

Bright Almond Care Ltd

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Inspection report

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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

Bright Almond Care Ltd provides personal care for adults living in their own homes. The service, whilst being inspected, has not been rated because at the time of the inspection a service to one person was being provided. We had insufficient information to determine the level of service that people received. We could not be confident that the support people currently receive would be sustainable should the service expand to provide care for additional people and/or increase its hours of operation.

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

Staff recruitment checks were in place to protect people from receiving personal care from unsuitable staff.

The person using the service and their representative told us they thought the service ensured that safe personal care had been provided. Staff had been trained in safeguarding (protecting people from abuse) and staff understood their responsibilities in this area. They told us that medicines had been prompted and supplied safely and on time, to promote their health needs.

Risk assessments were not consistently in place to protect the person from risks to their health and welfare.

Staff had, in the main, received training to ensure they had the skills and knowledge to be able to meet people's needs.

Staff members spoken with had understood their responsibilities under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) to ensure the person had effective choices about how they lived their lives.

The person using the service and their representative told us that staff were friendly, kind, positive and caring. They told us that they fully determined decisions about how and what personal care was needed to meet their needs.

The care plan reflected the person's individual needs to ensure they could be met, and there was information available on their preferences to ensure staff were aware of how to provide a fully individual service.

The person using the service and their representative told us they had informed staff or management if they had any concerns and these had been properly followed up.

The person and their representative were satisfied with how the service was run. Staff said they had been

fully supported by the registered manager to carry out their work.

The registered manager carried out audits in order to check that the service was fully meeting the person's needs and to ensure a quality service was provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

Risk assessments to protect people's health and welfare were not fully in place to protect people from risks to their health and welfare. A system to ensure that people were supplied with their medicines was in place though needed attention to ensure that medicines had been supplied as prescribed. The person thought that staff provided safe care and felt safe with staff from the service. Staff recruitment checks were in place to protect people from receiving personal care from unsuitable staff. The person had received care at agreed times to safely promote their health. Staff were aware of how to report incidents to their management to protect people's safety.

Inspected but not rated

Is the service effective?

The service was effective.

Staff were trained to meet the person's care needs. Staff had received support to carry out their role of providing effective care to meet the person's needs. People's consent to care and treatment was sought. The person's nutritional needs had been promoted. Health needs had been met by staff.

Inspected but not rated

Is the service caring?

The service was caring.

The person and their representative told us that staff were kind, friendly and caring and respected rights. The person had been involved in setting up the care plan that reflected the person's needs. Staff respected privacy, independence and dignity.

Inspected but not rated

Is the service responsive?

The service was responsive.

The care plan contained information on how staff should respond to people's assessed needs, and information was available to staff on responding to the person's preferences and lifestyle. The person spoken with was confident that any concerns they identified would be properly followed up by the

Inspected but not rated

registered manager.

Is the service well-led?

The service was well led.

The person and their representative thought it was an organised and well led service. Staff told us the senior management staff provided good support to them. They said the registered manager had a clear vision and expectation of how friendly individual care was to be provided to people to meet their needs. Audits were in place to measure whether a quality service had been provided.

Inspected but not rated

Bright Almond Care 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.

This inspection took place on 4 July 2017. The inspection was announced. The inspection team consisted of one inspector. The provider was given 48 hours' notice because the location provides a personal care service and we needed to be sure that someone would be in.

We looked at the information we held about the service, which included 'notifications'. Notifications are changes, events or incidents that the provider must tell us about.

We also reviewed the provider's statement of purpose. A statement of purpose is a document which includes the services aims and objectives.

We contacted commissioners for health and social care, responsible for funding the person who used the service and asked them for their views about the agency. No information was able to be provided as the service did not have a contract with the local authority.

During the inspection we spoke with a person who used the service and their representative. We also spoke with a director of the company, who was also the registered manager, and two staff.

We looked in detail at the care and support provided to the person being supplied with personal care by the service, records of staff training, staff recruitment records and medicine administration records.

Is the service safe?

Our findings

The person we spoke with thought that personal care had been delivered safely and that staff kept them safe. They said, "Yes, I am very safe with all of them." The representative also said that there were no safety concerns.

A staff member told us they were aware of how to check to ensure people's safety. For example, they checked hoisting equipment was safe to use before helping to move the person.

There were no issues with regard to the timeliness of calls to provide care, as this was a live in, 24-hour service. The person told us that staff turned up for calls at the time they were supposed to.

