

City of Bradford Metropolitan District Council

Bradford Home Support

Inspection report

Cottingley Cornerstones
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Tel: 01274435400

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Ratings

Overall rating for this service	Outstanding 
Is the service safe?	Good 
Is the service effective?	Good 
Is the service caring?	Outstanding 
Is the service responsive?	Good 
Is the service well-led?	Outstanding 

Summary of findings

Overall summary

Bradford Home Support (also known as Bradford Enablement and Support Team, BEST), is registered to provide personal care and support to people at home. The service provides short term support to people when they are discharged from hospital or in response to a social care crisis. Because of the type of service, the numbers of people supported can vary from day to day and at any given time the service supports between 200 and 300 people. At the time of our inspection the service was supporting 231 people across the Bradford district.

CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

The leadership of the service was excellent. Significant time and resources had been invested in implementing and improving digital systems to ensure people consistently received a high-quality responsive service which met their needs and preferences. People were extremely positive about the service and told us they would have no hesitation in recommending it.

The service had excellent quality assurance and monitoring systems to ensure people received safe care and treatment. These systems meant the management team were able to identify any shortfalls in the service and act quickly to rectify them.

The management team were passionate about the service and were continuously looking at ways to improve people's experiences. They worked in partnership with other health and social care agencies and this collaborative work had benefited people across the whole Bradford district. Examples of this included reduced admissions to hospital and improved support for people receiving end of life care at home.

The management team had dedicated a lot of time and resources to staff training and development. Staff told us they were very proud to work for the service and felt extremely well supported in their roles. They said they would recommend it to family and friends who needed care and as a place to work.

People were supported by staff who were exceptionally kind and caring. Staff were dedicated to ensuring people experienced the best possible care and support. People's equality and diversity needs, and preferences were respected.

The service placed a strong emphasis on enablement, supporting people to live fulfilling lives and be part of their local community. Staff actively encouraged and supported people to be as independent as possible. We found numerous examples of staff supporting people to improve their quality of life by supporting them to access local services.

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.

People told us the service was safe. Staff knew how to recognise and report any concerns about people's safety and welfare. Robust recruitment procedures helped to protect people against the risk of being supported by unsuitable staff.

Risks to people safety and welfare were identified and managed.

People's needs were assessed. From the outset people were involved in planning how their support needs would be met and in setting goals to help them become as independent as possible. This meant people received person centred care.

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 16 March 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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?

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 had improved and was exceptionally caring.

Details are in our caring finding below.

Outstanding ☆

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service had improved and was exceptionally well-led.

Details are in our well-led findings below.

Outstanding ☆

Bradford Home Support

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector and two experts 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 houses and flats. The service provides short term support, usually up to a maximum of six weeks, following discharge from hospital or in response to a social care crisis.

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 a short period notice of the inspection because we needed to make sure the registered manager would be available to support the inspection.

Inspection activity started on 16 September 2019 and ended on 25 September 2019. We visited the office location on 16 and 25 September 2019.

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 the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information

helps support our inspections. We used all this information to plan our inspection.

During the inspection

We carried out telephone interviews with 19 people who used the service and eight relatives about their experiences of the care provided. We spoke with 16 staff including support workers, care co-ordinators, care managers, the technical manager and the registered manager. We reviewed a range of record which included nine people's care records and several medication records. We looked at two staff files in relation to recruitment and staff supervision. We looked at other records relating to the management of the service, such as training records, meeting notes, audits and survey results.

After the inspection

We reviewed additional information sent to us by the provider.

