when needed.

People were supported to eat nutritious food and drink that they enjoyed. Some people we spoke with said the staff helped them to prepare and cook their own food. Staff told us they sometimes helped people who required special diets by going shopping for them for the food they needed available.

Information in care records explained how to support people with their nutritional needs. The staff team had been on a training course to help them support people effectively with their nutritional needs. One person with specific nutritional needs was being supported by a healthcare specialist

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. The manager and the staff told us that some people they currently supported did not have mental capacity. The staff demonstrated they knew about the principles of the Mental Capacity Act 2005. They explained how people had the right to make decisions in their lives. They also knew that mental capacity must be assumed unless someone was assessed otherwise.



The staff told us that regular spot checks were carried out on them while they were supporting people. These were carried out to observe how they assisted people with their care. The manager and a senior care worker told us the aim of a spot check was to ensure people were assisted with their needs in a professional and suitable way.

The staff told us there was always someone they could contact if they needed guidance and support. They told us there was an out of hours telephone number they could use to speak to someone for support and advice.

Staff spoke positively about the training opportunities they were able to go on to help them to support people effectively. They told us they had been on training in subjects relevant to people's needs. The training records confirmed staff had attended training in a range of relevant subjects. These included a course about care of older people, dementia care, health and safety matters, food hygiene, first aid, and infection control and medicines management.

Supervision records showed that staff were supported and guided in their work. The staff confirmed that they met with their supervisor regularly to talk about work matters and review their performance. Training needs and performance related issues were also discussed at each meeting.

New staff were properly trained and supported in their work. New staff spoke highly of the induction-training programme they had been on, for all new employees. The staff induction programme included areas such as how to support people with complex learning disabilities and safeguarding adults. Completed records showed that staff had received proper training before they began work with people at the home.

## Is the service caring?

### Our findings

The feedback from people who used the service was very positive. In particular, people spoke positively about the care staff who were supporting them with their care. Comments included "They are wonderful", "They do all that I ask and more and with a smile" and "It's been amazing and so have all of the staff been." One relative said, "We could not have managed without them they are all lovely and do a great job." People also said they felt the staff had got to know them well, and that they were all really kind and caring. One person said "They really care I will miss them all so much."

The level of care people received was dependant on their personal needs. For example, some people said staff helped them with personal hygiene, some only needed help with their medication. One person said, "I'm trying to be as independent as possible, and the staff watch me and try and encourage me to wash myself."

Every person we spoke told us that staff who visited them were always respectful to them and assisted them in the way they wanted to be supported with their care needs. Care records showed people had helped to plan what sort of care and support they received. For example, what time their visit took place and what gender of staff they wanted to have support them.

Staff knew the people that they visited very well and spoke about people in a caring and meaningful way. Staff spoke positively about how much they enjoyed their work. Comments from staff included, "We provide an excellent service", and "I love my job it is the best job I have ever had."

The senior staff that were based more often in the office demonstrated that they were very committed to providing a good service. They had a really good knowledge of the people their team was supporting. They were able to tell us about the support provided to each individual and how this was provided for them. These staff also told us they made time to visit some people at home, to find out if the care and support was running smoothly

The service had received regular compliments letters and telephone calls about the care and support provided. During the inspection, we observed staff took the time to listen to people who rang the office. We heard them give feedback and answer people's questions in a caring way. Quality monitoring records we saw during the inspection showed that people felt staff were polite and courteous.

People told us they received person centred care that was individual to them. People said they felt staff understood their specific needs relating to their age and physical disabilities. People also told us staff had got to know them quickly and built up relationships with them. Care plans contained details of people's preferences, such as their preferred name and information about their personal histories

The manager explained that new staff were taught about the idea of person centred care when they completed their induction programme. Person centred care means that people should always be respected as a unique individual. Staff told us the importance of person centred care was discussed at team meetings and during their one to one supervision meetings.



## Is the service responsive?

### Our findings

People we spoke with told us they found the service was responsive in changing the times of their visits when needed. People also told us they were prompt to respond if they needed an extra visit because they were unwell. One person said "This service has been a life line they have been so adaptable to me."

The care records contained guidance in relation to the type of support people required. Care records covered areas such as such as; help with bathing, managing medicines, improving mobility, and eating more to gain weight and stay healthy. A detailed summary of the care plan was shared with the person who it was about. The care records explained very clearly how to support people and what challenges to their wellbeing they may face. Care records also showed that people could change the type of care that they requested depending on how they were feeling and any practical reasons. This showed how the service was flexible in response to the changing needs of the people they supported.

Assessments were in place that identified people's support needs prior to their commencing using the service. A person centred care plan had then been developed outlining how these needs were to be met. We saw staff had supported and encouraged people to express their views and wishes. This enabled people to make informed choices and decisions about their care and support. People had expressed when, how and by whom they wanted their support provided. We also saw people had expressed their choices and preferences about their visit times and the level of support they required and how these would be met.

The service had a complaints procedure which was made available to people they supported and their family members. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately. Contact details for external organisations including social services and the Care Quality Commission (CQC) had been provided should people wish to refer their concerns to those organisations. We saw the service had a system in place for recording concerns /complaints. This included recording the nature of the complaint and the action taken by the service. We saw complaints received had been responded to promptly and the outcomes had been clearly recorded.

People who used the service and their relatives told us knew how to make a complaint if they were unhappy about anything. One person said, "I am very happy with the service but know how to complain if we need to." People told us they had their own copy of provider's complaints procedure when they first started using the services of the agency. The complaints procedure included the provider's contact details so that people could contact the right people to make a complaint. The procedure was available in an easy to read format.

A service user and relatives survey was carried out on a regular basis. The result were analysed by the provider. The most recent survey had been very positive. However, action plans were prepared to improve the overall service. For example how the service communicated with people had recently been reviewed.

## Is the service well-led?

### Our findings

People told us that the day to day manager or a senior member of staff came to see them on a regular basis. They said they were asked to give their views of the service the staff provided and what they felt about the way their needs were met. They told us the manager and other staff based in the office listened to them and took their views seriously.

The service had an online system used to track the times staff arrived at people's flats and how long they spent with each person. The manager told us that they found the monitoring system very useful as it allowed them to track if people's visits were completed in the allocated time.

Staff approached the manager throughout our visit. Every time someone wanted to speak with them, they made plenty of time to be available for them and were very warm, accommodating and friendly. The registered manager did not take day-to-day charge of the running of the service. They are the registered manager for more than one service run by the provider. Staff spoke highly of the registered manager and the day-to-day manager. They said both managers were supportive to them whenever they needed to see them. Staff spoke particularly highly about the day to day manager. One staff member said the manager was "Very fair"; another staff member told us that they would "Always listen and they always come back to you with an answer and they are very trustworthy."

The day to day manager told us they kept up to date with current matters that related to care for people in the community by going to meetings with other professionals who also worked in social care. They told us they shared information and learning from these meetings with the staff team. They also told us they read online articles and journals about health and social care matters.

Health and safety audits and quality checks on the care people received were undertaken regularly in their homes. Actions were implemented where risks and improvements were needed. For example an assessment of peoples' bathroom and kitchens were carried out to ensure they were safe.

The staff had an understanding of the provider's visions and values. They were able to tell us they included being person centred in their approach with people, supporting independence and respecting diversity. The staff told us they made sure they followed these values when they supported people they visited.

All staff were asked to complete a staff survey which asked for their views about the organisation and about working at the home. They were also asked if they had suggestions for improving the service. Staff told us they felt listened to by the organisation they worked for and by the registered manager and day to day manager of the service.