Bright Future Care Ltd

# Bright Future Care Ltd - (BFC LTD)

## Inspection report

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Date of inspection visit:
18 March 2019

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06 June 2019

## Ratings

| Overall rating for this service | Inspected but not rated |
|---|---|

| | |
|---|---|
| Is the service safe? | **Inspected but not rated** |
| Is the service effective? | **Inspected but not rated** |
| Is the service caring? | **Inspected but not rated** |
| Is the service responsive? | **Inspected but not rated** |
| Is the service well-led? | **Inspected but not rated** |

# Summary of findings

## Overall summary

About the service: Bright Future Care Ltd - (BFC LTD) is a domiciliary care agency providing personal care to people living in their own homes. At the time of the inspection, the service was supporting two people.

People's experience of using this service:
People felt safe using the service and risks to people's care were appropriately managed by a suitable number of well trained staff.
Risks to people's care were assessed and appropriately mitigated.
Care workers understood the importance of good hygiene when working with people and ensured they provided people with hygienic care.

Decisions were not always made in line with people's valid consent as decisions were not always made by people with the legal authority to do so and best interests assessments had not always been completed.
People needs and choices were assessed prior to the provision of care to ensure people received the care they wanted and that their needs were met.

People's nutritional and healthcare needs were managed appropriately by care staff. People's relatives told us care staff were kind and caring and respected their family member's privacy and dignity.
Care workers assisted supported people to effectively communicate their needs and understood people's cultural and religious needs.

The provider had an appropriate complaints policy in place.
The provider ensured a person- centred service and was directly contactable to people via the telephone.

Rating at last inspection: At our last inspection in May 2018 we were unable to rate the service as the provider had not been providing care to enough people over a sufficient period of time. We were unable to rate the service at this inspection for the same reason.

Why we inspected: This was a planned inspection based on our routine scheduling programme.

Follow up: We will continue to monitor information and intelligence we receive about the service until we return to visit as per our re-inspection guidelines. We may inspect sooner if any concerning information is received.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

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|---|---|
| **Is the service safe?**<br>Inspected but not rated. | **Inspected but not rated** |
| **Is the service effective?**<br>Inspected but not rated. | **Inspected but not rated** |
| **Is the service caring?**<br>Inspected but not rated. | **Inspected but not rated** |
| **Is the service responsive?**<br>Inspected but not rated. | **Inspected but not rated** |
| **Is the service well-led?**<br>Inspected but not rated. | **Inspected but not rated** |

# Bright Future Care Ltd - (BFC LTD)

**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:

The inspection was carried out by a single inspector over the course of a day.

Service and service type:

Bright Future Care Ltd is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing. It provides a service to older adults, younger disabled adults and children.
The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office. We needed to be sure that they would be in.

Inspection activity started on 18 March and ended on 9 May 2019. We visited the office location on 18 Match 2019 to see the manager, office staff and to review care records.

What we did:

Before inspection: We reviewed the information we held about the service since the previous inspection, which included the previous inspection report and the Provider Information Return Form (PIR). The PIR is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection: We spoke with one care worker and the registered manager of the service.

We looked at two people's care records, two staff records and records related to the management of the service.

Following the site visit we spoke with two relatives of people using the service. We were unable to speak to people using the service due to difficulties in communication. We also asked the provider to send us a variety of policies and procedures developed and implemented by the provider, which we reviewed after our site visit.

Inspected but not rated

# Is the service safe?

## Our findings

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

Systems and processes to safeguard people from the risk of abuse:

• People's relatives told us they thought the service was safe. One relative told us their family member was "comfortable and safe" with their care worker.
• The provider had an appropriate safeguarding policy and procedure in place and care staff were aware of their responsibilities to keep people safe. Care staff had received safeguarding training as part of their induction. The registered manager also confirmed that refresher training would be provided every year.
• At the time of our inspection there had been no safeguarding incidents at the service.