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 protected from the risk of abuse.
- People told us the service was safe. Comments included, "Yes, I feel safe." "Yes, 100% safe, everything they do, they do by the book." And, "I feel safe, they show me their ID badge." And "They make sure the home is secure, we've got one of those key pads outside. They do lock up when they go."
- Staff had received safeguarding training and knew how to recognise and report any concerns about people's safety and welfare. Managers understood their safeguarding responsibilities.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people's safety and welfare were assessed. Care records included information about the measures in place to manage risks.
- The service worked with other agencies to help people to reduce risks to safety and wellbeing. For example, by referring people for personal alarms so that they could summon help at any time.
- Staff knew how to report any changes to people's needs and could contact the office for additional support at any time.
- Lessons were learned following incidents or events affecting the well-being and safety of people who used the service. Where necessary changes were made to working practices to reduce the risk of recurrence.

Staffing and recruitment

- There were enough staff deployed to ensure people received safe care.
- Overall people were happy they received their support within the agreed timeslot and had a regular team of support workers. Comments included, "They come at more or less the same time, with traffic and things, you can't expect them to be on the dot." And "If they're running late in the evening, they always let us know and tell us when they expect to be there."
- Staff were recruited safely, and appropriate checks were carried out to protect people from the risk of being supported by unsuitable staff.

Using medicines safely

- People's medicines were managed safely.
- People were happy with the support they received with their medicines.
- Staff were trained in the safe management of medicines. Competency checks were carried out to make sure they were following the correct procedures.

Preventing and controlling infection

- People supported were protected from the risk of cross infection.
- Staff received training and were provided with personal protective equipment. Staff were encouraged to have flu vaccinations.

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. At this inspection this key question has remained the same. This meant 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 were referred to the service by health and social care professionals. The referral form included information about the support people needed and the expected outcome of the care package. The service then carried out a more detailed assessment with the person or their representative which looked at their individual needs, preferences and goals.
- Staff told us they were continually assessing people's needs and abilities as the aim of the service was to enable people and support them to become as independent as possible.

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills to meet their needs.
- People told us staff were trained and supported people safely. Comments included, "They all knew what they were doing. They made a note in the book afterwards." And "We have a banana board, slide sheets and a hoist for transfers to the commode. They know how to use them all. I'm really happy with them. I couldn't fault them."
- Staff told us the training was excellent. They said they were supported to make sure they had the right skills and knowledge to meet people's needs. Training included safe working practices and topics related to people's needs such as dementia and swallowing difficulties.
- New staff received induction training which included shadowing more experienced colleagues.
- Staff had supervision and appraisal meetings. This gave them the opportunity to talk about their work and reflect on their practice. Staff were encouraged to do additional training and/or gain qualifications to help them with their career progression.

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

- Where it was part of the agreed package of care people were supported to eat and drink.
- Where necessary people's dietary intake was monitored. If there were any concerns about people's nutrition or hydration referrals were made to the appropriate professionals.
- People were happy with the support they received with eating and drinking. One person said, "They don't do food for me, but I can always talk to them about food. They might ask me about what I'm having, or if I've had my breakfast today." Another person said, "They used to help me with meals. I did get food at the time I wanted it. They were very good, very helpful."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service worked with other agencies to ensure people were able to access healthcare services.

- People told us they were happy with the support provided. A relative told us, "We both felt able to discuss health problems with them. When he first came home [from hospital], he had a slight infection. It got worse over the next day, and I was going to call 111. The carer, [name] said not to worry, she'd sort it out, and she didn't leave him until she'd got him an ambulance to go back into hospital. When he came home after that, the next morning, there was someone here on the dot to get him up and dressed."
- Staff told us if they were concerned about a person's health they would contact the office or speak with health professionals directly to ensure the person received the care they needed.
- When people were moving to a different care provider at the end of the service, information about their needs and preferences was included in the transfer documents.

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.

- Staff supported people in the least restrictive way possible to ensure they had maximum choice and control of their lives.
- Staff supported people to make choices. Care records provided staff with information about how they should support people taking account of their needs and preferences.
- Where people lacked the mental capacity to make specific decisions staff liaised with others to make sure decisions made were in the person's best interests.

