

Bright Horizons Care Recruitment Limited

# Bright Horizons Care Recruitment Limited

## Inspection report

Unit A 14, Seedbed Business Centre  
Vanguard Way, Shoeburyness  
Southend-on-sea  
SS3 9QY

Tel: 07759784451  
Website: [www.brighthorizonscarerecruitment.com](http://www.brighthorizonscarerecruitment.com)

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04 October 2023  
13 October 2023

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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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the location did not care or support anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

### About the service

Bright Horizons Care Recruitment Limited is a domiciliary care service providing the regulated activity of personal care. The service provides support to older people and people who are living with dementia.

Not everyone who used the service received personal care. 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. At the time of our inspection there were 6 people using the service, of which 4 people were receiving support in line with the regulated activity of 'personal care'.

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

#### Right Support:

Staff supported people to have the maximum possible choice, control, and independence over their own lives.

Staff supported people with their medicines.

#### Right Care:

People received kind and compassionate care. Staff treated people with dignity and respect and understood and responded to their individual needs.

Staff had training on how to recognise and report abuse. Staff understood how to protect people from poor care and abuse.

The service had enough staff to meet people's needs and keep them safe. People's support plans reflected their needs and the risks posed.

#### Right Culture:

People received good quality care and support.

Staff knew and understood people well and were responsive to their care and support needs.

Management and staff put people's needs and wishes at the heart of everything they did.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)  
This service was registered with us on X and this is the first inspection.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Bright Horizons Care Recruitment Limited

## **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 Health and Social Care Act 2008.

#### Inspection team

The inspection was completed by 1 inspector.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post. The registered provider was also the registered manager.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 25 July 2023 and ended on 13 October 2023. We visited the location's office on

25 July 2023.

#### What we did before the inspection

We reviewed information we had received about the service since it became operational. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with the registered provider who is also the registered manager and examined a range of records. We reviewed 3 people's care records and 4 staff recruitment records, including evidence of training, supervision and 'spot visits.' We looked at the service's quality assurance arrangements, staff duty rosters and complaint management records.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- No safeguarding concerns were or had been raised with the Local Authority or Care Quality Commission relating to the safety of people using the service.
- Relatives considered their family member/s were safe. Comments included, "I feel [family members] are safe. I would be on it if I had any concerns. I have gone on holiday and are confident to leave [family members] in the organisation's hands", "I am very comfortable leaving [family member] with the service and have no concerns regarding their safety" and, "[Family member] is definitely safe."
- The registered manager was aware of their role and responsibilities to safeguard people from harm and abuse.
- Staff spoken with understood what to do to make sure people were protected from harm or abuse. Staff had completed appropriate safeguarding training.

Assessing risk, safety monitoring and management

- Risks to people were assessed, recorded, and managed to enable people to live in their own homes safely. These primarily related to people's manual handling needs, environmental risks to ensure people's and staff's safety and medicines.
- All staff spoken with were aware of people's individual risks and how to help keep them safe whilst reducing any restrictions on people's freedom.

Staffing and recruitment

- Recruitment practices were not as robust as they should be, and improvements were required.
- A full employment history was not always explored and evidence of conduct from their most recent employer, in the form of written references, was not always sought or considered for all newly employed members of staff. The Disclosure and Barring Service [DBS] checks for 1 member of staff were received after they commenced in post. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Following our inspection, the registered manager wrote to us and confirmed all staff files had been reviewed and audited to ensure all information as required was now in place. Steps have been introduced to prevent reoccurrence.
- The service used an automated checking system that enabled the provider to monitor people's call times. The registered manager told us this enabled them to monitor 'missed' and 'late' calls.
- Relatives told us there were enough staff available to provide care and support as detailed within their family members support plan. Relatives told us there had been no missed or late calls and staff always stay for the allocated time. Comments included, "Staff let us know if they are running late" and, "Staff always staff

for the right amount of time. Staff go above and beyond and stay longer if needed."

- People were predominantly supported by the same staff to ensure continuity of care, and to enable a culture of trust and rapport to be established. A relative told us, "[Family members] have the same staff to support them. The continuity of staff to support them is brilliant." Another relative told us, "[Family member] mostly has the same staff, we do not want random staff. On occasions a new member of staff is introduced to cover staff sickness and annual leave. Staff have a good understanding and relationship with [family member]."

