

Bright Homecare Ltd

Bright Homecare

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:

Bright Homecare Ltd is a small domiciliary care provider. At the time of this inspection 10 people were receiving care and support from the service. The service supports older people, some of whom are living with dementia, in their own houses and flats in the community.

People's experience of using this service:

- People and their relatives told us regular staff were provided. They said they received a consistently good service and people felt safe with the staff supporting them.
- Staff had completed safeguarding training. They understood their role and responsibility to keep people safe from harm.
- Medicines were managed safely when this support was required.
- Recruitment procedures were thorough and robust, with clear evidence of the pre-employment checks which had been carried out.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- People told us they were treated with dignity and respect and said staff were polite, kind and caring towards them.
- People received personalised support from regular staff who knew them well. Staff supported people to retain their independence and to be involved in planning and reviewing their care where possible. This helped to ensure care was provided in accordance with people's preferences.
- People, their relatives and staff could approach the registered manager if they had any issues or concerns. The service had a complaints procedure in place which explained how people could raise concerns or complaints.
- The registered manager operated a quality assurance system which included the completion of spot checks and audits. Feedback from care professionals involved with the service was positive.

Rating at last inspection:

This was our first inspection of the service following its registration with CQC in March 2018 and therefore the service has not previously been rated.

Why we inspected:

This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received 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 was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Bright Homecare

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.

Inspection team:

This inspection was carried out by one adult social care inspector.

Service and service type:

The provider is a domiciliary care agency. People receive a personal care service within their own home and this is regulated by CQC.

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 notice of the inspection visit because it is small and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

What we did:

We spoke with four people using the service and one relative to ask about their experience of the care provided. Written feedback was received from two relatives and two care professionals following our visit.

We spoke with the registered manager and two staff members. We looked at two people's care records, three staff files and other records relating to the management of the service.

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.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives said they felt safe with the staff who supported them. One person told us, "She [care worker] is very kind. Everything is ok."
- There were procedures in place to minimise the potential risk of abuse or unsafe care. There were no safeguarding concerns at the time of our inspection. Records seen confirmed staff had received safeguarding vulnerable adults training.

Assessing risk, safety monitoring and management

- People were protected against the risk of avoidable harm. Environmental risk assessments were carried out to help make sure people and staff were kept safe. They covered areas including fire safety, gas and suitability of bathrooms. Other risks addressed included medicine administration, moving and handling and any specific equipment in use.

Staffing and recruitment

- People told us they received care in a timely way. One person told us, "[Care staff member] is punctual." A relative told us, "They have always managed to accommodate my schedule and have never once let me down."
- Regular staff were allocated to help meet people's needs consistently. People had developed a good relationship with care staff who knew them well. This helped them to feel safe. One person told us, "They are very thorough, friendly and professional. It is always a pleasure to see them." A relative commented, "We have had the same man all the time." A staff member told us they were allocated to the same people all the time.
- Recruitment practices were safe. Systems were in place to ensure suitable staff were employed and relevant checks completed.
- Staff files included proof of the person's identity, references and Disclosure and Barring Service (DBS) checks to ensure staff were suitable for employment in the care sector.

Using medicines safely

- Staff were trained to administer medicines and there were systems in place to help ensure people received their medicines as intended.
- Medicine records were regularly looked at during spot checks and audited when returned to the office at the end of each month. Where necessary appropriate action such as further training for care staff was taken to prevent further errors or discrepancies.

Preventing and controlling infection

- Staff received training to give them the skills and knowledge to maintain good infection control standards.
- Personal protective equipment was available and people told us that staff used this appropriately in their work.

Learning lessons when things go wrong

- Accidents, near misses and untoward incidents were documented and reviewed by the registered manager.

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.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take 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 with appropriate legal authority. For people living in their own homes, applications to do this must be made to the Court of Protection.

Ensuring consent to care and treatment in line with law and guidance

- No applications had been made for people who received care from this service.
- Staff received training around the MCA. People and their relatives told us they were supported to be fully involved in decisions about the care provided.

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

- People's needs were assessed before they started to receive support from Bright Homecare Ltd. The information gathered included people's support requirements around their personal care, mobility and nutrition. Where the service was commissioned by the local authority, their assessments were also obtained to help inform the support provided.
- The assessments were used to develop a detailed care plan for each person highlighting how they wanted their support to be provided.