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. At this inspection this key question has improved to outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- Without exception staff treated people well and respected their diverse needs.
- People described the service as exceptionally caring. Comments included, "We would like to thank you all for the wonderful care, the girls have been inspirational. They have given [name] more confidence in herself and highlighted accessories to be obtained through OT (Occupational therapist). You have a very good team, showing compassion and excellent care." And, "I think the care assistants are excellent." And, "All the carers were wonderful in the care provided to [name]."
- The service promoted the core values of compassion, respect and kindness. It was clear staff applied these values in their day to day work with the people they supported and their relatives. Comments from relatives included, "Thank you for the help and consideration you gave both [name] and I during your visits. You truly treat your clients as you would your family." And, "Every one of the team was so thoughtful, kind and cheerful. Always came with a smile and cheery greeting. They engaged with [name] and the rapport was lovely."
- Staff developed strong caring relationships with people. One relative commented, "You will never know how much we appreciated what you did for [name]. I did indeed feel he was as special to you as he was to me."
- The staff ethnic mix reflected the ethnicity and diversity of the local population. This enabled the service to ensure people's preferences and cultural needs were met. For example, one person told us, for religious reasons, they had asked that they were only supported by female staff and the service had respected this. The service kept a list of all the languages spoken by staff. This meant when a person's first language was not English they were quickly able to allocate staff who would be best placed to help the person communicate their needs.
- Equality was promoted within the service and staff knew how to support the cultural needs of people from different ethnic and religious backgrounds. For example, one person whose first language was not English had become socially isolated and depressed following a bereavement. Staff had arranged for the person to go to a day centre where they could meet people with the same cultural background. The person had made new friends and become less isolated.

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

- The service promoted a culture of involvement. People were supported to express their views and make decisions about their care and support. Comments included, "The man who came to see me was excellent, very clear, explained everything, how it worked, what was free and how long for. He wanted to link me up with physiotherapy and OT." And "They were very good, discussed everything." And, "They provide plenty of

written information as well as what they tell us. I was happy with [staff name], he was very thorough, and worked out what I needed from what I told him."

- Another person described the member of staff who had carried out their initial assessment as "excellent". They said the staff member had explained everything and made them feel "confident and safe."

Respecting and promoting people's privacy, dignity and independence

- Promoting people's privacy, dignity and independence were core values of the service.

- Without exception people said their privacy and dignity were respected. Comments included, "They did treat [name] with dignity and respect. When they were washing [name] they covered [name] where they should." And, "They are all respectful."

- The service promoted a culture of enablement, supporting people to gain maximum independence and live fulfilling lives.

- The information gathered during the assessment process was used to help people set goals. Examples included being able to make a cup of tea and being able to get washed and dressed on their own. Comments from people included, "The offer was to make me fit to look after myself. We stopped the tea time call as I became able to cook simple things, so I just have morning and evening calls now." And, "[Staff name] is excellent she got me washing myself and encouraged me to help myself more." And, "All the staff have been caring, kind and respectful. [Name] asked that I give a big thank you for all your support, [name] is now able to manage their own personal care."

- Staff told us the service was all about enabling people. This meant helping people to put things in place which would support them to maintain their independence when the service finished. Examples of how staff had supported people to do this, include how one person had been supported to access a companion driving service. The service provides transport and an escort for older people and people living with disabilities. This had meant the person who was a wheelchair user was able to independently access appointments in the community. Another person had been supported to access advice and help with claiming benefits from a national charity for older people. This had enabled the person to purchase small amounts of support which, meant they were then able to manage their own care independently.

- People's confidential information was managed safely. The provider had systems in place to make sure they complied with the General Data Protection Regulations (GDPR). Staff received training about protecting people's confidential information and understood their responsibilities.

