Bright Care Limited

Brightcare

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This was an unannounced inspection carried out on 12 and 14 September 2017. The previous inspection in July 2016 found breaches in the areas of medicines, care planning, notifying the Commission of events, premises and equipment, complaint procedures, systems to assess, monitor and improve the service. At this inspection, the provider had addressed these shortfalls.

Brightcare provides accommodation and personal care for up to six people with a learning disability. At the time of the inspection, there were five people living at Brightcare and the sixth bedroom was being used as a dining room. The service is a chalet bungalow with all accommodation for people provided on the ground floor. It is set in a residential area of St Marys Bay village. Each person has a single room and there is a communal bathroom, shower room, kitchen, dining room and lounge. There is a rear enclosed garden at the back of the bungalow with level access. There is parking available at the service as well as on street parking.

The service has a registered manager. 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.

People received their medicines safely and when they should. Risks were assessed and staff took steps to keep people safe whilst encouraging their independence wherever possible.

People were involved in the planning of their care and support where possible. Care plans contained information about people's wishes and preferences. They showed people's skills in relation to tasks and what support they required from staff, in order that their independence was maintained. People had reviews of their care and support where they and/or their representatives were able to discuss any concerns or aspirations.

People were encouraged and supported to make their own decisions and choices and staff respected these. Staff had received training in the Mental Capacity Act (MCA) 2005. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. The registered manager understood this process.

People were protected by safe recruitment procedures. New staff underwent an induction programme, which included shadowing experienced staff, until staff were competent to work on their own. Staff received training relevant to their role. Staff had opportunities for one to one meetings and team meetings, to enable them to carry out their duties effectively. The majority of staff had gained qualifications in health and social care. People had their needs met by sufficient numbers of staff and staff rotas were based on people's needs.

People were relaxed in staff's company and staff listened and acted on what they said or gestures and body language. People were treated with dignity and respect and their privacy was respected. Staff were kind and patient in their approach, but also used good humour. Staff had built up relationships with people and were familiar with their life stories and preferences.

People had a varied diet and could be involved in planning the menus. Staff supported people's special dietary needs. People had a programme of leisure activities and went out and about as they wished.

People were supported to maintain good health and attend appointments and check-ups. Appropriate referrals were made to health professionals when required. People did not have any concerns, but felt comfortable in raising issues. Their feedback was gained both informally and formally. The registered manager had an open door policy and took action to address any concerns or issues straightaway to help ensure the service ran smoothly. There were audits and checkes to ensure the service ran effectively.
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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 good.

People received their medicines when they should and safely.

Risks associated with people's care and support had been identified, and guidance was in place to keep people safe.

People's needs were met by sufficient numbers of staff and these were kept under review. Recruitment checks were carried out on new staff.

Staff knew how to recognise and report abuse.

Is the service effective?

Good

The service was good.

Staff followed the principles of the Mental Capacity Act 2005. People were supported to make their own decisions and staff offered people choices.

Staff were trained and supported to provide the care people needed.

People's health was monitored closely and appropriate referrals made to health professionals.

Is the service caring?

Good

The service was caring.

People were treated with dignity, respect and staff adopted a kind, calm, and caring approach.

Staff supported people to maintain their independence where possible.

Staff took the time to listen and interact with people so that they received the care and support they needed. People were relaxed in the company of the staff and communicated happily.

Is the service responsive?

Good

The service was responsive.

People received personalised care and support and their care plans reflected their preferred routines.

People had a programme of leisure activities and had opportunities to go out and about if they chose.

The service sought feedback from people, their relatives and professionals. People did not have any concerns.

Is the service well-led?

Good

The service was well-led.

Audits and checks were in place to ensure the service ran effectively.

There was an open and positive culture within the service, which focussed on people. The registered manager resolved any issues as they occurred and helped ensured the service ran smoothly.

Records were accurate and up to date and were stored securely.

