

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

About the service: 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 reablement service to people living in their own homes. The client group changes frequently and the teams offer a short-term service over a five to ten day period.

At the time of the inspection the service was providing support to 40 people. The service was provided across the City of Bristol. The inspection took place on 16 and 23 May 2019 and was announced.

People's experience of using this service:

People received care and support to meet their needs. Staff knew how to safeguard people from abuse and what they should do if they thought someone was at risk.

Independence was encouraged as well as positive risk taking. If an incident or accident did occur, they were well reported and investigated. Staff understood the need for learning from incidents, so they could make sure they did not occur again.

People felt staff were caring and always treated them with dignity and respect. The staff had a very good understanding of the care and support needs of people they supported. People said staff supported them with goal setting and working to achieve their goals. They also told us staff had enabled them to regain confidence to do things. Care was personalised to reflect people's wishes and what was important for them.

There were sufficient numbers of staff employed to work in the service, so that people's needs were met. People were safely supported with their medicines and general health needs.

The team of staff had received training to enable them to carry out their role effectively. They were also well supported by their management team to do their job.

People had good relationships with care staff who protected their rights to lead as normal a life as possible. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

Relatives told us they felt people were safe and well cared for in their home. Some people were unable to provide detailed verbal feedback but were able to indicate that they felt comfortable and at ease with staff. Everyone spoke positively about the service they received.

The registered manager had a complaints procedure which people were all aware of. The manager had an open-door policy which welcomed informal discussions and conversations whenever needed.

People benefited from a service that was well led. Staff knew there were a clear set of values in place which they put into practice. The registered manager completed quality checks, to make sure the standards of care were maintained. There was an open culture and staff said they felt well motivated and valued by all of the managers.

Rating at last inspection: The service was rated Good at the last inspection in November 2016. The name of the service has changed and its aims have been updated to reflect the services change in its key objectives since our last inspection.

Why we inspected: This was a scheduled inspection, based upon the last rating.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Bristol South Intermediate Care Service

Detailed findings

Background to this inspection

The inspection:

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

The inspection took place on 16 and 23 May 2019 and was announced.

Inspection team:

The team consisted of one inspector and two experts by experience (ExE). An ExE is someone who has personal experience of using or caring for someone who uses this type of care service. Both our ExE's had direct experiences of care at home services.

Service and service type: This service is a domiciliary care agency. It provides personal care to people living in their own homes in the community.

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.

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because we needed to be sure that the manager would be in. We also need to be able to call people to find out their views of the service.

What we did:

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority.

We assessed the information in the provider information return. This is key information providers are required to send us about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection, we spoke with 16 people who used the service, to ask about their experiences and four relatives

We spoke with five members of staff including the registered manager, community support staff and a senior manager.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with staff. One person said "I feel completely safe. Nothing is too much trouble. I feel really safe when they're here. I'll miss them when I'm not having them. Last week I started walking with a stick." Another person said, "I feel safe when the staff are helping me. They encourage independence and provide help where needed. The staff wear uniform. They use the key safe. I give them the number. It's working alright."
- The staff knew about signs of abuse and how to report safeguarding concerns. They were all confident senior staff would address any concerns and swiftly make referrals to the local authority. The registered manager understood what their responsibilities were for reporting concerns to the CQC.
- People had information given to them about adult safeguarding and how to raise concerns.

Assessing risk, safety monitoring and management

- During their first visit, staff assessed if there were any hazards for them or the person while the service was provided.
- The staff highlighted environmental hazards and told us they were consistent about the way they managed each of them. Information was available to show the actions taken to reduce the risk. For example, one person told us I was concerned about showering myself – hence visits from the service. The carer came and stayed in the bathroom while I showered myself. I needed a mat to stop me slipping. The mat came. They came and watched me, and we decided I could manage on my own".
- One relative told us "My relative was never put in any danger, the staff followed the care plan, the assessment we had was very detailed, last week we had a re assessment as my relative has less needs now and I am getting better with coping."

Staffing and recruitment

- Everyone we spoke with told us they felt that there were enough staff available and the service never used agency nurses. They told us staff shortfalls were normally covered by other members of the permanent team.

Comments included "My slot is 10am. They are on time. No missed calls", "They were late once because of a road accident. No missed visits" and, "They give you a time. I can't rush in the mornings. The carers are all very nice, polite and well spoken. We have a chat. If I need anything else, they will do it."