Assessing risk, safety monitoring and management:

• The provider had clear risk assessments in place that specified the level of risk along with guidelines for care staff in mitigating these. For example, we saw one person's risk assessments stated that they were at risk of running into the road when outside. Their risk assessment stated that care workers should monitor the person constantly when outside and ensure they were walking on the side of the pavement next to the road away from traffic.
• Care workers understood the risks to people's care. The care worker we spoke with was clear about the risks regarding the person's care and told us they were "very, very careful all the time".
• The provider assessed the safety of people's home environments, both within and outside their residence. The assessments we saw did not identify any risks.
• We did not see a written record of the safety of equipment that people used. One person used a wheelchair when outside, but their record did not contain details of whether this was assessed as safe to use. However, the provider confirmed that appropriate checks had been made by the company that had provided the equipment and care workers checked the safety of the wheelchair before every use. They assured us they would be carrying out recorded checks as soon as possible.

Staffing and recruitment:

• The provider employed a sufficient number of suitable staff. Each person using the service had one care worker who carried out their care calls.
• Prior to employment, the provider had conducted appropriate checks of care workers. These checks included their right to work in the UK, a full employment history, two references and criminal record checks.

Using medicines safely:

• At the time of our inspection the provider was not supporting anyone with their medicines.
• The provider had an appropriate medicines administration policy and procedure in place. This stated that care workers were required to administer medicines to people in accordance with valid prescriptions and

record the medicines given.
• Care workers had received medicines administration training and understood their responsibilities to administer medicines safely and complete clear records when they had done so.

Preventing and controlling infection:

• People's relatives gave good feedback about the care workers ability to keep their family member's homes clean. One relative told us "The carer is very clean and tidy."
• Care workers understood their responsibility to provide safe and hygienic care. One care worker told us "We have aprons and gloves… everything we need."
• People's care records contained reminders to care staff to wear personal protective equipment and to wash their hands thoroughly when providing care.

Learning lessons when things go wrong:

• The provider had an appropriate procedure for managing accidents and incidents. These were required to be investigated and reported to the relevant authorities.
• Care workers knew the importance of reporting incidents and had received training in first aid.
• At the time of our inspection, no accidents or incidents had occurred during the course of service delivery.

Inspected but not rated

# 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.

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.
• We checked whether the provider was working within the principles of the MCA and found this was not always the case. We found care records of both people using the service had been signed by their next of kin. For one person we were told that their next of kin signed their record as they were physically unable to do so. However, the other person using the service did not have capacity to consent to their care, but there were no mental capacity assessments conducted to demonstrate this and their next of kin was not legally authorised to sign documentation on their behalf. The provider assured us that they would complete these assessments as soon as possible after the assessment.
•The care worker we spoke with understood the importance of obtaining people's consent before providing people with care. They told us that before providing people with care they "always ask for permission first."
•Care workers had received training in the Mental Capacity Act. The care worker we spoke with told us they would report any concerns to their manager in relation to the person's capacity to make decisions.

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

• The provider assessed people's needs before the service began. The registered manager told us people's needs would be reassessed if there were any changes or after six months of receiving a service. At the time of our inspection neither person had experiences a change to their needs or had been using the service for this length of time.
• The provider delivered care in line with current standards and legislation. The registered manager confirmed policies and procedures were reviewed annually and care workers had received up to date training. We saw up to date policies and procedures were in place for areas such as safeguarding, infection control and medicines management. These were clear and cited up to date legislation. Records confirmed this was happening.

Staff support: induction, training, skills and experience:

• Care staff received an appropriate induction to the service. This included training in line with the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. The care worker we spoke

with told us they felt the training provided them with the skills they needed to start work.
• The registered manager told us supervisions were supposed to be conducted every three months. At the time of our inspection, neither care worker had been working for the service for this length of time. However, both care workers had received a spot check of their performance. The spot checks did not identify any issues.
• The registered manager confirmed that training was to be repeated every year in mandatory subjects such as safeguarding adults, medicines administration and moving and handling. Both care workers had received this training as part of their induction.

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

• The care worker we spoke with had a good understanding of how to support people to maintain a healthy diet. They understood the type of food that the person using the service preferred to eat and confirmed that their family prepared their meals.
• Care records included some details about people's likes and dislikes in relation to food and whether people had any particular nutritional needs. One person using the service ate a soft diet as this was their preference and not a nutritional need. However, at the time of our inspection the provider was not supporting anyone with their diet as their relatives were providing this support.

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

• The provider gave people appropriate support with their healthcare needs. Care workers understood people's conditions and any risks associated with these.
• People's care records contained a history of their health conditions and how these affected their care needs. For example, one person had dementia which was causing forgetfulness.
• At the time of our inspection, the provider had not needed to contact any other healthcare professionals regarding people's needs, but the registered manager told us they would contact other professionals as and when necessary.