Brightcare

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 inspection took place on 12 and 14 September 2017 and was unannounced. The inspection was carried out by one inspector.

The provider completed 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. Prior to the inspection we reviewed this and other information we held about the service, we looked at the previous inspection report and notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law.

During the inspection we reviewed people's records and a variety of documents. These included three people's care plans and risk assessments, people's daily reports made by staff, three staff recruitment files, the staffing rota, staff training and supervision, medicine, servicing and maintenance checks and quality assurance records.

We spoke with three people who were using the service, the registered manager and three members of staff. We observed staff working and their interactions with people.

Following the inspection, we contacted two relatives for their views on the service provided. We received feedback from one social care professional who had had contact with the service, which was positive.

Good

Is the service safe?

Our findings

People told us they felt safe living at Brightcare and received their medicines when they should. Relatives also confirmed they felt their family member was safe at Brightcare. One relative confirmed that medicines "Delivered (administered) on time and with great care and attention".

At the previous inspection we found shortfalls in the management of medicines and the provider had taken steps to address the shortfalls identified during that inspection.

There was a clear medicine administration procedure in place. Staff had received training in medicine administration and following this their competency was checked by the registered manager. During the inspection medicine administration followed a safe practice. Staff were patient and administered medicines at the person's own pace. Medicines were stored securely, people had individual medicine cupboards within their own room to enhance their privacy and dignity at the time of administration, and temperature checks were undertaken to ensure the quality of medicines.

Staff checked the medicines when they arrived into the service and these checks were recorded on the Medication Administration Record (MAR) chart. MAR charts showed that people received their medicines according to the prescriber's instructions. There were systems in place for returning unused medicines to the pharmacist, which had been enhanced since the last inspection. There was guidance in place, for when people needed 'as required' medicines, such as pain relief, to ensure people received these consistently and safely.

At the previous inspection people were not living in an environment that was properly maintained and the provider had taken steps to address the shortfalls identified during that inspection.

Since the last inspection action had been taken to ensure people had an adequate environment in which to live. The kitchen had been fully refurbished. The bath chair had been serviced to ensure it was safe. A new larger shed situated in the garden provided extra and adequate storage. New flooring had been fitted in a bedroom to ensure using the hoist was safe for staff and comfortable for the person. The registered manager had put in place a measure to ensure that all fire doors protected people when the fire alarm was activated and this meant at the time of the inspection keeping the kitchen door closed at all times. The registered manager told us this will continue until the planned work had been completed.

Staff confirmed that everything in the service was in working order and repairs and maintenance were now dealt with in a timely way. A recent example was a fault with the boiler, which was quickly fixed. People had access to a lounge, kitchen, dining room and enclosed garden with level access. One person told us they were happy with their room and everything was in working order. Relatives told us that when they visited the environment appeared well maintained. One relative said, "The premises are always fresh, clean and well organised. Attention to equipment being kept in good order is a high priority". There were records to show that equipment and the premises received regular checks and servicing, such as for fire alarms and fire equipment, the hoist and electrical items. However, records showed that some fire safety checks were not

always undertaken to the frequency laid down by the provider and there was no check to ensure all staff periodically were involved in the fire drills and this is and area we have identified for improvement. Fire safety evacuation notices were displayed in an easy read format.

People were protected against risks associated with their health and welfare. Risks had been assessed and there were procedures were in place to help keep people safe. For example, keeping skin healthy, managing finances, using the provider's vehicle, bathing and showering, medicine administration, moving and handling and fire safety. Where people had behaviours that might challenge others, there was clear guidance for staff about how to manage this consistently and safely.

Accidents and incidents were managed in a way which protected people from the likelihood of recurrences. Staff had completed detailed incident reports and the registered manager had recorded any action taken. This helped to ensure the provider learned from incidents and put processes in place to reduce the risk of them happening again.

