Bright Care Agency

Bright Care Agency

Inspection report

Rowan House
23 Billing Road
Northampton
NN1 5AT

Tel: 07979281886

Date of inspection visit:
14 December 2018
17 December 2018
19 December 2018

Date of publication:
25 February 2019

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?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 14, 17 and 19 December 2018 and it was announced.

This was the first comprehensive inspection carried out at Bright Care Agency since the provider registered with the Care Quality Commission (CQC) in June 2017.

Not everyone using Bright Care Agency received a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of the inspection the provider confirmed 14 people received the regulated activity 'personal care'.

The provider was also the registered manager for the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

The provider had submitted notifications of other events and incidents in a timely way to the Care Quality Commission (CQC). However, the provider had moved to a new business and location address in September 2018 and had not notified CQC of the change of address. The Care Quality Commission (Registration) Regulations 2009, requires providers to notify CQC, of any changes to their registration. The failure to notify CQC of the change of address meant the provider was in breach of a condition of their registration.

People felt safe. Staff received safeguarding training to enable them to recognise the signs and symptoms of abuse and how to report abuse. Individualised risk management plans promoted people's safety. Staffing numbers were appropriate to keep people safe.

Safe recruitment practices were followed to ensure staff employed were suitable to work at the service. Medicines were managed safely and in line with best practice guidelines. Infection control procedures were followed to protect people from spread of infection risks.

People's diverse needs were identified at assessment, and the care and support was provided in line with their assessed needs. Staff received training based on best practice guidelines and received support and supervision to further develop their skills and knowledge.

People were supported to eat and drink sufficient amounts; to access health support services and attend health appointments as and when required.

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's choices were respected, and their privacy and dignity was maintained. Staff provided support in a caring and supportive way. People were involved in the planning of their care which was person centred.

People were supported to raise any concerns or complaints about the service.

Governance systems were used to oversee, improve and drive continuous improvement across 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?

Good

The service was safe.

People received care from staff that knew how to safeguard them from abuse. Risks to people's safety were assessed and reviewed regularly or as people's needs changed.

Safe recruitment procedures were followed, and staff were effectively deployed to meet people's needs.

Staff followed safe medicines management and infection control procedures.

Is the service effective?

Good

The service was effective.

People's care was delivered in line with current legislation, standards and evidence-based guidance.

Staff received training and support to effectively carry out their roles.

People were supported to eat and drink enough to maintain a healthy balanced diet.

People's consent was sought before staff provided care.

Is the service caring?

Good

The service was caring.

People were treated with kindness and respect and their privacy and dignity were maintained and respected.

People and relatives were supported to be involved in planning their care.

Is the service responsive?

Good

The service was responsive.

People received care that met their needs.

People had information on how to make complaints and the provider had procedures in place to respond to any complaints.

People were supported to discuss advance care plans and how they wanted their end of life needs met.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

The provider had not kept the Care Quality Commission informed of changes to their registration. Failure to notify CQC of the change of address meant the provider was in breach of a condition of their registration.

Systems were in place to monitor and assess the quality and safety of the service and drive continual improvement of the service.

Bright Care Agency

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 checked 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.

This was the first comprehensive inspection of the service it was announced and took place on 14, 17 and 19 December 2018 by one inspector. We gave the service 48 hours' notice of the inspection visit because it is a small service, and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

We carried out telephone interviews with people using the service, relatives and care staff on the 14 and 17 December and visited the agency office on 19 December 2018.

Before the inspection we asked for a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider submitted their PIR in September 2018. We took the information from the provider PIR into account when assessing the service. We also sought information from commissioners, that placed people with the service, and reviewed other information we held about the service. This included information received from statutory notifications, Statutory notifications tell us about important events at the service, which the provider is required to send us by law.

During the inspection we spoke with one person using the service and three relatives. We spoke with two care staff, the care co-ordinator, and the provider / registered manager. We reviewed records regarding the care of three people using the service. We reviewed two staff recruitment files, staff training and supervision records, and quality monitoring records relating to the overall management of the service. Such as, spot staff competency checks, accident and incidents, safeguarding and complaints records.

Good

Is the service safe?

