The Council of St Monica Trust

Care at Home Service - Henleaze Road

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

Care at Home Service-Henleaze Road is based in Bristol and provides personal care and support to people living in their own homes. At the time of our inspection 130 people were receiving personal care. The inspection took place on 13 December 2017 and was announced. When the service was last inspected in September 2015, there were no breaches of the legal requirements identified. The service was rated as good. At this inspection we found the service remained Good.

Why the service is rated Good.

A registered manager was in post. 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.'

Where people were supported with medicines, we found they were managed safely. Risk assessments and risk management plans were completed.

People's care records provided evidence of people's involvement and people who used the service told us that choices and preferences were fully taken into account.

Audits were in place and, where shortfalls were identified, actions were taken to make improvements.

Safe recruitment procedures were followed before new staff were appointed. Appropriate checks were undertaken to ensure staff were of good character and were suitable for their role. Staff feedback was positive about the support, guidance, training and supervision they received.

People were cared for in a kind and respectful way. People were supported to maintain their health and the service liaised with other external health professional when needed.

People who used the service, relatives and staff all spoke positively of the leadership and management of the service.

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 remains good.	Good
Is the service effective? The service remains good.	Good
Is the service caring? The service remains good.	Good
Is the service responsive? The service remains good.	Good
Is the service well-led? The service remains good.	Good

Care at Home Service - Henleaze Road

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 carried out by one inspector and an 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 service.

The inspection visit took place on 13 December 2017 and was announced. We gave the provider notice because the service is a domiciliary care agency and we wanted to make sure that staff would be available at the office to assist us with our inspection. We also wanted to give the provider time to seek agreement from people and their families that we could contact them and obtain their views and experience of the service. We made telephone calls to staff and to people who used the service and their relatives on the following two days.

Before the inspection we reviewed the information we held about the service. The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give key information about the service, what the service does well and the improvements they plan to make. We also reviewed other information we held about the service such as from statutory notifications. A statutory notification is information the service is legally required to send to us about significant events.

We spoke with 10 people and four relatives of people who used the service.

We spoke with the registered manager and 10 staff that included the deputy manager, administrator, rota coordinator, senior care staff and care staff. We received feedback from one external health professional who had experience of working with the service.

We read the care records for four people and reviewed medicines records. We checked staff recruitment files, staff rotas, induction, 'spot checks,' supervision and training records. We reviewed records relating to the management and monitoring of the service, such as policies and procedures, quality assurance audits and checks, records of staff meetings and feedback from people using the service and their relatives.

Good

Is the service safe?

Our findings

People told us they felt safe with the care staff who visited and provided their personal care. Comments included, "Yes absolutely, I have a key safe and the carers let me know who they are when visiting. I have a rota to know who is coming each day" "Yes, good grief, they are wonderful people" and, "I do definitely (feel safe)."

Most people told us they received care from a regular 'group' of care staff. One person told us, "Yes, the morning carer is regular, but the rest of the day there is a selection of carers" and another person said, "The majority of times yes". We also received feedback from one person to say they, "Often get a carer that is not on my rota." We were told that care staff mostly arrived on time, and when they were running more than 30 minutes late, someone from the office called to let them know. One person told us they had not been informed of a recent call that was one hour later than their allocated time, so they had contacted the office. When we asked if care staff stayed for the time they were allocated, one person said, "They have a book to record times of visits." Another person commented, "One or two carers cut the visit by 10 minutes." However, everyone we spoke with told us that care staff provided the care they needed and completed all agreed tasks when they visited.

There were safeguarding policies and procedures in place. Staff had received training and understood their responsibilities with regard to safeguarding people from harm and abuse and for reporting any concerns. A member of staff told us, "I would know what to do if I thought someone had been abused and there's always someone on call to ask."

