

Brightside Carers Limited

# Brightside Carers Ltd

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This inspection took place on 05 December 2016 and was announced. We gave the provider 48 hours' notice that we would be visiting the service. This was because the service provides domiciliary care to people living in their own homes and we wanted to make sure the registered manager and staff would be available to meet with us.

The service currently provides care and support to 12 people within their own homes. There was a registered manager in post at the time of the inspection. 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 2008 and associated Regulations about how the service is run.

This was the first inspection of this service which was registered in November 2015 with the Care Quality Commission.

The registered manager had quality assurance and audit systems in place to monitor the care and support people received. People and their relatives told us that they felt safe with the service provided. There were processes and systems in place that kept people safe and protected them from the risk of harm.

People were supported to make choices and involved in the care and support they received. The registered manager had not fully implemented the Mental Capacity Act when supporting people who may have lacked capacity to make their own decisions.

Staff had undertaken training and understood the different types of abuse and knew what action they would take if they thought a person was at risk of harm. Staff had also been trained to administer medicines where needed. People were supported by staff that had been safely recruited.

People felt staff had the skills and knowledge to care for and support them well. Staff met people's individual needs and preferences when supporting them. Where appropriate, people were supported by staff to access health care professionals.

Staff were caring, and treated people with dignity and respect. People's choices and independence were respected and promoted. People felt they could speak with the registered manager about their worries or concerns and said they would be listened to and have their concerns addressed.

## 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 were safe using the service and safeguarded from the risk of harm.

People were supported by staff that were recruited safely.

People were supported by staff to take their medicines as prescribed.

### Is the service effective?

Requires Improvement ●

The service was not always effective.

The registered manager had not fully ensured the service was acting in line with the principles of the Mental Capacity Act when supporting people who may have lacked capacity to make their own decisions.

People were supported by staff that had the skills and knowledge to assist them.

People received additional medical support when it was required.

### Is the service caring?

Good ●

The service was caring.

People were supported by staff that were kind and respectful.

People were supported to express their views, and were involved in decisions about their care.

People's privacy and dignity was promoted.

### Is the service responsive?

Good ●

The service was responsive.

People received care and support that was individualised to their needs.

People knew how to raise concerns about the service and were confident that these would be responded to.

### Is the service well-led?

Good ●

The service was well-led.

Quality assurance and audit processes were in place to monitor the service.

People were encouraged to provide feedback on the quality of the service they received.

People and staff told us they thought highly of the registered manager as they always responded to any concerns and were very involved in the service.

# Brightside Carers Ltd

## **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 was planned to check 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.

The inspection took place on 05 December 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care to people in their own homes and we needed to be sure that someone would be available to meet with us. The inspection team consisted of one inspector.

As part of our inspection, we looked at the information we held about the service. This included notifications received from the provider about specific events and incidents relating to the service which the provider is required to send us by law. We contacted the health and local social care authorities that purchased the care on behalf of people, to see what information they held about the service.

During our inspection we spoke with two people who used the service, five relatives, three care staff and the registered manager. We looked at records that included three people's care records, recruitment and training records of three staff. This was to check that recruitment, training and support for staff were sufficient for them to provide good quality care. We also looked at other records relating to the monitoring of the quality of the service including complaints and audits completed by the registered manager.

# Is the service safe?

## Our findings

People we spoke with told us they felt safe when staff were in their homes and supported them with their care needs. One person said, "I'm safe, definitely. I don't want to lose them. I have complete confidence in them" Another person told us, "I am very safe. They are very good with me." Staff told us they had received safeguarding training to protect people from the risk of abuse, and records we looked at confirmed this. Relatives also told us that they felt the staff supported their relatives safely. One relative said, "Yes they are very good. I have complete confidence in them. They are extremely careful and safe when they lift [my relative.]" Another person's relative told us, "[The staff] are extremely careful and handle her safely."

All the staff we spoke with could identify what types of abuse and neglect were possible, and they were aware of their responsibilities to report concerns. Staff we spoke with also explained how they ensured people were kept safe in their homes, and said they had good support from the registered manager if they needed any advice or guidance. This meant that people were kept safe by staff who understood risks and where to get support if they needed it.

People's care plans we sampled contained detailed risk assessments. These included information about the person's home and living environment, and identified potential risks for staff to be aware of. Care plans were very specific and looked at areas of possible risk for each person in detail. For example, one person's care plan specified the indicators to look out for that could suggest a change in the person's medical conditions. Other risk assessments were available depending upon the needs of each person. This gave staff guidance on what to look for should people become unwell and what to do to keep them safe.

All the staff we spoke with felt there were sufficient numbers of staff to support people. Staff told us that they supported each other well if needed and made sure that people received care in a timely manner. All the people we spoke with said that staff were rarely late, one person said, "They are very punctual." Another person said, "They don't rush off and leave me." A relative told us, "They are really good with time keeping." Staff told us if they were going to be late they telephoned people ahead and apologised, telling the person when they could be expected to arrive. People we spoke with confirmed this. The registered manager had recently introduced an electronic system that indicated when and where staff were so that they could be assured staff were attending people as specified on the rota. This meant that people received the support they required, when they needed it.