People were protected from abuse and harm. During the inspection the atmosphere was happy and relaxed. There were good interactions between staff and people, some with good humour, and people were relaxed in the company of staff. Staff were patient with people giving them time to make their needs known. Staff had received training in safeguarding adults; they were able to describe different types of abuse and knew the procedures in place to report any suspicions or allegations. There was a clear safeguarding policy in place. The registered manager was familiar with the process to follow if any abuse was suspected in the service; and knew the local authority's safeguarding protocols and how to contact the local authority's safeguarding team.

People had their needs met by sufficient numbers of staff. People, relativee and staff felt there were sufficient numbers of staff on duty. One relative said, "There is a good staff ratio to residents and quite sufficient to meet (family member's) needs. It is one of particular strengths of the home". During the inspection, staff responded appropriately when people indicated they needed them and were not rushed in their responses. There was a staffing rota, which was based around people's needs. There was usually a minimum of three staff on duty during the day in addition to the registered manager, and one member of staff on duty at night and another slept on the premises. However, the rota showed that due to sickness and leave these staffing levels had not been met twice in September 2017. Records and staff told us this had not happened previously or since. The registered manager told us that existing staff would be asked to work extra initially and then an agency would be contacted to provide staff. This system however had not been entirely successful in ensuring staffing levels could be maintained. The registered manager told us another member of staff was due to start work before the end of September and they were recruiting for further staff to work as and when required. Staff had the support of an on-call system when the registered manager was not present, which was covered by managers.

People were protected by robust recruitment procedures. We looked at three recruitment files of staff that had been recruited since the last inspection. Recruitment records included the required pre-employment checks to make sure staff were suitable and of good character.

Good

Is the service effective?

Our findings

One person told us they were happy living at the service and "Lucky to be in a place like this". Another person said they liked the service because of the "The people who live here". Relatives were happy with the care and support their family member received. One commented, "The staff appear suitably trained to meet my (family member's) needs".

A social professional felt staff were sufficiently trained and experienced to meet people's needs. The professional also said any changes to their clients care plan were implemented. In a recent survey one social care professional commented, "I have no concerns re the support my service user receives. He is well looked after and I am always kept up to date".

Staff chatted to people positively when they were supporting them with their daily routines. Staff talked about how one person had developed since moving into Brightcare. A staff member told us how the person's was more confident and they were now more vocal about what they wanted to do and what they could do for themselves.

People reacted or chatted to staff positively when they were supporting them with their daily routines. Staff were heard offering choices to people throughout the inspection. For example, whether they wanted to go out and what they wanted to do, what music or programme they wanted to watch/listen to on the television and what they wanted to eat or drink and where they wished to have this.

Care plans contained information about how people communicated. This was reflected in staffs practice during the inspection. Staff used different approaches with people, sometimes using good humour and other times speaking gently. Staff were patient and not only acted on people's verbal communication, but people's facial expressions and gestures.

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 Mental Capacity Act 2005. The application procedures for this in care homes are called Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. The registered manager was aware of their responsibilities regarding DoLS, one person had a DoLS authorisation in place and other applications had been submitted to local authorities where people were restricted.

Some people had signed care records to agree that staff had explained the contents to them to which they agreed. People's consent was also gained by staff talking through their care and support at the time or by staff offering choices. Staff had received training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. Staff had been involved in recent best interest discussions regarding the dental treatment for one person and demonstrated they understood the process to be followed.

Staff understood their roles and responsibilities. Staff told us they had completed an induction programme, which included attending training courses, completing on-line and face to face training and shadowing experienced staff until they were competent to work alone. In addition to the induction, staff undertook the Skills for Care Care Certificate workbooks. These are an identified set of 15 standards that social care workers complete during their induction and adhere to in their daily working life.

Staff received training relevant to their role and this included first aid, nutrition and food hygiene, fire safety, infection control, health and safety, equality and diversity, moving and handling, diabetes and conflict management. Training was periodically updated and staff had been signed up for training in dementia.