Risk assessments were completed and risk management plans were in place. They were reviewed and updated every six months or in response to changes. They included risks associated with mobility, moving and handling, and use of equipment such as hoists. Where people were supported with moving and handling equipment, we saw the records provided pictorial guidance and details for staff about how to use the equipment and slings.

Risks associated with the environment were considered and management plans were in place to manage identified risks to people's safety. The registered manager told us they provided support to people to help improve fire safety in their homes. They had supplied application forms to people on behalf of the local fire and rescue service, to request free home fire safety visit checks.

Accidents and incidents were reported and actions taken. A member of staff told us how they had supported a person who had fallen in their home. They told us they provided reassurance to the person, and informed them they could not move them in case they had an injury. They called the emergency services and accompanied the person to hospital. The member of staff told us they completed the required paperwork and contacted the 'out of hours' staff. Their planned scheduled visits were then reallocated to other care staff.

The provider's health and safety team analysed accident and incident reports and were available to provide

additional advice and guidance. Where actions were needed to reduce and minimise future risks, these were taken. For example, for one person, where their furniture was identified as a trip hazard, they were supported to move their furniture around to minimise future risks.

People who needed assistance with medicines received the support they required. One person told us, "Carers do prompt my medication and at the right time, and a relative commented, "They (care staff) give medicines and apply creams for pressure area care. I am happy and I have my own checklist I keep." Staff had received training and were assessed by senior staff on a regular basis to make sure they remained competent to support people with their medicines. Medicine Administration Records (MARs) were completed to confirm that staff had given medicines as prescribed. The provider had systems in place to regularly check MARs were fully and accurately completed. We did find a shortfall in the records for one person. The MARs had not been signed to confirm the person had been given their medicines on 4 November 2017. The shortfall had not been reported by care staff or picked up in the providers' quality monitoring checks. The registered manager told us they would take action to address the shortfall.

Appropriate staff recruitment processes helped to protect people from those who may not be suitable to care for them. The recruitment files we inspected showed that appropriate checks had been carried out before staff started work. They included completion of application forms, interview notes and reference checks. Enhanced Disclosure and Barring Service (DBS) checks were completed. The DBS enables employers to check the criminal records of employees and potential employees, in order to ascertain whether or not they are suitable to work with vulnerable adults and children.

We spoke with staff who told us they were provided with adequate supplies of personal protective equipment (PPE). They told us they had received training so they were aware of what they needed to do to help prevent or control the spread of infection.

Good

Is the service effective?

Our findings

People received an effective service from staff who understood their needs. People spoke positively about the staff who supported them and told us that staff were trained and able to meet their needs.

People referred to the service had their care needs assessed by senior staff, before the commencement of the service. This was to make sure the provider was confident the person's care needs could be met and identified risks within the person's home could be addressed.

Where people received support with their food and fluids, people and relatives comments included, "Yes, they prepare my breakfast and a cup of coffee, in the way I want them" "Yes, the carers spend all the time guiding and enabling my husband to eat and drink the foods he likes" and, "Carers poach eggs on toast or pasta for supper and yes, how I like it."

When new staff started in post they completed an induction programme. The programme incorporated the Care Certificate, a national training process introduced in April 2015, designed to ensure staff were suitably trained to provide care and support. New care staff were supported through the programme by a senior member of staff. Staff completed mandatory training, for example, fire safety, infection control, moving and handling, nutrition and hydration, safeguarding and Mental Capacity Act. Staff then shadowed experienced staff until they were confident to work unsupervised. During this time new staff were monitored, they met with senior staff on a regular basis as part of the provider's 'new entrant review programme,' and their progress was recorded. This meant that specific support needs could be identified and addressed. A member of staff told us "We have plenty of training." We asked staff how they were supported to provide care to people who had needs or used equipment staff were not familiar with. Comments included, "If we have a new customer with say, a different type of hoist or a catheter that we're not used to, we would be asked if we've had previous experience. If not, we would be given additional support from a senior to make sure we were able to provide what was needed" and, "We just ask anytime if we're not sure and we'll get the help we need."