Staff we spoke with explained they were interviewed and their references had been completed before they started to work. We checked the recruitment records of staff and found the necessary pre-employment checks had been completed. All staff records we looked at showed current Disclosure and Barring Services (DBS) checks had been completed. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

People received the majority of their medicines safely. Staff we spoke with told us they had received training in how to support people with their medicines. We saw that risk assessments had been carried out for each person but noted that one person's risks relating to swallowing had not been taken into consideration on

their risk assessment. We spoke with the staff member who supported the person who was aware of the risks associated with swallowing; they knew how to keep the person safe. The registered manager confirmed they would update this person's risk assessment. Where medicines were prescribed to be administered PRN or 'as required', there were no instructions for staff to tell them about when to give the PRN medication. This information about the person's symptoms and conditions is important for staff to know so that they can be aware of when the PRN should be administered when the person themselves was unable to guide staff. The registered manager confirmed that they would immediately rectify this.

On the other records we sampled the risk assessments identified what support each person needed with their medicines. We saw that systems were adequate to record what medicines staff had prompted people to take. We noted that these were audited by the registered manager. People told us they received appropriate support with their medicines and records reflected this. People received their medicines safely.

# Is the service effective?

## Our findings

People and relatives we spoke with felt that staff had the correct training and knowledge to meet people's needs. One person said, "I am confident they have the skills to do the job." Another relative told us, "They listen to [my relative] and understand her needs and requirements." All staff we spoke with and the registered manager were able to explain to us about the individual needs of the people they supported. A staff member told us, "We know people from the care plans and talking to them."

We saw that new staff members had completed induction training which included working alongside a more experienced member of staff. One staff member told us, "I shadowed a colleague for three days but I felt I needed more so I got another week." A new member of staff told us, and we saw documentary evidence, that inductions had taken place with the support of the care certificate [a nationally recognised induction programme for new staff]. This indicated that staff had the required knowledge to begin working effectively.

The registered manager confirmed and we saw that staff completed core training, with additional specialised training available to those who requested it. Staff told us they felt they had the training they needed and they felt supported by the registered manager if they required more. One staff member told us, "I've had my training but we carry on with more, there's loads of training." Another staff member said, "Training is brilliant we have it all the time here."

Staff we spoke with told us they received supervision every six to eight weeks from the registered manager. This was confirmed in staff records which included spot checks on staff too. We saw that where problems had been identified through spot checks of staff performance; these were discussed with staff in their supervision. Examples were also raised at team meetings to share experiences and to encourage and promote good practice, with the aim to continue to provide a more effective service for people.

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.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. During discussions and looking at records we found that the registered manager was not able to demonstrate that they were aware of their requirements in relation to the Mental Capacity Act. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and be as least restrictive as possible. We found that the staff attempted to adhere to the principles of the MCA by seeking people's consent on a day to day basis. However where people were unable to make decisions, the registered



manager was not aware of their responsibilities to undertake or obtain Mental Capacity Assessments, and subsequently hold best interest meetings. For example several people who may have been considered to lack capacity had all their decisions made by their relatives who did not have the legal authority to do so. The person had not been involved in this process. We found that people without capacity had not had their rights upheld in line with the Mental Capacity Act.

People and relatives we spoke with said staff would always explain what they were doing and ask them for consent before carrying out any support. One relative said, "They always ask [my relative] what she wants and discuss things with her." Staff confirmed that they had regular people to support and had got to know the people they supported well. Staff explained how they involved people in their day to day choices. For example, people were asked what they wanted and if they declined any support this was respected. A staff member told us, "People choose what they want to wear, or eat. If decisions are bigger the family help them." This meant that people who had capacity to choose were asked for their consent to care on a regular basis.

Most of the people we spoke with told us they did not require assistance from the staff with their food. This was because they either provided it themselves or their relatives supported them. Staff we spoke with explained when they had finished their tasks they always left people with sufficient snacks and drinks if that was required. One relative said, "They get the breakfast and lunch, they make sure [my relative] has something to eat and drink."

We saw from care plans and talking to staff that there was input from health professionals, for example, district nurses and GPs. People we spoke with confirmed they were supported by additional healthcare professionals. Relatives confirmed that they felt confident the staff would take appropriate action if needed. One relative said, "If they spotted a problem they would deal with it straight away." A staff member told us, "I would phone the doctor or pharmacist if needed." This meant that people were supported to access healthcare services as required.

## Is the service caring?

### Our findings

Everyone we spoke with told us the staff were caring and kind and people received the help and support they needed in a compassionate manner. People and their relatives said staff were patient and treated them with respect and dignity. Staff always sought consent and explained what they were doing, before they provided any care and support. One person said, "They are very caring." A relative said, "They are so caring and nice." Another relative said, "They are all so nice and polite and nothing is too much trouble." People told us they were involved in planning the care they received from staff and that the staff listened to them. One person said, "They always listen to me." We found that staff treated people with kindness and care. A staff member told us, "All the staff work from their heart."

