Bright London Care Limited

Bright London Care Limited

Inspection report

Jhumat House
160 London Road
Barking
Essex
IG11 8BB

Tel: 07930695437

Date of inspection visit:
08 June 2021

Date of publication:
02 August 2021

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

About the service
Bright London Care Limited is a domiciliary care agency that is registered to provide personal care to older people, people with dementia, younger adults, people with physical disability and people with learning disabilities or autistic spectrum disorder. At the time of our inspection the service was providing personal care to one person.

People's experience of using this service and what we found
Medicines were managed safely. Risks to people were recorded and mitigated. People were supported to be safeguarded from abuse as there were systems in place to support staff such as training and policies to follow. Staff recruitment was robust, and people told us staff were punctual. Staff understood the importance of infection prevention control. There had been no incidents or accidents, but the provider had systems in place to learn from them when they occurred.

People's needs were assessed before they began using the service so the provider knew they could meet their needs. Staff received inductions before starting work, so they knew what to do when they started working with people. People were supported with their health care needs and staff communicated with each other to ensure people received effective care. People were supported to eat and drink. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People consented to their care and staff followed their decisions.

People told us staff were caring and respected them. People were supported to make their decisions in their care which was reviewed regularly. People's privacy and dignity was respected, and their independence promoted.

Care plans were person centred and staff knew what people liked. People's communication needs were met. People were supported with activities if they wanted to. There had been no complaints, but people were provided information how to do so. People's end of life decisions was recorded.

People and staff were pleased with how the service was managed. The provider and service were new and still adapting how they worked. Management were open to change and improvement and wanted what was best for people using the service. They knew about their duty of care and regulatory requirements. People were able to be engaged in the service and provide feedback about the care. Staff could provide input into the service through meetings and supervision. There were quality assurance measures in place. The provider hoped to expand their networks and work with others following the lifting of pandemic restrictions.

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

Rating at last inspection

This service was registered with us on 07/10/2019 and this is the first inspection.

Why we inspected
This was a planned inspection as the service had never been inspected before.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 London Care 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 Care Act 2014.

Inspection team
The inspection was carried out by one inspector.

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

The service did not have a manager registered with the Care Quality Commission at the time of the inspection. However, we spoke with the person who had applied to register for this role. A registered manager, like the provider, is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 02 June 2021 and ended on 30 June 2021. We visited the office location on 08 June 2021.

What we did before inspection
We reviewed information we had received about the service. We sought feedback from the local authority and professionals who worked with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection
We spoke with one person who used the service about their experience of the care provided via telephone. We spoke with three members of staff including one care staff, the former registered manager who intended to become the nominated individual and the current nominated individual who intended to become the registered manager. A nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included one person's care and medicine administration records. We looked at one staff file in relation to recruitment and staff supervision. We also viewed a variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider regarding medicine management and quality assurance to validate evidence found. The provider sent us documentation we sought.

Good

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 for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Using medicines safely

● Medicines were managed safely but we have made a recommendation about this. At the time of our inspection there was only one person using the service and they were in receipt of one prescribed medicine which the service supported them with. This person took other medicines, but the service did not support the person with these as they could administer these themselves.

● The service recorded medicine administration appropriately on Medicine Administration Record (MAR) sheets. However, the provider had not kept these records in their office at the time of the inspection. Following inspection, we were provided with MAR sheets and audits of the medicine administered and saw that these were being completed accurately.

● At the time of inspection, the service was not recording risks associated with the medicine they administered nor those of the medicines people took themselves. We explored this with the provider, and they understood the usual need to do this but as the medicine they administered was a cream and presented with minimal risk, they had not done so.

● Following the inspection, the provider sent us an updated risk assessment which included a medicines risk assessment which noted risks around medicines.

● The service had a medicines policy which staff followed, and they had been trained in medicine administration. There was a medicines competency form for staff to complete. At the time of the inspection the staff member providing care had not completed the form but did so following the inspection.