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. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were involved in planning their care and support.
- People told us the care and support they received met their needs. Comments included, "They've been very good carers, trained and prepared to do what I have needed. "And, "I think the paperwork is excellent, they all follow the same procedure."
- The service was flexible and responsive to people's needs. One person said, "They always ask if there's anything else I need them to do." A social care professional commented, "I wanted to thank you for going the extra mile in what you did for [name] today. You stood in and helped us in the emergency."
- In another example the service had gone beyond the agreed package of care to provide a one-off sitting service. This had enabled the person's relative, who was their main carer, to attend a family celebration.
- The service promoted a culture of enablement. This extended beyond people's physical care needs and looked at empowering people to live fulfilling lives. The service had invested in technology which made it easy for staff to access information about events in the local community on their work phones.
- Staff understood the negative effects social isolation could have on people's wellbeing. They explained how they used the information on their work phones to share information with people and their relatives about local services. These included coffee mornings, exercise classes, gardening and cleaning services.

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.

- People's communication needs were assessed. Care records included information about the support people needed with communication.
- Where needed information was available in alternative formats.

End of life care and support

- The service was responsive to the changing needs of people within the Bradford district. Last year, in response to a request from community based palliative care services they had started to support the provision of end of life care to people in their own homes. Staff had received appropriate training and support to make sure they were able to deliver the right care and support to people and their families.
- The service had received many compliments about the support they had provided. Examples included, "My [relative] and I would like to thank all the carers who looked after Mum during her last months of life."

You all showed her respectful and attentive care throughout. Thank you also for the support you gave to [relative] who appreciated all the care and advice you showed to them." And, "Please pass on my sincere thanks to the carers who supported my [relative] who sadly passed away last week. [Relative] was very reluctant to accept services however, they built up quite a rapport with some of the team and found the support a blessing in their final days."

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place.
- People told us they knew how to make a complaint however most people said they had never had any reason to complain. Comments included, "It's in the book [Service user guide], I haven't spoken to the office before, haven't needed to." And, "Yes, I could complain, I have this book with all the numbers in." And, "No reason to complain at all. They're all very nice."
- The service was proactive in seeking people's views through review meetings and this meant people did not often feel the need to make formal complaints.
- Complaints were reviewed to look for trends and where appropriate changes were made to improve 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.

At the last inspection this key question was rated as good. At this inspection this key question has improved to outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Continuous learning and improving care

- Since the last inspection the management team have continued to develop and improve all aspects of the service. Their commitment and passion for this was evident throughout the inspection.
- The service had put new systems in place to support effective working with other agencies. They worked alongside multi agency discharge teams at local hospitals to ensure people were able to go home without unnecessary delay. This meant people had the essential support they needed at home to recuperate from their illness and start to regain their independence.
- The service had invested in a new digital based scheduling system. This supported them in deploying staff more effectively across the whole Bradford district.
- Staff had been issued with new mobile phones. The phones had improved communication and security. Staff had immediate access to their rotas, information about people's needs, training and national guidance. The phones had an emergency call function linked to satellite navigation (GPS). Staff told us this made them feel safer when working alone as they knew their location could be found.
- To ensure people consistently experienced high quality person centred care the service had invested a great deal of time and resources to staff training and development. For example, they had developed their own training package to make sure staff received training related to the needs of the people they supported. Staff were supported to undertake nationally recognised training, including the Care Certificate and the service took part in the government apprenticeship scheme. This meant the staff team were highly skilled and competent to deliver outstanding care.
- The management team were extremely responsive to any suggestions for improvement. They acted immediately to make changes which were communicated to staff by way of their phones. For example, a suggestion had been made about specific training for staff about delirium. Within 24 hours the management team had accessed information from a reputable source and added a training package to the suite of training available to staff on their phones.
- Information from the analysis of complaints was used to improve the service. For example, in 2017/2018 the service had received informal complaints about missed calls. In response they had changed their systems. They had introduced a daily report which showed any calls which were not covered for the following day. They were then able to make the necessary staff changes to make sure the calls were covered.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The culture of enablement, supporting people to live more independent and fulfilling lives was at the

centre of everything the service did.