The service had nine staff and eight had achieved a Diploma in Health and Social Care (formerly National Vocational Qualification (NVQ)) level 2 or above. Diplomas are work based awards that are achieved through assessment and training. To achieve a Diploma, candidates must prove that they have the ability (competence) to carry out their job to the required standard. Staff felt the training they received was adequate for their role and enabled them to meet people's needs.

Staff felt well-supported and received opportunities for support and supervision. The registered manager also undertook observation supervisions. Supervision however was not carried out in line with the provider's required frequency and this is an area we have identified for improvement. Staff felt the registered manager was always available to discuss any concerns or issues. Staff received an annual appraisal and they told us they had had opportunities to discuss their learning and development. Team meetings had been held where staff discussed people's current needs, good practice guidance and policies and procedures.

People had access to adequate food and drink. People had their nutritional needs assessed and were weighed regularly to ensure they remained healthy. One person told us the food was "Very nice" and they were involved in helping to choose the meals. There was a varied menu, which was planned each week and staff told us three people were involved in the planning and pictures were used to encourage a varied and healthy diet. Staff also added their knowledge of people's likes and dislikes where two people were unable to voice their preferences. The weekly menu was displayed in the kitchen using pictures. If people did not want what was on the menu they chose something else they preferred as one person did during the inspection. Lunch was the main meal and supper was a light meal or sandwiches. Health professionals, such as a dietician had been involved in assessments of some people's nutritional needs. Recommendations they had made had been followed through into practice. For example, food was served pureed or using a fork texture, fortified deserts and drinks were used and some drinks were thickened to reduce the risks of people choking. Adapted crockery and cutlery were also used to aid people's independence.

People's health care needs were met. One relative told us, "Health concerns regarding (family member) are dealt with effectively". People had access to dentists, doctors, chiropodist and opticians. People and a relative told us if people were unwell, the staff contacted the doctor and either an appointment or visit was arranged. Appropriate referrals had been made to health professionals. For example, a physiotherapist had recently visited one person and another person had an outpatient's appointment at the respiratory clinic. People's health needs were closely monitored. Any health appointments were detailed clearly including outcomes and any recommendations, to ensure all staff were up to date with people's current health needs.

Good

Is the service caring?

Our findings

People told us staff listened to them and acted on what they said and this was evident from our observations during the inspection. People said they liked the staff and they were all kind and caring. One person said, "They do their best and work hard". Another told us "I love it here". Relatives were complimentary about the staff. Comments included, "They demonstrate a good understanding of his condition and how best to support him. The staff consistently demonstrate a high level of care. They know my relatives care needs and treat him as an individual. My (family member) is unable to communicate, but the staff are able to ensure that he is comfortable and well". "My relative receives personal and excellent care provision at Brightcare. The staff all show genuine kindness, compassion and patience". "I frequently observe good care of all the residents". "I do find the staff are caring towards (family member), some exceedingly so".
During the inspection, staff took the time to listen and interact with people so that they received the support they needed. For example, when staff were supporting people to eat and drink, they gave them their full attention and supported people at a rate and pace that was most suitable for the individual. People were relaxed in the company of the staff, smiling and communicated happily, sometimes with humour and other approaches involved staff reacting to noises and gestures. We heard one person coughing and staff quickly responded taking the person to their room to carry our physio exercises to ease this. Throughout the inspection staff talked about and treated people in a respectful manner including them in conversations and spending time with them.
A social care professional felt staff were caring, friendly and found them helpful.

People received person centred care that was individual to them. Staff understood people's specific needs relating to their age and disabilities. Some staff had worked at the service for several years or with people and they had built up relationships with them and were familiar with their life histories and preferences. One person told us how previously they had not liked their hair washed or water on their tummy, but now trusted staff and did not mind. Care plans contained details of people's preferences, such as their preferred name and information about their personal histories. During the inspection staff talked about people in a very caring and meaningful way.