Assessing risk, safety monitoring and management

● Risks were assessed and monitored. However, we found the assessment template and language used within it needed more clarity.

● The risk assessment provided information about the risks to the person receiving care. However, it didn't directly identify their health condition, which would potentially have provided broader insight for staff about the needs of the person. However, their condition was named in the care plan and the registered manager corrected this as soon as we highlighted it.

● Risks around falls were identified and the assessment stated this was a low risk. However, information provided in the assessment and care plan indicated that the person was higher risk than someone who had no mobility issues, who would also be considered low risk using the same assessment. We discussed this with the provider, and they changed the risk assessment scoring to medium risk following our conversation.

● The service was relatively new and only working with one person. They were not able to provide us with their business continuity plan at the time of inspection. A business continuity plan ensures a service is prepared for disruption to the service, such as flooding or adverse weather conditions. Following the inspection, a business continuity plan was sent to us which covered all foreseeable eventualities.

Systems and processes to safeguard people from the risk of abuse

● People told us they felt safe. One person said, "Yes, I do [feel safe]." There was safeguarding policy and procedure for staff to follow. Staff had received safeguarding training as part of their induction and knew what to do if they suspected abuse. One staff member said, "When [people are] at risk of being harmed, abuse or neglect, I have to raise awareness to the office."

● The service had not needed to raise any safeguarding alerts since they began working with people and we saw nothing to indicate they needed to. However, the nominated individual and person who will be applying to be the registered manager knew to contact the local authority and notify CQC if there was a safeguarding concern or allegation of abuse.

Staffing and recruitment

● Recruitment processes were robust. There was only one member of care staff other than the person who would become nominated individual and the current nominated individual who was seeking to become the registered manager. The care staff had little previous experience of care but had been supported by the other more experienced members of the team through induction training and supervision. They had completed checks to ensure staff were safe to work with people. This included criminal record checks, identification and references from previous employers.

● People told us staff arrived on time. One person said, "Every time [staff] comes to help me on time." The service was small and only providing care to one person. This care was provided by one staff member and the current manager, who covered when required. There was enough staff to meet this person's needs and staff told us they had enough time to meet their needs. The staff member said, "I have enough time to support [person]."

● The provider had plans to employ more people should the service start caring for more people.

Preventing and controlling infection

● Staff understood infection prevention. One staff member said, "I wear gloves, mask, I wear the gown thing, I've had my vaccine." Staff received training on infection prevention, which included correct usage of Personal Protective Equipment [PPE}, and the service had an infection control policy. This provided guidance about reducing the risk of the spread of infection. We saw the provider shared up to date government guidance on infection control and COVID-19 with staff.

Learning lessons when things go wrong

● There had been no incidents or accidents at the service. Nothing we saw indicated otherwise. The service had a policy for staff to follow should things go wrong, and we saw there was an incident form template to use should staff need to. Meeting minutes indicated that if something did go wrong it would be discussed among staff. The staff member we spoke to said, "I'd call the ambulance [if something went wrong]. I'd call the office and let them know and get support."

Good

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

● People's needs were assessed before they began using the service. This was so the service knew whether they could meet people's needs. Assessments followed best practice guidance, covering people's protected characteristics such as race and disability, and sought information about different areas of people's lives where they may need support. People's health concerns and needs, their social relationships and other information were recorded to support the service understand people's care needs and see whether the service could support them.

Staff support: induction, training, skills and experience

● Staff received an induction before they started working with people. This was so they would know what to do in their role. This induction comprised of shadowing the provider or an experienced care worker and holding discussions and supervision with them about personal care and policies and procedures.

● Staff were trained on how to do their jobs. One staff member told us, "[In] training they covered everything! PPE guidelines, the medication, the safeguarding, I think it covered most things." Staff received training on different aspects of their role. Training had been undertaken at the beginning of the service before they provided care, however, the provider planned training to be completed regularly. Topics we saw training completed on included safeguarding, medicines administration and food hygiene.