Staff received regular supervision with senior staff and the staff we spoke with all told us they were well supported in their roles. In addition to supervision meetings, staff were periodically observed whilst they provided care to people. These were unannounced visits carried out by senior staff. A member of staff told us, "We get honest feedback." This included feedback about staff appearance and how the member of staff had conducted their visit, communicated with the person and provided the personal care duties expected of them. The records guided senior staff on how to handle the feedback session. This included asking the member of staff for their reflections on the visit and what they could have done differently.

Care staff reported concerns about people's health or change in condition to the office staff or out of hours on call staff. Staff told us in the event of an emergency they would contact emergency services themselves. They told us they also worked with other health professionals and gave examples, one being the regular contact and discussion with the district nurses about a person's skin condition. A member of staff told us how they were made aware of people's changes of condition, or significant events, when they returned from

holiday or days off. They told us that an 'alert' was sent to their phone, so they were aware and prepared for any such changes, before their scheduled visits.

Care staff understood the importance of supporting people to make decisions and remain independent. They had received training on the Mental Capacity Act 2005 (MCA). They were able to tell us how they obtained consent from people before they provided personal care.

The 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. A member of staff told us, "Most people can make their wishes known, even if it's by facial expressions or gestures." Another member of staff said, "[Name of person] has dementia, and has communication difficulties, but they still manage to let us know just what they want, even how they like us to cut up their toast."

Good

Is the service caring?

Our findings

People and their relatives told us that people were treated with dignity, respect and that staff were caring. Comments and feedback included, "Carers now have the measure of [person's name] and have had to use tact and patience. I am impressed," "They (the staff) always tell me how much they love their job and it shows" and, "The carer is very caring, I think so."

Care staff were encouraged to provide 'memorable moments' for people. Memorable moments were occasions when staff demonstrated they had provided more than the care tasks they were expected to undertake. Staff recorded their memorable moments and we read many examples that included the following, 'I took home and darned his favourite cardigan for him. He was totally delighted' 'Through conversation I learned about her interest in politics and was able to provide her with free magazines' and, 'After working with her for some time I got to understand what made her feel anxious and what was important in her life, and have worked hard to make sure the visits are enjoyable for her. The change I have seen in her has been wonderful, she makes jokes and laughs, she listens to my suggestions and trusts me to carry out tasks that at the start she wouldn't. We have built a good relationship and that's something that comes from loving the work that I do.'

We read the compliments received from people using the service and their relatives in 2017 and they included the following, 'The staff are all so lovely and she is very thankful' 'I would say [name of staff member] is a super young lady and so reliable' and, 'She is very satisfied with what is being done for her.'

Staff were able to tell us how different people liked to be cared for. They told us how they treated people with respect and how they encouraged people to be as independent as possible. Comments from staff included, "I felt I really helped her by encouraging and supporting her to go out and eventually she felt able to go out and visit her sister's grave" and, "Although she can't speak to us, we talk with her while we are caring for her, showing respect for what she can do, and she manages to let us know by facial expressions such as scrunching her face up." As reported on in the responsive section, whilst staff were knowledgeable, the details noted above were not written into the person's care plan.

Care staff told us how they made sure people's privacy and dignity was maintained when they were providing personal care. They gave examples that included, "It's sometimes the really small things that matter" "Usual things like making sure people not fully uncovered and that doors are closed, even though it is their own home, most of our customers like to have their care in private" and, "making sure we talk people through what we are doing, reassure and check they're ok."

A member of staff told us how they provided compassionate and thoughtful care to one person. They told us about one person who was always happy to see care staff but, 'Never wants to have a wash or a shower.' The member of staff told us they have found the person responded positively when staff asked the person what they thought their husband would want them to do. After chatting for a while the person almost always agreed to be supported with a wash or shower and, "Always feels better afterwards."