Our findings

The people and relatives we spoke with all confirmed they felt safe receiving care from Bright Care Agency. Staff told us, and records confirmed they had received training in safeguarding people from abuse. There was a safeguarding policy in place and the registered manager followed the policy when reporting and investigating any safeguarding concerns.

Risks to people's safety or welfare were assessed. The risk assessments were reviewed and updated as people's needs changed. They were individualised and reflected people's needs, for example, the level of assistance required with mobility and eating and drinking. The staff were aware of the level of support people needed to be safe and said they were kept updated on any changes to people's needs.

Moving and handling equipment used by people in their own homes was checked by staff to ensure it was safe to use. One relative said, [Name of person] is immobile, they use a hoist, medical bed and pressure relieving mattress. The staff are very competent in using the equipment, [Name of person] feels safe when staff transfer, using the hoist into a wheelchair, as the staff explain what they are doing."

People and relatives confirmed regular staff attended their care calls. One person said, "So far so good, I always have the same staff, they generally arrive on time, you have to be realistic and allow for traffic." One relative said, "I have no concerns about the staff turning up on time, if anything they sometimes arrive earlier than planned, but they always stay for the full length of time." Records within people's daily notes showed most people received care from the same staff on most days. An electronic call monitoring system was used to track people received their visits at the allocated time and the right duration. Staff confirmed they had sufficient travel time factored in, and that they used the call monitoring system to log the times they arrived and left people's homes.

The registered manager maintained an on-call system for care staff to use in case of emergency or concerns outside of office hours. The details of the calls were recorded and acted upon appropriately.

Safe recruitment and selection processes were followed. The staff recruitment records contained information to validate that appropriate pre-employment checks were completed. They included written references and Disclosure and Barring Service (DBS) checks. (The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions).

Appropriate arrangements were in place for the management of people's medicines. Staff received training in the safe administration of medicines and their competency to administer the medicines were checked during unannounced spot check visits.

People were protected from the risks of infection. The provider had an infection control policy in place and records showed staff had completed infection prevention training. People told us that staff wore personal protective equipment (PPE) such as, aprons and gloves, when assisting with personal care and food

handling. One person said, "The staff always leave everything very clean and tidy." A relative said, "The staff wear overshoes when they come into the house, they respect we don't like people walking in outdoor shoes on the carpet."

Systems were in place for staff to report accidents and incidents and staff understood their responsibilities to report any health and safety concerns, accidents and near misses. Records showed that learning from incidents was communicated to staff through, one to one supervision and team meetings. The provider responded to any concerns or changes in people's needs, to learn from them to keep people safe.

Good

Is the service effective?

Our findings

People's needs were assessed to identify the level of support they required, and support plans were created based on the information gained from the assessments. People and their relatives confirmed they were involved in the assessment process. Records showed the assessment documentation was not always signed by people to demonstrate their involvement. The registered manager confirmed, they would speak with people, or their relatives to ask they sign to show their involvement in the assessments.

People received care from staff that had the skills and knowledge to meet their needs. One person said, "The staff know what they are doing, I think they are very well trained." Records showed staff received induction training that covered areas such as, moving and handling, food hygiene, first aid, safeguarding and medicines management, and other training specific to the needs of people using the service. Staff confirmed they were pleased with the quality of training they received.

New staff received induction training, which included working alongside experienced staff. One relative said, [Name of staff] is very professional, she works with new staff showing them the ropes." One member of staff said, "The training is very good, when I first started working for the company, I worked with an experienced member of staff on single and double up calls, I found the induction training was very detailed." Staff also confirmed, and records showed they received regular supervision in the form of one to one and group meetings and spot checks on their competency to deliver effective care.

People and their relatives confirmed support was provided to eat and drink sufficient amounts. One relative said, "[Name of person] is a fussy eater, I leave meals and soups for the staff to heat in the microwave." Staff reported any changes in people's ability to eat and drink to the registered manager and advice was sought from the relevant healthcare professionals. Such as, the GP, speech and language therapist or dietician. Staff also reported any changes in people's health conditions to the registered manager, and people were referred to other health and social care professionals as and when needed.

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 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We checked whether the service was working within the principles of the MCA. The registered manager understood their responsibility to assess people's capacity to make certain decisions. The assessment process identified people's capacity to make informed decisions or when best interests' decisions were needed to be made on people's behalf. For example, when staff needed to take on the responsibility of administering medicines for people who lacked capacity to safely manage their own medicines.