Inspected but not rated

# 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.

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

• Relatives told us care workers were kind and respected them. One relative told us the care worker was "very nice and [my relative] likes [them]- that is most important for me."
• People's equality and diversity was respected. Both people using the service had care workers from the same ethnic background, who spoke their language, providing them with care. People's care plans included details of their cultural needs. For example, one person attended the mosque and care workers were required to support them to attend the mosque when required.

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

• People's relatives told us care workers offered people choices in relation to their care and respected their decisions. One relative told us "They give [my family member] the time and they listen to [my family member]."
• People were supported to communicate their needs effectively. For example, one person using the service only spoke in their native language, however all staff at the service spoke this language and were therefore able to communicate with them.
• The provider met the Accessible Information Standard for people using the service. The Accessible Information Standard is a law which aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. The provider ensured all information was communicated to people using the service directly and if needed, could translate information into an easy read format to assist people in understanding this. At the time of our inspection, the provider did not have any examples of having shared information in any other formats as they had not yet needed to.

Respecting and promoting people's privacy, dignity and independence:

• Relatives told us that people's privacy and dignity was respected and promoted. One relative told us "They respect [my family member] and treat [my family member] nicely."
• People were supported to be as independent as they wanted to be. People's relatives told us they were encouraged to do as much for themselves as they wanted. Care workers also told us they worked hard to encourage people to be as independent as possible. One care worker told us "I see how [the person] feels and let her do what she can… I do not force her."
• People's care records included clear guidance about what people could do for themselves and where they required support. For example, one person was physically able to do all tasks, but was not able to assess risks, particularly when outdoors.

Inspected but not rated

# Is the service responsive?

## Our findings

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

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

• The provider ensured people received personalised care that met their needs and preferences. People's relatives told us they got the care they wanted. One relative told us "They help us in the way we want."
• People's care records did not contain enough detail about the type of care needed. On one person's care record there was no list of tasks and it was not clear whether they received personal care from their care worker. We spoke with the registered manager about this and they confirmed that the person received personal care. They told us there were limited details within the person's care record as the type of care they needed depended on the person's requests and the amount of help their relative needed on a particular day. The registered manager confirmed that they would update the person's care record as soon as possible after our inspection.
• People were supported with their social needs. One person was escorted outside as part of their package of care to places of their choice including the park and the library.

Improving care quality in response to complaints or concerns:

• The provider had an appropriate complaints policy and procedure in place.
• People's relatives told us they would feel confident enough to complain to the provider if they had any concerns. People's relatives told us they had not had any concerns to report.
• The provider had not received any complaints since the last inspection.

End of life care and support:

• At the time of our inspection, the provider was not supporting anyone with end of life care needs.

Inspected but not rated

# 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.

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

• The provider promoted a person- centred service as the registered manager was directly contactable to people using the service, relatives and care workers. The registered manager told us she spoke to people and staff several times a week and was directly on hand in the event of any issues. Both people using the service were from the Somali community and all staff could communicate with people directly in either English or people's native dialect.
• The registered manager was aware of their responsibility to send notifications to the Care Quality Commission about significant events. The provider was meeting their obligation to do so.
• The provider had clear investigation processes in place and understood their duty of candour responsibilities.

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

• The registered manager, directors and the care worker we spoke with understood their responsibilities within the organisation and there was a clear staffing structure and job descriptions in place.

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

• The provider sought feedback from people using the service through spot checks and the registered manager outlined the provider's intention to continue doing so on a regular basis.
• The provider intended to conduct an annual survey of people's views once people had received a service for a longer period of time.
• The provider identified people's equality characteristics as part of the assessment process and was able to meet these as care workers spoke the same native language as people using the service and their relatives and shared the same religion. All staff had a strong understanding of people's native backgrounds.

Continuous learning and improving care:

• The provider conducted quality monitoring through conducting checks of people's files on a regular basis. They also reviewed daily notes kept by care workers of the care they had provided. However, these checks did not identify the issues we found in relation to consent.

Working in partnership with others:

• The provider worked in partnership with other professionals as and when necessary. At the time of our inspection, the provider had liaised with the local authorities commissioning people's care in order to determine people's needs. The registered manager explained that she would ensure that she liaised healthcare professionals as and when needed.