We saw that the person's care and support had, in the main, been planned and delivered in a way that ensured their safety and welfare. This was because plans contained risk assessments to reduce or eliminate the risk of issues affecting safety. For example, the person was assessed as being at risk of catching colds, so the registered manager set up a system of staff using two gloves when providing care, to give greater infection-control protection. Also, there was information in place outlining that staff had yearly flu vaccines to reduce the risk of spreading this condition to the person. There was also a risk assessment in place to reduce the risk of pressure sores developing.

There was detailed information of how to deal with catheter care. For example, how to ensure this was cleaned every day to make sure the equipment was not blocked and reduce the risk of infection. This prevented distress to the person.

However, some risk assessments were not in place. For example, the registered manager told us about behaviour that challenged the service. However, there was no risk assessment in place for staff to follow on how to manage these situations. A staff member told us that if this behaviour occurred, then they withdrew until the situation calmed. In reality, this appeared to work, which lessened the risk of the situation developing.

A risk assessment also stated that an appropriate diet should be provided to prevent the person developing a diabetic condition. However, there was no detail on appropriate food and drinks how to achieve this. The person told us that they chose what they wanted to eat and drink. This meant the person was potentially at risk, with the absence of a discussion and a plan to safely deal with these circumstances.

There was some information in place with regards to checking risks in the environment to maintain people's safety. It outlined how to deal with lighting, ventilation, temperature and flooring issues. However, there were no risk assessments in respect of other important issues such as fire, access to household chemical products and tripping hazards. The registered manager said risk assessments would be discussed with the person to manage any identified risks.

We saw that staff recruitment practices were in place. Staff records showed that before new members of

staff were allowed to start, checks had been made with previous persons known to the respective staff member and with the Disclosure and Barring Service (DBS) for one of the two staff records we looked at. DBS checks help employers to make safer recruitment decisions and ensure that staff employed are of good character. One record did not contain a DBS check. The registered manager later sent this to us. For both staff records, not all employment references were in place. The registered manager again sent us this evidence. This meant that a system was in place to prevent unsuitable staff members being employed to provide care for vulnerable people using the service.

The staff members we spoke with had been trained in protecting people from abuse and understood their responsibilities to report concerns to other relevant outside agencies if necessary, and to report concerns to if they had not been acted on by the management of the service.

The provider's safeguarding and whistleblowing policies (designed to protect people from abuse) were available to staff. These informed staff what to do if they had concerns about the safety or welfare of any of the people using the service. Policies set out that when a safeguarding incident occurred management needed to take appropriate action by referring to the relevant safeguarding agency.

The whistleblowing procedure stated that relevant agencies were CQC and the local authority but gave no contact details for staff to contact for CQC or the police. The registered manager said these procedures would be amended. We were later sent updated information after the inspection visit. This then supplied staff with all relevant staff information as to how to action issues of concern to protect the safety of people using the service.

The person we spoke with told us that staff had reminded them to take their medicines and there had been no issues raised about this. "Staff help me to take my medicines."

We saw that staff had been trained to support people to have their medicines and administer medicines safely. There was also a medicine administration policy in place for staff to refer to and assist them to safely provide medicines to people.

We saw completed medicine records. These had been, in the main, completed. However, records showed two medicines had been supplied once a day when the administration instruction record stated to supply three times a day. There was also no recorded instruction as to how often prescribed cream should be administered which was important to ensure that pressure sores did not develop. The registered manager said this would be followed up.

Is the service effective?

Our findings

The person and the representative we spoke with said that care and support effectively met assessed needs. They thought that staff had been properly trained to meet care needs. The person told us, "They [staff] have been very helpful. They understand my needs and they are well trained. I train them myself in my condition so they know what to do to help me." Their representative also told us that staff were trained to meet the person's needs.

Staff members we spoke with told us that they thought they had received enough training to meet people's needs. One staff member said, "I had a lot of training when I started. This has helped me to give good care."

Staff training information showed that staff had received training in essential issues such as such as how to protect people from abuse and health and safety training to keep people safe.

There was no evidence in place that staff had training in the person's main health condition. The registered manager said staff would be asked to read relevant information so that they had a greater understanding of this condition. This would assist staff to have a fuller awareness of the person's condition so that they understood the issues and challenges that the person faced. The registered manager stated that training would be reviewed to ensure that staff had the skills to meet people's needs.

We saw evidence that new staff were expected to complete induction training. This training included relevant issues such as infection control and how to effectively transfer the person from one position to another. The training provided covered a large number of issues on one day. We discussed whether this was effective in allowing staff to be able to absorb and retain information. The registered manager said that this would be reviewed to ensure training was effective in fully equipping staff with relevant knowledge and skills.