- The service provided short term support following discharge from hospital or in response to a social care crisis. A positive outcome meant the person needed a reduced package of care or no care at the end of the service. Records showed over the past 12 months the service had consistently enabled over 60% of the people they supported to achieve a positive outcome. We found numerous examples of positive outcomes for people. For example, one person could not stand for a long time and struggled to prepare food. Staff organised a perching stool and a trolley, so the person could prepare their own food and transport it to the table. This meant the person was fully independent again and no longer needed home care services. Another person had lost their confidence and was unable to walk around their home without support. Over a period of six weeks staff encouraged the person to walk a little more on each visit. By the end of six weeks the person had regained their confidence and was able to walk around, go to the bathroom and go to bed independently.
- One person said, "They are trying to help me to manage without them, for my own good. Giving me the confidence and the skills to cope in the situation that I am in."
- The provider had a set of values developed around the principles of equality and enablement. These had been introduced to the service and were used to promote non-discriminatory care delivery. They were reinforced with staff through observations, supervisions and appraisals. Staff exemplified these values and spoke with passion about their work.
- Staff told us they were very proud to work for the service. They said they thought it was "outstanding" and would have no hesitation in recommending it. People told us staff seemed happy and proud to work for the service. Comments included, "I think they're quite proud of it." And, "One or two told me they've been there over 20 years. They say they like their job."
- People spoke very positively about the service and without exception said they would recommend it. One person said, "I would recommend the service, I think they're really good." Another person said, "I would definitely recommend it."

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

- People's views were obtained through individual quality assurance forms and surveys. The results of a surveys completed between January and June 2019 showed exceptionally high levels of satisfaction with the service.
- Regular team meetings were held and in 2018 the service had introduced 'The Enablement Assistants Quality Circle.' This gave staff the opportunity to give direct feedback to the management team and have a say in how the service developed to achieve better outcomes for people.
- The service has established links with the Equity Partnership who work with Bradford LGBT communities. They used these links to raise awareness of the views of the LGBT community by circulating the Equity Partnership newsletter to all staff. These links also helped the service to engage directly with the LGBT community. For example, the registered manager had attended meetings with a group of older people from the Equity Partnership to share information. The registered manager told us a particular source of anxiety for LGBT people was that they often had a smaller social support network. By meeting with them and sharing information about the range of services available they had helped to allay some of these worries. Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
- The service was extremely well organised. There was a clearly defined management and staffing structure in place. Managers and staff were clear about their roles and responsibilities.
- Systems for monitoring and assessing the quality and safety of the service were fully embedded. There was a strong focus on continuous improvement and systems, such as the digital scheduling system, were being continuously upgraded. For example, the scheduling system had been linked to satellite navigation

system which meant calls could be monitored and staff redeployed if necessary. This helped the staff to be more responsive and reactive to people's needs.

- Enablement coordinators carried out staff observations. Observations focussed on supporting staff to develop their skills and knowledge and improving people's experiences.
- The registered manager understood their responsibilities with respect to the submission of statutory notifications to CQC.

Working in partnership with others

- The service worked in partnership with a wide range of agencies to improve people's experiences. These included Community Partnership Groups, Clinical Commissioning Groups, community-based nursing teams, private care providers, training organisations and the fire service. The following are examples of how this work had improved people's experiences.
- The service had worked responsively with other agencies on 'out of hospital transformation work.' To support this initiative, they developed a Rapid Response service which responded to urgent referrals within two hours. This helped to prevent admissions to hospital by providing people with an enhanced package of care in their own homes.
- The service worked closely with the occupational therapy (OT) team to ensure people received the right support to empower them to be as independent as possible. The manager of the OT team commented, "The Bradford Enablement Support Team (BEST) services have been positive in taking up new challenges around adopting a community led approach and introduced new ways of working to link people back into their communities."

How the provider understands and acts on the duty of candour, which is their legal duty to be open and honest with people when something goes wrong

- The provider was open and transparent when dealing with any issues or concerns. They understood their responsibility to apologise and give people an explanation if things went wrong.