Staff were able to describe how they supported people who showed emotional distress. They told us they were given sufficient time to provide the support, that often included time to reassure people before care tasks were undertaken. They told us how their tone of voice and reassuring touches often made a difference to people's responses to them. The records we read for one person included a behavioural risk assessment that stated how staff should calm a situation and, 'Speak in a soft, calm, respectful manner throughout.'

Good

Is the service responsive?

Our findings

People received a care service that was responsive to their needs. Before people started to receive care, assessments were completed by one of the senior staff to make sure individual needs were understood and could be met. Care plans were written up and agreed with the person and relatives where appropriate. A relative commented, "Yes my husband and myself were involved in setting up the care plan."

Each person's daily routine was recorded. Whilst some care plans provided personalised, specific and detailed information, this was not consistent. For example, one person was supported with catheter care. The records stated 'Ensure the leg and night bags are changed frequently and record on MARs and daily sheets,' and, 'Care staff to write the date on catheter bags on the day they are changed for other staff to reference.' There was no further guidance available about frequency of changes or the procedure for changing the leg and night bags. The care staff we spoke with were able to provide details about the procedure and told us new staff were shown before they completed such tasks. For another person who was unable to communicate verbally, their records stated the person was supported with 'oral hygiene and cleaning teeth' and they 'appeared to experience mild pain on movement'. There was no further written guidance for staff about how to clean the person's teeth or how staff would recognise if the person was in pain or the actions they would take. When we spoke with staff, they were able to tell us how they cared for the person, how they provided oral hygiene and the actions they took if the person showed they were in pain. However, there was a lack of consistency in the level of detail of the recording. This meant people may not receive consistency in care and support when there were staff changes, because sufficient written guidance about care needs was not always provided. Following our visit, the provider confirmed in writing, the actions they had taken to address the recording shortfalls we had identified.

The registered manager told us when there were changes in staff, information was provided for staff prior to visits to make sure the needs of the people were clearly understood. They also told us that, for the people we had noted, relatives were always available to provide additional information for staff. However, they told us they would take action to make sure the records were fully completed.

We read other care plans that did provide detail of how staff supported people with their care needs. For example, for one person their records included, 'Would like her legs and feet washed and creamed as she really struggles to do this.' For another person there was detailed guidance about how staff supported the person to move. The staff we spoke with were all able to tell us the detail of each person's care needs, likes and dislikes, methods of communication and levels of independence.

The registered manager was in the process of compiling more detailed information about people's background and social circumstances if the person was in agreement. People were offered a 'free of charge' visit to discuss and have detailed summaries of their life stories recorded. When people declined this offer, their choice and right to do so was respected. Where life stories had been completed, they included details of childhood memories, working life, significant relationships and places, social activities and interests, likes, dislikes, important people/relationships and highs and lows of getting older. One of the questions asked for suggestions as to how St Monica Trust could support the person with hobbies or interests or something the

person may want to achieve. The completed records we saw included, 'No highs but the lows are the fact that your body changes so you can't do the things that you want to do,' and also noted the person liked to talk about their adventures and significant places they had visited when they were younger. A member of staff told us how the person enjoyed visiting the provider's weekly 'Come and meet each other' (Cameo) café. This was set up to provide people using the services of The Council of St Monica Trust the opportunity to chat with other people. The person had noted they, 'Enjoyed it from day one.'

The provider told us in their PIR how they were making further improvements to the service offered to people. In addition to six monthly care reviews, undertaken with senior staff, the registered manager and the deputy manager made quality telephone calls to people. These calls were made three months after the person had participated in their first care review and followed up with further calls as requested by the person, or on a six monthly basis. People or relatives were asked to provide feedback about the service, care reviews, visit times and care staff, complaints or compliments and 'Anything else they would like to discuss or mention.' We looked at examples of quality calls that had been completed. Comments and feedback included, 'It's lovely to talk to you [Name of Deputy Manager]. I remember you. You were the first lady to see me about my care enquiry. Lovely talking to you' and, 'All care staff are lovely, the only thing is the timing of the morning visit….but if you could sort that out for me that would be wonderful'. The timing of the visit was changed. The registered manager told us they found the calls were really useful and provided the opportunity to make further changes and improvements to the service.