There was also evidence that new staff completed training on the Care Certificate. This is nationally recognised comprehensive induction training for staff to equip them to provide effective care.

The person using the service said that if new staff started, they were shadowed by an existing staff member for a number of days so they knew what to do to meet needs. Staff members told us when they began work, they have been shadowed by experienced staff. This made them feel confident and competent to carry out any personal care needed.

Staff members felt communication and support amongst the staff team was good. They also told us they felt supported through being able to contact the registered manager if they had any queries. We saw no evidence that regular staff supervision had taken place. The registered manager acknowledged this and stated that it was the intention that these meetings took place on a regular basis. This will then give staff more support and advance staff knowledge, training and development.

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.

There was evidence of an assessment of mental capacity, and the person had given consent with regard to a number of relevant issues, such as sharing information with professionals and their information being able to be read by staff. The person told us that staff always asked their consent to provide care. Staff were also aware of communicating with the person to gain their consent with regard to the care they provided. They told us they asked permission before they supplied care. This was also confirmed by the representative we spoke with. Evidence was in place that staff had received training about the operation of the law. This meant that staff had been in a position to assess people's capacity to make decisions about how they lived their lives.

The person and the representative we spoke with was satisfied with the support staff provided with meal preparation, provision and choice offered. They told us, "Staff provide me with what I want." Staff members we spoke with agreed that the person decided what food and drink they wanted, and how they wanted it to be cooked. There was also an indication in the care plan as to reminding the person to eat and drink. This protected the person from malnutrition and dehydration.

We saw relevant information in the care plan about how the person wanted their drinks to be made. For example, the amount of tea leaves the person wanted in her teapot and giving the tea the chance to brew to the person's taste. There was also evidence of a telephone survey in 2017 where the person rated the service as excellent on providing food to their taste.

The person we spoke with said that staff were effective in responding to health concerns. They said that earlier this year there had been a problem and staff had contacted the district nurse so that treatment was arranged. A staff member told us that the person had not felt well on one occasion and the GP was contacted. The person was able to speak with the surgery directly, so was able to arrange their own health care. This arrangement gave the person confidence that staff knew what they were doing in relation to helping to facilitate proper healthcare support.

Is the service caring?

Our findings

The person we spoke with thought that staff, were kind, caring and gentle in their approach. They said "The staff I have are very good. Friendly and kind." Their representative told us, "They listen and take on board what is said. They always follow instructions. They are lovely people and are always kind and caring."

The person told us their care plan had been discussed and agreed between them and the registered manager at the start of their contact with the service. The person said, "I was involved all the way. It is my care plan after all and I know what support I need. I was also given the option of using an advocacy service to help me though I didn't need this." An advocacy service is an organisation that helps people communicate with providers to make sure their views are properly heard and taken account of.

The person told us that their dignity and privacy had been maintained and staff respected choices. For example, the person planned what food and drink they wanted to have every week and staff then prepared what the person wanted. We noted that both lunch and dinner times were later than usual, though this was the person's choice to eat at these times. The representative also confirmed that the person had full choice of their own lifestyle.

The care plan recorded that the person only wanted to have female staff to supply care to them. The person confirmed that this choice had been met. The person also confirmed to us that staff used their preferred name.

Staff members gave us examples of promoting the person's privacy, such as locking doors when the person used the bathroom and covering the person when helping them to wash and dress. They said they were mindful of protecting privacy and dignity. For example, they said they always knocked on doors.

We saw that the information available to people using the service, the service user guide, emphasised that staff should uphold people's rights to privacy and dignity and respect their wishes. It also stated that staff should always show warmth and understanding towards people. This encouraged staff to have a caring and compassionate approach to people.

The person told us that staff respected her independence so they could do as much as possible for themselves. "They help me when I need it and respect my independence." We found evidence in the person's care plan for staff to promote the person's independence. This presented as an indication that staff were caring and that the person and their rights were respected.

The care plan included the person's religious preference, which provided information to staff on respecting the person's beliefs. The service user handbook also stated that there should be no discrimination on the basis of beliefs, religion and culture. It did not include other relevant issues such as no discrimination on the basis of the person's gender and sexuality. The registered manager said this would be amended and included in this document.

Is the service responsive?

Our findings

The person we spoke with told us that staff responded to their needs. They said that staff would do anything asked of them; "They follow my wishes."