#### Using medicines safely

- Medicine Administration Records [MAR] demonstrated people using the service received their medicines as they should. Relatives told us they had no concerns about the service's management of medicines for their family member.
- Staff had received appropriate medication training and had their competency assessed to ensure they were skilled to undertake this task safely.

#### Preventing and controlling infection

- No concerns were raised with us relating to staff not wearing appropriate Personal Protective Equipment [PPE] when they visited a person's home.
- Staff had received infection, prevention, and control training.
- Staff had access to PPE, including face masks, aprons, gloves, and hand sanitiser, and confirmed adequate supplies were routinely available.

#### Learning lessons when things go wrong

- The registered manager had suitable arrangements in place to record and review any accidents and incidents which may take place. The registered manager told us any feedback or improvements needed were shared with staff using formal staff supervision and team meeting arrangements.



# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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

- An assessment of people's care needs was undertaken, and care packages planned with people's and relative's full involvement to ensure their needs could be met by the service.
- People's protected characteristics under the Equalities Act 2010, such as age, disability, religion, and ethnicity were identified as part of their need's assessment. Staff knew about people's individual characteristics.

Staff support: induction, training, skills, and experience

- Most staff had attained up to date training to enable them to carry out their roles and responsibilities. Where training gaps were identified, following the inspection the registered manager confirmed they had booked training for staff.
- Staff received an induction comprising of training in key areas appropriate to the needs of the people they supported. All staff were supported to complete the 'Care Certificate'. The 'Care Certificate' is a set of standards that social care and health workers should adhere to in their daily working life.
- Newly employed staff were given the opportunity to shadow a more experienced member of staff depending on their level of experience, competence and professional qualifications already attained.
- Supervisions were completed to allow staff the time to express their views and reflect on their practice. These comprised of face-to-face meetings and 'spot check visits.' The latter enables the provider's representative to observe the member of staff as they go about their duties and check they are meeting the organisation's standards and expectations.

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

- Relatives told us staff supported their family as needed with the provision of meals, snacks, and drinks throughout the day to ensure their nutritional and hydration needs were met. A relative told us their family member experienced swallowing difficulties. Special meals via an external meal delivery service and thickened fluids were required to keep their family member nourished, hydrated and safe. They told us staff were fully aware of their family member's needs.
- Staff had received training in the safe handling of food.

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

- People had access to health professionals as required. If staff were concerned about a person's health and wellbeing, they would relay these concerns to the registered manager and the person's relative for escalation and action.

- Information available showed people experienced positive outcomes regarding their health and wellbeing. For example, 1 person had experienced issues with their local pharmacy, this had been picked up by staff to ensure the person's safety and wellbeing. Another relative told us they were kept informed about their family member's skin integrity to ensure this remained good and if deterioration was noted, healthcare professionals could be contacted for ongoing support and interventions.

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 MCA 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.

We checked whether the service was working within the principles of the MCA.

- Staff had received Mental Capacity Act 2005 (MCA) training and were able to demonstrate a basic understanding of the requirements of the Mental Capacity Act 2005 and what this meant for people using the service.
- Staff knew how to support people to make choices and people told us staff always sought their consent prior to providing support. For example, staff confirmed people were offered choices relating to food, drink, and clothing.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People received support from staff that ensured they were treated with care and kindness; and their care was person-centred.
- Relatives' comments about the quality of care were positive. A relative told us, "I am very impressed with Bright Horizons. We had another service provide care for [family member], we were very dissatisfied as the care provided was often rushed and [family member] felt harassed." Another relative told us, "The overall impression I have of the care provided is very good. The staff are caring, kind and are compassionate towards [family member]."
- Relationships between people using the service and staff were positive. A relative told us, "[Family member] really looks forward to seeing staff." Another relative told us, "[Family member] has settled very well with Bright Horizons, staff cannot do enough, the care provided is really very good."

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

- Effective arrangements were in place for gathering people's views of the service they received and those of people acting on their behalf.
- Relatives told us communication with the domiciliary care service was good. Comments included, "Communication is absolutely fine, I have no problem", "I am able to speak with staff, office staff or the manager and they are responsive" and, "Communication is very good. We have discussed [family member's] nutritional care needs and this has been understood."