● Staff had received supervision. One staff member said, "Sometimes [we have supervision], [provider] will tell me what's going on - this is my first care job, so they explain things for me." Supervision notes indicated the provider had observed staff working practice and used feedback as a form of constructive criticism to help inform staff how to improve how they did their job. Opportunity was also provided for staff to feedback on the service and raise issues and concerns that was important to them.

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

● The service could support people with their health care needs. One person told us they had not needed support yet but felt the service would act appropriately, the person said, "They would help me."

● Details of health professionals involved with people's lives were recorded in people's care plans. People's health care needs, and their medicines were also recorded which would support any potential interaction with health care professionals.

● The service maintained a communication log so there was a record of what care had been provided. This meant the provider, staff, and other professionals should they need to, could see what care had been provided and when.

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

● People told us they were happy with how the service supported them to eat and drink. One person said, "In the morning [staff] does breakfast and does it well!" Information about people's food preferences was recorded in their care plan. Staff were trained in general food safety and they followed the service's policy on nutrition and hydration.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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.

● People told us staff sought their consent. One person said, "Yes [staff] does, everything they ask me [my permission]." Staff told us they understood the need for consent and the importance of people making their own decisions. One staff member told us, "[Person] makes his own decisions and choices." They also confirmed they had completed training in MCA.

●Care plans contained consent forms and information about people's mental capacity. These were signed by people to indicate their consent to care and identified whether people needed support making decisions, and if so, who would provide that help, such as advocates or relatives with legal powers.

Good

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 told us staff were caring. One person said, "Yes they know the job and they are caring."
- Staff understood person centred care and equality and diversity. One staff member told us how they maintained people's culture and diversity, "[The person's] food is [faith permissible] and I speak with [them] in [non-English language] so I understand [their] needs."
- Care plans recorded people's legally protected characteristics such as their sexual orientation and religion. They also included detail about people's personal lives which meant that staff understood their background and what was important to them. For example, there was information about where the person had been born and their family.
- The provider had various policies which supported people's human rights, identifying relevant law and principles.

Supporting people to express their views and be involved in making decisions about their care
- People and staff told us they were involved in making decisions about their care. One staff member told us, "I always ask [person] what they want to do, I always ask them first."
- The service held regular calls and meetings with people to review their care needs. People told us they were able to have input into their care and express their views to the service. Care plans were also signed to demonstrate people's involvement in care planning.
- At the time of the inspection the service was small, and the provider sought direct feedback regularly. They told us they would endeavour to maintain this personal interaction should the service grow. They felt it would be possible to do so through phone calls and spot checks. This meant people would be able to provide their views on the service regularly.

Respecting and promoting people's privacy, dignity and independence
- People told us their privacy and dignity was respected. One person said, "[Staff respect me] too much! They are a good person."
- The service promoted people's independence. One staff member said, "I always ask [person] what they want to do, like go out. I will assist them walk only if they ask for it." Care plans included information about supporting people to maintain their independence. For example, the care plan contained goals and aims the person wished to achieve for themselves and what they required support with.
- Information about people was kept confidentially. Information was stored on password protected computers or in lockable filing cabinets in a locked office. Staff contracts had confidentiality clauses whereby they agreed not to disclose confidential information about people. There were policies to support people's data safely. Staff completed training on privacy and dignity.

Good

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

●People told us they received the care they needed. One person said, "We talked about what I need, and I can tell them." They also told us they liked staff who cared for them and felt they had a choice in this. They said, "I like who cares for me."

● The care plan, alongside the risk assessment, provided a person-centred perspective of what support the person needed and what their preferences were. The care plan covered areas including mobility, aids and equipment, medical condition and domestic requirements. They provided guidance for staff on what care people needed and how they wanted it provided.