People and their relatives told us they would complain or raise concerns if they needed to. One person told us they had made complaint and, "It was resolved and I was happy with the result."

We looked at the complaints records and read details of complaints and feedback received in 2017. The records showed that staff recorded all comments and feedback where actions could be taken to make improvements.

Good

Is the service well-led?

Our findings

People received a service that was well-led and well-managed. The people and relatives we spoke with were positive about the management of the service, and comments included, "Yes, they are always on the case," and, Mostly (well-managed). Occasionally things can go awry, but 99% ok."

Quality monitoring audits and checks were completed on a regular basis. These included observational checks of staff whilst they were working with people who used the service and monthly reviews of care records, medicines records and accidents and incidents reports. Annual quality assurance reviews were completed by one of the provider's trustees. Whilst the shortfalls we found and reported on in the responsive section of the report had not been identified, we saw examples of where shortfalls were identified and improvements were made. For example, one monthly check had noted gaps in between care record entries. Actions were taken to make sure this was addressed, and follow up checks were completed.

The provider actively sought feedback from people and we discussed the results from a survey completed in September 2017.The service scored highly in response to people's views on feeling safe with care staff, confidence that care staff were well-trained and that care staff were friendly, polite and kind. The lowest scoring area related to people not being supported by 'Regular carers that visit and don't change too often'. The registered manager told us the full report had not yet been received. They told us they would implement an action plan to make improvements in the areas identified. They told us they welcomed feedback and used it as an opportunity to make improvements. They told us the quality phone calls they and the deputy manager had started making would provide more opportunities for people to provide feedback and for improvements to be made to the service people received.

The registered manager and their team had a clear vision for the service. During our visit, we found the registered manager demonstrated a commitment to providing effective leadership and management. The management structures were clear and the staff we spoke with understood their respective roles and responsibilities.

The staff we spoke with were all proud to work for Care at Home. Without exception, they all spoke highly about the support they received and how the service was managed. Feedback from staff included, "After starting work here, comparing to other places I've worked, I realised the grass really is greener here," "It doesn't feel like a job and we get well supported. I get to build relationships with customers and I love it" "Our manager's (the registered and deputy manager) get to know how we want to be managed and get the best out of us," and, "[Name of registered manager] is really easy to talk to, approachable and we all know where we stand and what's expected."

Weekly office meetings were held each Monday with topics including, review of the previous week, staff absences, rota management and enquiries for care packages. Monthly meetings were held with care staff. In addition, staff were able to provide feedback in 'Colleague Opinion Surveys.' We looked at the results for the most recent survey, completed in June 2017. Where staff had identified issues, these were discussed at the

monthly review meetings the registered manager had with their line manager and provider representatives that included human resources, training and recruitment and marketing teams.

A senior member of staff told us about their experience of working for The Council of St Monica Trust. They told us, "It's like winning the lottery working here. We get subsidised meals, there's a counselling service if we need to use it, a Christmas bonus, thank you's, use of the pool and gym, and the senior managers and trustees call in and make sure we're ok."

Care at Home took opportunities to celebrate success and recognised when staff had gone above and beyond what was expected of them. On the day of our visit, a member of staff was presented with the providers 'Rose' award to thank the member of staff for the support they provided to one person to enable them to attend an out of area family wedding.

The registered manager was aware of their responsibilities with regard to the notifications they were required to send to the Commission. They had completed and returned their PIR to CQC. This provided an accurate assessment of the service and the improvements they planned to make.

The registered manager worked with other organisations at care provider meetings and at national conferences. They attended the provider's leadership forums every two months and met with the provider's head of community services each month. This showed how they were supported to follow current best practices to provide a good quality service.