- The registered manager used an electronic system to calculate staffing and dependency needs. This gave guidance on the number of staff required and staff rotas showed planned staffing levels were met.

Using medicines safely

- Not everyone needed support with medicines. However, for those who did they were supported to manage their medicines safely.
- Staff followed clear processes to support people to order their supply of medicines. Medicines administration records confirmed people received their medicines regularly.
- Staff completed training to administer medicines and their competency was checked regularly.
- The senior staff completed regular checks of medicines to ensure policies and procedures were followed and errors picked up swiftly.

Preventing and controlling infection

- There were systems in place to control and prevent the spread of infection. Staff went on training and were knowledgeable about how to minimise infection risks. The staff used personal, protective clothing and equipment when needed.

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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

- People spoke highly of how effective the service was. One person said "They know what they're doing. They always ask if there's anything else they can do. They are well trained. And absolutely wonderful". Another person told us, "Staff know what they're doing. They are polite and thoughtful. My needs and preferences are considered. I have the help I need at the moment. I've been involved with my assessments". A further comment from another person was "They know what they're doing, and I would think are well trained. They are very aware of my injury. we are well matched."
- A relative also told us "The staff are really the best, they are well trained, they know what they have to do and how they need to do it, I used to be a home carer myself, I know good training when I see it."

Staff support: induction, training, skills and experience

- Staff told us they were supported to attend ongoing training and development relevant to their role. Staff were also provided with refresher training and updates in clinical skills such as nutrition, safe moving and handling, and support aids.
- The training records confirmed a high compliance of staff who had completed a full range of required training.
- Staff told us they received regular supervision on a one to one basis, and had an annual appraisal. Staff found these helpful and said they were encouraged to develop their knowledge and interpersonal skills.

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

- Not everyone needed support to eat and drink. Some people who did gave us positive feedback about how they were supported "The carers did not have to get me any food, but they always checked up to make sure that I had something to eat, they never left without giving me a hot drink, or if I asked a cold drink" and "I was always asked what drink" and "The carers did not need to get me any food, but I was always asked if I wanted a drink, they always checked that I had eaten something before they came."

Supporting people to live healthier lives, access healthcare services and support

- Staff supported people so they were able to access the healthcare services they needed. For example, people had been referred to relevant professionals after a fall.
- The service worked jointly with a range of relevant professionals, including, GPs and community matron, physiotherapist, reablement social worker and district nurses.

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 told us they were fully consulted about care arrangements and had agreed care arrangements with management at suitable times.
- Staff were knowledgeable about people's preferences. Care records contained profiles, which recorded key information about people's support and care. This included likes and dislikes, gender, interests and culture.
- People's rights were protected because staff acted in accordance with the MCA, seeking consent where people were able to make decisions about care and support.
- Staff had a good awareness of the MCA and how to put the principles in to the practice of their work.

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

Good: □ People were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and relatives all spoke very highly of the staff and how they were treated. One person said "All of the staff were kind and caring, very nice really". Another person told us "The staff, were all very pleasant and kind, I got on with all of them, nice people, everyone I met from this company". A further comment from someone else was "All of the staff were kind and nice people, we laughed a lot of the time, we all got on so well". Another person also said "The carers that came into my home were wonderful, caring, and every one of them was very nice; to sum up, they were excellent."

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

- People told us they were always able to express their individual views. One person said, "The carers take time to listen to me and let me tell them what I want". Another comment was "The carers always took time to listen to me, nothing was hurried I could always ask them to do things in a certain way, they then would try to do it that way for me".
- Further comments included "The staff sit and make time for me to have a chat, they will listen to what I have to say about how I like things done or not done, nothing is too much trouble for them" and "All of the carers that came into here always found time to sit down beside me and made time to have a chat, if they were busy they never showed it. I could tell them and ask them to do things in a certain way, then that is exactly what they did, nothing ever was done without my agreement and consent, they were a godsend to me".

Respecting and promoting people's privacy, dignity and independence

- People all told us they were treated with dignity and respect and independence was promoted One person said, "The aim of the carers was to encourage me to be able to do as much as possible for myself following a stay in hospital." Another person told us "When I came out of hospital I was very dependent, my relative had to sleep in the lounge on a camp bed and is 70 years old, the staff helped me to gain confidence."