Good

Is the service caring?

Our findings

The comments we received from people and their relatives indicated they had good relationships with the staff providing their care. One person said, "The staff are all extremely good natured." Another person said, "The guy I normally have, is very friendly and helpful." A member of staff said, "I like to think I am making people's lives better."

Staff respected people's privacy and dignity. One person said, "The staff respect how I like things to be done." A relative said, "The staff are kind and respectful towards [Name of person] and myself."

The registered manager ensured people's diverse needs were understood and met by staff. People confirmed they had not experienced any form of discrimination and felt their needs and preferences were respected. People's support plans had information on the gender of staff they wanted to attend to their intimate personal care and their choices were respected and accommodated. The information within the support plans focussed on people's individual needs and was adapted as and when people's needs changed.

There was a policy on confidentiality and staff received training on the importance of respecting confidentiality. Information about people was shared on a need to know basis. We saw people's files were kept secure and computer records were password protected to ensure information about people complied with the Data Protection Act.

Good

Is the service responsive?

Our findings

People's support plans included information on how their individual health and social care needs, hobbies and interests were to be met. One relative said, [Name of person] enjoys doing word searches and playing scrabble and the staff will sit with her." At each care visit care staff entered details of the support they provided to people into the daily logs. These were reviewed on a regular basis to ensure the support people received was in keeping with their agreed support plans and contractual arrangements.

The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given. People's communication needs were assessed, and this information was included in the support plans. Staff were knowledgeable of each person using the service and of how they communicated their needs.

A complaints policy was made available to people for reference. People and relatives told us they had not had to make any formal complaints, and any concerns raised with the registered manager were dealt with immediately, to their satisfaction.

People were supported to discuss advance care plans and how they wanted their end of life needs met. Advance care planning is the term used to describe the conversation between people, their families and carers and those looking after them about their future wishes and priorities for care.

Requires Improvement

Is the service well-led?

Our findings

The provider had submitted notifications of other events and incidents in a timely way to the Care Quality Commission (CQC). However, we found the provider had moved to a new business and location address in September 2018 and had not notified CQC of the change of address.

The Care Quality Commission (Registration) Regulations 2009, requires providers to notify CQC, of any changes to their registration. The failure to notify CQC of the change of address meant the provider was in breach of a condition of their registration.

The provider confirmed they continued to provide an identical service to the same people from the new address and the failure to notify CQC of the change of address was an administration error. On the day of the inspection, the provider submitted the necessary notification and other required documentation to CQC, so the necessary registration validation checks could be completed, and the provider and location registration details were updated.

People using the service and their relatives all confirmed they would recommend Bright Care Agency to others and they had confidence in the management of the service.

The provider had a good insight into the needs of people who used the service. People said the provider was very approachable and they felt able to raise any worries or concerns they had.

Staff told us they had the opportunity to feedback and discuss any concerns as a team. They did this through a variety of forums including team meetings, supervisions, observations and spot checks, as well as informal discussions. Staff felt when they had any concerns or issues they could raise them and felt they would be listened to. They told us they would be happy to question practice and were aware of the safeguarding and whistleblowing procedures.

Staff told us they felt valued and respected and had a pride in working for the service. They said the registered manager and senior staff were very approachable and supportive. One member of staff said, "This is a great company to work for, I absolutely love my job." Another said, "I don't see myself going to work for any other agency, they [the company] have the right ethos, they put people first and have lots of respect for the staff, I would definitely recommend working for this company."

The provider recognised the importance of involving staff in decisions regarding the service and staff were encouraged to share ideas on driving improvement at the service.

The provider carried out feedback surveys. The results from the surveys demonstrated that people were happy with the quality of care and support they received. One member of staff said, "I feel the staff morale is very good, we get along well together and work as one team."

Quality assurance systems were used to monitored and evaluated the quality of people's care. People's care

records, staffing records, medication records and policies and procedures were organised and up to date. The audits we saw were effective, and people had regular opportunities to feedback on the quality of the service they received, through care reviews and during spot checks. Records showed the support plans were reviewed with people and reflected any changes in the way people wanted their support to be delivered.