People and relatives told us people's independence was encouraged wherever possible. Staff talked about how they encouraged people's independence, such as during personal care and this had resulted in one person's independence with dressing themselves being developed further. One person was encouraged by staff to go to the kitchen and get their own drinks and snacks from the cupboard choosing what they wanted. Another person was encouraged to walk small distances to their wheelchair to help keep them mobile. Whilst the person was walking and transferring staff were patient and clear in their direction to ensure the person remained safe. For example, reminding them to stand up "Nice and tall" when walking. Staff talked about another person who did not speak, but if staff took three different yoghurts to them, they would point to which one they wanted. A social care professional felt their client was encouraged to do as much as they could for themselves.

People were involved in the initial assessments of their care and support needs and planning their care

where possible. The registered manager told us at the time of the inspection if people required support to help them with decisions about their care and support. Most people chose to be supported by their families or their care manager, although one person was being supported by an advocate in relation to their future care and support arrangements.

People and relatives told us people were treated with dignity and respect and had their privacy respected. A social care professional confirmed also that staff respected people's privacy and dignity. The registered manager told us that one person had been supported to vote this year for the first time. Staff explaining the process and easy read guidance had been used to support the person. Staff had received training in treating people with dignity and respect as part of their induction. During the inspection, staff knocked on one person's door and asked if it was all right to come in before entering their room. People told us they were able to get up and go to bed as they wished and have a shower or bath when they wanted. People were able to choose where they spent their time. During the inspection people that could access the house as they chose. There were areas where people were able to spend time, such as the kitchen, lounge, dining room and their own room and people were asked during the inspection where they would like their drink or meal. When people required support with personal care, they were assisted to the privacy of their own room. People's individual medicines cabinets were situated in their bedrooms, to enhance their privacy when taking their medicines.

Good

Is the service responsive?

Our findings

People told us they had review meetings to discuss their aspirations and any concerns. They confirmed family members had attended their review meeting along with their care manager. Relatives confirmed they had attended review meetings.

At the previous inspection we found that care and treatment was not planned with a view to achieving people's preferences and ensuring their needs were met. This was because goal planning for people was not well developed and in some cases, goals were not set or it was difficult to see how people's goals were being progressed. The provider had taken steps to address the shortfalls identified during that inspection.

Since the last inspection, people's individual goals had been reviewed and actions as to how these goals would be achieved recorded. Periodically staff updated the progress made against the actions. One person's goal was to go swimming and during the inspection, they told us excitedly that they were going shopping that day to buy a swimming costume.

Care plans contained information about people's wishes and preferences. People had been involved in developing their care plan where possible. Care plans contained details of people's preferred routines, such as a detailed account to support the person with their personal care in the morning. This included what they could do for themselves and what support they required from staff. Care plans reflected the care and support people received during the inspection. Staff were very familiar with people and their care and support needs. They were able to tell us about people's individual preferred routines and their current care and support needs in detail and how people received their care and support in line with these.

One person had moved into the service since the last inspection. The registered manager already knew the person and visited them in their previous placement taking information about the service for them. The person had been able to 'test drive' the service by visiting the service prior to them moving in with their then key worker. Information was also discussed and obtained from professionals. This information and observations were then used to develop their care plan.

At the previous inspection, the provider had not established an effective accessible system for dealing with complaints and the provider had taken steps to address this shortfall.

There was an easy read complaints procedure using symbols and pictures displayed so people would be able to understand the process. In addition, there was a relatives and visitors complaints procedure also displayed. The office door was always 'open' and central within the house so the registered manager was available if people wanted to speak with them. People told us they would speak to staff if they were unhappy, but did not have any concerns. They felt staff would sort out any problems they had. Other people would display behaviours that may include staff using a process of elimination to resolve what was wrong. Relatives told us they did not have any complaints. There had been no complaints since the last inspection. The registered manager told us that any concerns or complaints would be taken seriously and used to learn and improve the service.