We saw that people were provided with information when they began to use the service. It contained information about contact details for the office, a copy of complaints policy, information relating to safeguarding, medication management and a copy of the person's care plan. The registered manager explained they discussed this information with the person and their relatives at the time of the initial assessment. This meant that people had information about the service and what they could expect from it.

The registered manager had a process to support people to be involved in developing their care plans and expressing how they wanted their care to be delivered. This started at the initial assessment and then continued when the care plans were reviewed. Records showed that people or their relatives were consulted about their care and how they wanted to be supported. People and their relatives told us they felt involved in how their care was provided. We found however that where people may have lacked capacity to be involved, only the person's relatives were consulted.

Staff we spoke with had a good knowledge of people they cared for and spoke fondly and respectfully about people they supported. Staff could describe individual preferences of people and knew about things that mattered to them. Staff told us that they gave people choices and involved them in making decisions about their care and daily lives.

Staff were knowledgeable about how to make sure people's privacy and dignity was maintained. People told us staff would knock and introduce themselves before entering a person's home. One relative said, "They are fully respectful to [my relative] and make sure she is happy."

People were encouraged to be as independent as possible. Staff were able to explain the things people were able to do for themselves. A relative told us that staff "Encourage [my relative] to do things around the house herself." A member of staff told us, "We promote [people's] independence and follow their wishes." We found that staff were knowledgeable about the people they supported and encouraged their independence wherever possible.

## Is the service responsive?

### Our findings

All the people that we spoke with told us they were happy with the care and support staff gave them. Care records we sampled showed people's preferences about how they would like to be supported to guide staff. One person said "Yes, I do [my care plan] with them." Where a person might lack capacity, the registered manager told us that only the relatives had been involved in developing the care plan. A relative said, "The care plan is done in discussion with me and the company." The records demonstrated that in some cases people and their families had contributed to assessments to identify individual people's support needs. Staff we spoke with were aware of people's preferences and gave us examples of how they supported people in line with their wishes.

Records showed that reviews took place when people's care needs changed so staff had up to date information. We saw evidence that the registered manager had reviewed people's care plans when their conditions changed and had involved other professionals as needed. We found however that one person's records did not reflect their changing needs, although staff were aware of the person's current support needs. People told us they were supported by consistent staff which had enabled them to develop an understanding and knowledge of how to respond to people's specific care needs. Where possible the registered manager ensured that people were supported by staff of their choice. For example, we saw that steps were taken to meet people's preferences where they had requested to be supported by staff of the same gender and cultural background. One relative told us, "We only have female carers – they are wonderful."

The service had a procedure in place to inform people about how they could make complaints. People we spoke with told us they were able to report any concerns they had. One person told us, "I would call the office if I needed to." We saw that people were provided with details of the complaints procedure in the information they had been given when they started to use the service. A relative told us, "The management of this company is very hands on, nothing is too much trouble for them...I would speak to them if I had any problems."

We saw that the registered manager had a system in place to record any complaint. We noted however that no formal complaints had been received by the service since they had become registered. We saw that a small number of issues had been dealt with informally by the registered manager to people's satisfaction and that they had received two compliments. We spoke with the registered manager who was aware of the duty of candour and the need to learn from complaints and concerns that people and staff might raise

## Is the service well-led?

### Our findings

People told us they had confidence in the registered manager and were happy with the way things were run. All the people and relatives we spoke with were positive about the service they received, and everyone complimented the management of the service. One person said, "I have complete confidence in them." A relative said, "The manager is good and they always respond quickly." People told us they had received visits from the registered manager and they had been asked if the service was to their satisfaction. Staff we spoke with confirmed this and we saw records that showed where the registered manager had acted on any comments they received from people and relatives. We also saw there were systems in place for recording people's views. If any action was required, this was recorded and monitored for trends to ensure people's experiences were improved. This meant that the service sought out people's views, and acted on them.

There was a registered manager in post who understood the majority of their responsibilities, with the exception of those relating to the Mental Capacity Act. The registered manager kept themselves up to date with developments and changes by using the internet and working cooperatively with other agencies that provided similar services. Organisations registered with the Care Quality Commission have a legal obligation to notify us about certain events. The registered manager had ensured that effective notification systems were in place. We saw the whistleblowing policy and staff had told us they were confident in approaching management and if it became necessary they would contact other local agencies, for example, the police or the Care Quality Commission.

Staff were motivated and told us they felt well supported, and had the opportunity of on-going training and professional development. We found that the service had a very transparent and open culture that welcomed possible developments and identification of areas that might need to be improved. Staff were able to describe their roles and responsibilities and knew what was expected from them. Staff told us that staff meetings were held regularly which enabled staff to voice their opinions towards the continual development of the service. We found that the service had an effective system of monitoring records and service delivery and sought to improve the service as identified by these systems.

We saw that there were systems in place to monitor the quality and safety of the service and that these were used effectively. These included the care plan monitoring systems, medication recording sheets, daily records and training management systems. There was a clear leadership structure which staff understood. The registered manager carried out effective audits and quality assurance monitoring to inform them of positive aspects of the service and identify areas for development. As the service had only been operating for a short period of time the registered manager told us that they were aware of the need to develop these systems as the service grew in size.