Respecting and promoting people's privacy, dignity and independence

- People were supported by staff to maintain their independence. Discussions with staff and information from people's daily care notes, demonstrated people were supported to complete their own personal care tasks where appropriate and to maintain their independence with eating and drinking.
- Relatives spoken with told us their family member was always treated with respect and dignity. People were supported to maintain their personal appearance to ensure their self-esteem and sense of self-worth. Staff demonstrated an understanding of how to provide care and support to people in a dignified and respectful manner. For example, by providing discreet personal care to ensure a person's modesty was maintained.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. 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; End of life care and support; 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

- Relatives told us their family member received good, personalised care that was responsive, and which met their needs.
- Support plans covered all aspects of a person's individual circumstances and needs. This included the level of support required, the number of staff required to provide support each visit, the length of time for each visit, call time preferences and additional duties and tasks to be undertaken, such as housekeeping or shopping.
- Staff employed at the service were familiar and demonstrated a good understanding of the care needs of the people they supported. Staff confirmed they had sight of a person's support plan prior to providing care and support.
- Where people required end of life care support, the domiciliary care service worked with healthcare professionals, including palliative care specialists and others, to provide a dignified and pain-free death that is as comfortable as possible. The service's compliments folder evidenced 1 person using the service had received positive end of life care. This told us, "They [staff] did everything with patience, kindness, and consideration, even when [family member] was frustrated and uncooperative. They came every day with a consistently professional and gentle approach." Additionally, support had been provided to the extended family during a difficult time.

### Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed, and this was recorded within their support plan so that staff knew the preferred way to effectively communicate with people.
- The registered manager told us every effort would and could be made to ensure information was supplied to people in a format they could understand if required. Currently, no one using the service had specific communication difficulties.

### Improving care quality in response to complaints or concerns

- The service had a complaints procedure in place for people and or those acting on their behalf to use if they had a concern or were not happy with the service. All relatives spoken with knew who to contact if they were worried or had a concern. Where people had raised issues or a concern, relatives told us these had been dealt with promptly and to the satisfaction of the person using the service and/or their relative.
- A record of compliments was maintained to capture the service's achievements. A record included, "[Family member's] standard of care has been very good. [Name of registered manager] has been outstanding, nothing is too much trouble."
- A compliment relating to the quality of care people received at the domiciliary care service was also recorded on a well-known external website. This recorded, 'We have a committed experienced team looking after my [family member] who had complex demanding needs due to a massive stroke, onset vascular dementia and dysphasia. Nothing is too much trouble from personal care to social care tasks.'

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager ensured the domiciliary care service was well-managed. People using the service received positive outcomes that met their care and support needs and ensured their safety and wellbeing.
- The registered manager had processes in place to monitor the quality and safety of the service. This information was used to help them to drive improvement, including the monitoring of potential trends and lessons learned. These included regular audits to review key areas, and supervisions and spot visits for staff.
- Relatives and staff were complimentary regarding how the domiciliary care service was managed. Relatives told us, "I feel the service is managed well and the manager knows what is happening" and, "I have no concerns as to how the service is managed and run." All relatives spoken with confirmed they would recommend the service to others. Comments included, "I would definitely recommend Bright Horizons" and, "I would feel confident to recommend the service to others."

Managers and staff being clear about their roles, and understanding quality performance, risks, and regulatory requirements, How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong;

- The registered manager understood their duty to be honest with people when things went wrong and demonstrated an understanding of their responsibilities in relation to their duty of candour.
- The registered manager understood their regulatory responsibility to submit appropriate notifications to the Care Quality Commission as required.
- Staff understood their role and responsibilities. They were aware of the procedures and policies they needed to follow and what information they needed to share with the service.
- Staff were positive about working at the service and told us they were supported by the registered manager. Staff told us, "The manager is very approachable and supportive, I cannot fault them", "I feel very supported by the manager" and, "The manager is very flexible, I feel very supported, and you can always talk to them for advice and support."

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

- Effective arrangements were in place for gathering people's views of the service they received and those of people acting on their behalf.
- Staff meetings were held to give the registered manager and staff the opportunity to express their views and opinions on the day-to-day running of the service.

Working in partnership with others

- Information showed the service worked closely with others, for example, the Local Authority and healthcare professionals and services to support the delivery of care provision.