We looked at the care plan of the person using the service. This contained an assessment of the needs of the person. It is set out the person's views on the care they needed and how staff could meet these needs. This included relevant details such as the support the person needed, such as information relating to their mobility, feeding and communication needs.

There was information as to the person's personal history and preferences to help staff to ensure that individual needs and preferences were responded to. Detailed information was in place. For example, there was information on the person's preferences, choices, likes and dislikes. There was also detailed instructions for staff on assisting the person with their exercises and massaging their feet to relieve stiffness and pain.

We saw that the person's care had been reviewed. The review covered relevant issues such as whether the care supplied was still appropriate, whether the person was happy with staff and the care provided and any changes in need since the last review.

The staff members we spoke with told us they had read the person's care plan so they could provide individual care that met the person's needs. This was expected of them and they had been informed of this in their induction. Staff confirmed that if there were any changes then the registered manager contacted them to supply this information. They also had handovers between shifts so that they were informed of any relevant issues of the person's needs.

The person confirmed that staff helped with carrying out the activities which were vital to their well-being. They told us, "They help me with my hobbies and interests like painting." Staff confirmed that they were shown by the person how to provide proper help to carry this out.

The person was aware of how to make a complaint if needed. They told us they had spoken to the registered manager in the past about things that needed changing. They said the registered manager had responded to their requests and made changes where needed. This gave them confidence to make a complaint should the need arise.

Staff members told us they knew they had to report any complaints to the registered manager. They had confidence that issues would be properly dealt with.

The provider's complaints procedure gave information on how people could complain about the service if they wanted. We looked at the complaints procedure. The procedure set out that that the complainant should contact the service. However, it also stated that the complainant could contact CQC to ensure the matter was dealt with. This did not provide correct information as CQC does not have the legal power to resolve complaints. It also did not provide information about referral to the ombudsman, an independent

organisation that investigates whether the provider has carried out proper investigations into people's complaints. The registered manager stated this procedure would be amended. She later sent us an amended updated procedure that contained relevant details.

We saw that one complaint had been made in the past. These issues had been investigated by the registered manager, with an apology given and action taken as needed. This provided assurance that complainants would receive a comprehensive service responding to their concerns.

In the care plan, there was information about reference to other agencies to gain appropriate support for the person using the service. The registered manager was aware if any more support was needed in the future, relevant agencies would be contacted, such as the occupational therapy service if specialist equipment was needed to help people.

Is the service well-led?

Our findings

When asked if they would recommend Bright Almond Care Ltd, the person we spoke with said they would. "I have been pleasantly surprised by the agency. They are very good. Much better than previous agencies I had. They listen and do what I want." The representative also praised the agency and said, "They listen to our requests and deal with them." They both told us that they were impressed with the service's commitment to providing a quality service.

The person told us that an initial assessment of the personal care needed had been carried out. They said that if they had a query they rang the management of the service, who had responded quickly. The representative said they had been kept informed of any important issues relating to the care needs of their friend.

The person and their representative told us that Bright Almond Care Ltd had a stable staff group. They said the service tried to provide the same staff and that this was important, as staff were aware of the person's preferences and how they wanted care to be provided. Achieving this produced a culture in the organisation to be mindful and respectful of people's needs and recognise how potentially disruptive changes of staff can be.

The registered manager was aware that incidents of alleged abuse needed to be reported to the relevant local authority safeguarding team to protect people from abuse.

Staff had been provided with information as to how to provide a friendly and individual service with regard to respecting people's rights to privacy, dignity and choice and to promote independence. Staff members told us that the registered manager expected them to provide friendly and professional care and always to meet the individual needs.

Both staff members told us that they were supported by the registered manager. They said that the registered manager had always been available if they had any queries or concerns. A staff member said, "I always know if I ring up I will get a good answer." They had no suggestions about how the service needed to be improved, as they thought it was managed very well and had always met the person's needs.

We saw that a staff spot check had been carried out by the registered manager. This covered relevant issues such as staff wearing protective clothing to prevent infection, proper use of equipment and whether care tasks had been carried out properly. She said that it was her intention that these checks would be carried out more frequently in the future.

Staff members said that essential information about the person's needs had always been communicated to them, so that they could supply appropriate personal care. This indicated that a system was in place to ensure staff had up-to-date knowledge of the person's changing needs.

We saw quality assurance checks in place. These included checking with the person that the care they were

provided with was meeting their needs, that the care provided by staff followed the care plan and that medicines had been provided as prescribed.

A comprehensive auditing process assists in developing the quality of the service to meet people's needs.