● Staff told us care plans were easy to follow. One staff member said, "The care plan is done in a way people like and the way people are treated is professional." Care plans included tasks to be carried out by staff at each visit. For example, the morning call tasks for one person included, "Carer can assist me with and encourage me to [help me with my needs]." This meant people received care from staff who had clear instructions to follow.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

● The service met people's communication needs. People at the service had specifically requested support from carers who could speak a specific language which they spoke. The provider had employed someone who was multi-lingual and could speak with the person in the language they preferred.

● Service documentation covered communication needs from a person-centred perspective. For example, one person's risk assessment provided information how they were verbally able to communicate, preferred their "mother language" and liked larger text due to a sight impairment. The provider told us they were happy to print larger text items and would seek external support around communication needs, such as translation, if the need arose in the future.

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

● Where required, people were supported to avoid social isolation. The person using the service was visited for short periods of time where they received personal care. However, the person told us, "If I need extra time [staff] stays." They told us staff would support them with anything they requested, including support to undertake activities outside their home. This was confirmed by the provider.

Improving care quality in response to complaints or concerns

● People knew how to make a complaint but said there had been no need. One person told us, " No complaints here! They help me too much; they are a good company." Staff also told us what they would do should they receive a complaint. One staff member said, "I would inform the office and if they didn't do anything, I would inform the CQC.

● There had been no complaints to the service. There was a complaints policy and procedure which was part of a service user guider people received when they first began receiving the care. The provider told us they would follow their policy should they receive a complaint and would view it positively as a means by which to improve the service.

End of life care and support

● At the time of our inspection no one receiving end of their life care. We discussed the importance of recording people's end of life wishes with the provider and how different cultures perspective of death is different.

● Following the inspection, the provider sent us evidence they had discussed end of life with the person receiving care. The wishes highlighted what would be important to them at the end of their life. This included information about who was important to them and what faith observations should be observed.

Good

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.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- People and staff thought highly of the service. One person said, "[Manager] is very good and they help out with care." One staff member told us, "They are a good manager, they have a lot of experience in care and they know what they are doing."
- The service was new and still adapting their ways of working. The manager had been training in a health and social care qualification to assist them in their role. Unfortunately, the COVID-19 pandemic had impacted on their access to training, but they told us they had plans to finish once pandemic restrictions eased. They wanted to continue to use learning from the course to assist safe growth in the service.
- The current manager was being supported by the former registered manager. This person was going to become the nominated individual for the service, the person responsible for the oversight of personal care, the regulated activity at the service. They had previous experience of managing services and training staff in social care. Both current manager and former registered manager were responsive to requests made by the inspector and were keen to demonstrate a willingness to learn and promote the service high-quality person-centred care.
- Documentation at the service was person centred and staff were trained with person centred aims. The management were clear about the roles they wished to fulfil and understood their responsibilities towards the safety of people and staff at the service. They also knew they had regulatory responsibility to notify CQC in lieu of certain situations arising, such as raising safeguarding alerts, though this had not happened yet.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People told us they were able to be involved in care. One person told us, "[current manager] asks me how the care is, and I tell them. It is very good." The current manager made regular calls and visits to the person receiving care and had completed spot checks to quality assure the care provided.
- Aside from spot checks there were other quality assurance measures in place. These included communication book audits, staff file check lists and supervision. There was also Medicine Administration Record (MAR) audits.
- The service held team meetings where staff could be involved and provide input into the future direction of the service. One staff member told us, "We had meetings and we will speak on the phone to ensure evening is going well." Minutes focused mainly on setting up the service, but these also included quality assurance, risk assessments and care plans.

Working in partnership with others:

● The service was small and had begun operating during the COVID-19 pandemic. This had limited some of the networking opportunities available to it. The provider had liaised with local authorities and had attended online webinars and training. They had plans to further engage with provider networks and forums once pandemic restrictions were lifted.