Staff support: induction, training, skills and experience

- People and their relatives told us that staff were competent and provided effective care. One person told us, "The carer helps me with washing, dressing and other small tasks. The carer is wonderful." A relative commented, "Without exception the carers have been outstanding."
- People were supported by staff who received training for their role. The registered manager showed us how they delivered face to face induction sessions addressing important areas such as safeguarding, nutrition, infection control, medicines and dementia. The registered manager was an accredited trainer and the induction programme mapped to the care certificate. The care certificate is a nationally recognised set of standards which provides new staff with the expected level of knowledge to be able to do their jobs well.
- Refresher training was then provided on an annual basis to make sure staff kept their skills up to date.
- Staff were observed in practice by senior staff and received regular supervision with the registered manager.

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

- Care plans included good details about people's dietary preferences. For example, one person's plan gave a full description of their breakfast and how they liked it to be served.

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

- Staff had access to information about involved health care professionals such as the contact details for the person's GP should these be needed.

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; equality and diversity

- People said staff treated them with kindness and were caring. Consistent staff had developed positive relationships with people and knew them well. One person said, "To be honest I couldn't have asked for anybody better" when commenting on the staff member who visited them regularly.
- Staff worked to make sure that people were treated equally and that their protected characteristics under the Equality Act were respected and promoted. A relative told us, "My relative is comfortable speaking to her [care worker] in her own language and has developed a trusting relationship over time."

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

- People told us their independence was respected and they were involved in making decisions about their care. They said care staff listened to them and did things in the way they preferred.
- Some people were not able to express their views and be fully involved in making decisions about their care. Where appropriate, relatives were consulted to obtain their views about how support should be provided.

Respecting and promoting people's privacy, dignity and independence

- People's privacy was respected. Confidential information was held securely in the office location.
- Dignity was respected. People told us that staff upheld their dignity. A relative told us, "We have had a consistent care-worker who is respectful and conscientious, and clearly enjoys what she does." Another relative commented, "The care worker is very polite."
- Consistent care staff were allocated to people enabling them to get to know them well. Their independence was promoted and maintained as much as possible.

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 received a personalised service that was responsive to their individual needs and preferences. They and/or their relative were involved in the planning and review of their care.
- People had care plans in place that were detailed and personalised to them. They provided staff with guidance on how to respond to people's needs effectively and safely. For example, one person's care plan described in detail how care staff should help someone with their personal care including where to place their walking aid and ensuring they wear their dressing gown.
- A care professional told us, "It's been an absolute breath of fresh air to deal with a care agency that is consistent with how they deal with their everyday clients."
- A relative told us, "Bright Homecare has also accommodated our occasional requests to increase/change care times as needed and we find this very helpful. They have also provided a replacement carer if ever our assigned carer is unavailable."
- The service identified people's information and communication needs by assessing them. Guidance for staff was provided in care plans to help ensure they could understand people and be understood. The service was able to provide information in different formats, such as large print, and were aware of their responsibility to meet the Accessible Information Standard. The Accessible Information Standard makes sure that people with a disability or sensory loss are given information in a way they can understand.

Improving care quality in response to complaints or concerns

- People felt able to raise concerns if they wished to and none of the people we spoke with said they had raised any formal complaints.
- One person told us, "No concerns. We just had to ask the care staff to change something and they did it."
- Information about how to raise a complaint was given to people as part of the information pack supplied to each new client.
- There had been no recorded complaints about the service since registration with CQC.

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; and how the provider understands and acts on duty of candour responsibility

- One person using the service told us, "The service has made a big difference to my life." A relative said, "I have been using Bright Homecare for nearly a year and cannot praise them enough for their care and attention." Another relative told us, "We have found them to be very reliable and responsible." A care professional commented, "I have always found that they are extremely professional and it comes across that they care for their clients."
- The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment.

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

- Staff felt well supported by the registered manager and provided positive feedback about how the service was run. Staff and the registered manager were clear about their roles and responsibilities.
- The registered manager understood regulatory requirements and knew to submit notifications for notifiable incidents in accordance with the regulations.

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

- People and relatives told us they were listened to by staff and the registered manager. Staff felt supported and comfortable approaching management. Staff understood how to report their concerns and who they could go to.

Continuous learning and improving care

- The registered manager and senior staff monitored the quality of the service. The system of spot checks with feedback obtained directly from people and their relatives helped ensure the quality of care being delivered. Regular audits of medication administration records and daily care staff logs also took place.

Working in partnership with others

- The registered manager worked in partnership with other care professionals. Feedback we received from other professionals was very positive. A care professional told us, "I cannot praise them enough."