People had a programme of activities in place, which they had chosen or were based on their known likes and dislikes. Activities included art and craft, puzzles, feeding the ducks at a local pond, massage and other sensory sessions, cookery, knitting, aromatherapy and reflexology, listening to music and singing, films and television. During the inspection, one person went shopping on the bus and another person declined an opportunity to go out. In discussions with people and staff it was apparent people spent their time as they wished and had a variety of activities within house if they choose, although these were not always well detailed in records and this is an area we have identified for improvement. The registered manager told us individual activity boxes were being implemented and developed and further sensory equipment was being sourced.

People had opportunities to provide feedback about the service provided. People had review meetings where they and their representatives could give feedback about the care and support and the service provided. Some people had a weekly discussion around meals and menus and regular one to one talk time with their keyworker. Surveys were sent out to relatives and professionals in July 2017 and those returned showed people rated the service good or excellent.

Good

Is the service well-led?

Our findings

People felt the registered manager was a good manager. Comments included, they were "Nice" and "Very good". Relatives felt the service was well led. One said, "The current home manager is competent and organised and well able to manage her staff. I would go so far as to say she is the best manager the service has had in the fifteen years that (family member) has lived at Brightcare".

A social care professional felt the service was well led. They told us staff always kept them informed of health, general wellbeing and what was happening. They felt the communication with the service was always open and honest.

At the last inspection, there was a failure to provide appropriate systems or processes to assess, monitor and improve the quality and safety of services and maintain complete and contemporaneous records. The provider had taken steps to address the shortfalls identified during that inspection.

Checks and audits were carried out within the service to monitor quality and to identify how the service could be improved. This included regular checks on medicines, temperatures, such as water, food and fridge freezers. Medicine, health and safety and infection control audits were also undertaken, to make sure people remained safe. The registered manager reported other information to senior management, which was monitored. For example, staff sickness, vacancies, safeguarding incidents, complaints, care plan reviews and use of agency.

The provider's quality assurance team undertook an annual inspection of the service and a report was available. The last visit had been undertaken in June 2017. Shortfalls that had been identified were incorporated into an action plan and this was regularly discussed bewteeen the registered manager and their line manager. Staff told us senior management visited regularly and they were approachable and always made time to speak with people and them and listen to what they had to say. The Environmental Health Officer had surveyed Brightcare in March 2017 and judged a visit to the service was not necessary.

At the last inspection, we found that the provider had failed to notify us about certain changes, events and incidents affecting their service or the people who use it, which was a legal requirement. Since that time, the registered manager had sent in notifications appropriately.

An established registered manager worked full time and was supported by a senior carer. During the inspection, the registered manager spent time with people and led by example. A social care professional said of the registered manager "I enjoy working with (registered manager). We do keep in regular communication which supports this. I hope she feels the same, but I know I can send information through, ask for support and or advice, we think outside of the box and all of this is achieved. (The registered manager) is a credit to her company". Relatives also felt the registered manager was approachable and communicated effectively. The registered manager attended regular managers meetings, which were also used to monitor the service and keep managers up to date with changing guidance and legislation.

The provider published its aims and objectives within a personalisation strategy. This set out 'What success looks like, How we deliver success and How we know how well we are doing'. Staff understood the values and we observed them displaying these behaviours during our inspection, particularly in their commitment to the individual people, they supported.

Staff understood their role and responsibilities and felt they were well supported. They had team meetings, supervisions, appraisals and handovers where they could raise any concerns and were kept informed about the service, people's changing needs and any risks or concerns. Staff felt they had a good team and that the registered manager was good and supportive.

Staff had access to policies and procedures online and within the office. These were reviewed and kept up to date by the provider. Records were stored securely and there were minutes of meetings held so that staff and people would be aware of up to date issues within the service.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. The provider was displaying their inspection rating both within the service and on their website.