A relative also told us "The staff have taught me and my relative new ways of transferring from a wheel chair to a chair safely and unaided, we have come so far with their help that now we have been able to cancel the afternoon visit."

- People were supported to maintain their independence. Care records contained information about their choices and independence.
- Staff knew each person's ability to undertake tasks related to their daily living. They took time to support people to participate as fully as they could.
- People's rights to privacy and confidentiality was maintained. Care records were stored securely in locked

cabinets in the office and electronically. Confidentiality policies reflected the new General Data Protection Regulation (GDPR) law.

Is the service responsive?

Our findings

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

Good: □ People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People told us care was planned in a way that was personalised and met their needs. Examples of what people told us included " At the outset I had a detailed assessment carried out by the manager, we agreed what help I would need and how it was going to be delivered,"

"All of the things I need help with are written down in my care plan, as I got better and more confident, they were able to do less for me, everything was always written down". and "My Care plan is very detailed, following my assessment everything was written down as to what I needed help with and how the help they were giving would help me."

- Support plans set out people's goals. These included regaining their independence with regard to mobility or being able to complete a particular task they were currently unable to do. This included meals preparation, mobility, personal care and shopping.

- Daily team meetings known as 'huddles' were held as well as multi-disciplinary meetings every week. Staff met with healthcare professionals to plan and review care and people's goals.

Improving care quality in response to complaints or concerns

- None of the people who currently use the service or have used the service in the past mentioned they ever felt the need to complain. However, they knew how to.

- One person said, "I had a very detailed file in my home, told me everything I needed to know, including how to complain, I have never ever felt the need to raise any issues or make a complaint." Another comment was "I have a file here that tells me how to complain, what have I got to complain about? nothing". Further comments included No complaints at all. They are nice and cheery and friendly when they come in", and "No complaints. If I did, I would speak to the person concerned first".

- There was a complaints policy made available to people when they began using the service. There had been no complaints recently. The procedure was clear and set out how a complaint should be made. 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

- When people had raised queries, such as a change in visit time, these were listened to and responded to swiftly.

End of life care and support

- The registered manager said, if needed the service would liaise with palliative support services if a person required end of life care while using the service.

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

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

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People spoke highly of the care and support they were provided with and how the service was run.
- Examples of comments made included "Everyone was always checking up to make sure that I was always happy, I have a file in my home that tells me everything I need to know about the organisation. If I ring them up they always seem very friendly", and "I think the management must be very good, everyone is so nice and friendly, the people that come around and those who answer the phone" and "Everyone wants to make sure that I am always happy."
- People and staff benefited because there was a positive and open culture shared among the management team and care staff. People and staff said they would recommend the service to others needing care.

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

- Staff had a very clear understanding of their roles and responsibilities. For example, staff understood their role was to assess and promote independence.
- The staff also understood the provider's visions and values. They were able to tell us they included being person centred, supporting independence and respecting diversity. Staff told us they made sure they followed these values when they supported people. New staff were inducted to fully understand the service's aims and objectives.

Continuous learning and improving care

- 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 registered manager told us that they found the monitoring system useful. It allowed them to track if people's visits were completed in the allocated time.
- The registered manager and team made sure opportunities for learning and making improvements were put in place after reviews and audit. The registered manager said the team valued people's feedback at any time either positive or where there was room for improvement.
- People told us it was easy to contact the office, and someone was always there to offer support them or make changes.

Working in partnership with others

- Bristol Community Health liaise closely with the service. Staff including occupational therapists and physiotherapists also work directly with people when they use the service.
- There were close links with Skills for Care and other organisations who support and encourage practice in social care settings.

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

- People told us that the registered manager or a senior member of staff contacted 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 how they were being supported. People told us staff based in the office listened and took their views seriously.
- Staff felt very engaged and felt the manager was open and transparent. Staff felt easily able to make their views known.
- 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.
- Staff were asked to complete a staff survey for their views about the organisation and about working at the service. They were also asked if they had suggestions for improving the service.
- The service aim is to enable people to leave hospital earlier and people, relatives and staff all understood what the service was set up for.
- A relative told us "I have not been involved in the completion of any quality surveys or questionnaires formally, however the office staff always check if everything is alright when I ring up, it certainly is" and other comment was "This has been a very good help to me and my relative the support was very good in a difficult time, they have helped me out a lot."