

Brighter Home Care Ltd

# Brighter Home Care

## Inspection report

Hesters Way Community Resource Centre  
Cassin Way  
Cheltenham  
GL51 7SU

Date of inspection visit:  
25 February 2021  
26 February 2021

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18 March 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?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Brighter Home Care is a domiciliary care service that provides personal care and support to people living in their own homes. The service supported five people at the time of the inspection.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

Since the services registration with CQC in July 2019, the registered manager had concentrated on building up the service and developing a stable staff team.

People and their relatives told us they were happy with the service they received and felt safe amongst the staff who supported them. They praised the caring nature of staff and felt staff were very polite and they respected their dignity and privacy.

A consistent staff team ensured people received care from staff who were familiar with their needs. Staff encouraged people to retain their independence and make decisions about their care.

Staff were trained and supported to carry out their role and were knowledgeable about good care practices and their responsibilities to protect people from harm and abuse.

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. However, we have made a recommendation about the processes used to gain people's lawful consent when they may not have the mental capacity to consent to their care package or specific decisions.

People's care plans provided staff with the information they needed to support people and the management of people's individual risks.

The registered manager and staff were passionate about delivering good quality care to people and ensuring people were safe and their needs were met.

The registered manager has a good understanding of the management of people's needs and development of staff and was open to making improvements to the service. However, further development of their quality assurance systems was needed to ensure that people received safe care from staff who had been suitably recruited and supported.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us in July 2019 and this is the first inspection.

#### Why we inspected

This service had not been inspected since their registration in July 2019, therefore, this inspection was carried out to gain assurances about the quality of care and systems used to monitor and manage the service.

#### 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?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

# Brighter Home Care

## 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 had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was announced.

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

Inspection activity started on 25 February 2021 and ended on 3 March 2021. We visited the office location on 25 and 26 February 2021.

#### What we did before the inspection

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. We used all of this information to plan our inspection.

#### During the inspection

We spoke with one person who used the service and two relatives about their experience of the care provided. During and after the inspection we spoke with the registered manager and two staff members.

We reviewed a range of records including three people's care records and medication records and a selection of staff files in relation to recruitment and staff development. 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 to validate evidence found.

# 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

- Most people who used the service self-medicated or their medicines were managed by their relatives, although we found that some staff supported or prompted some people to take their medicines as part of their care package.
- We discussed with the registered manager that staff would benefit from some clarity about the definitions of the different levels of support in managing people's medicines and how this is recorded. This would ensure staff are correctly supporting people with their medicines and recording if they are administering people's prescribed medicines.
- The registered manager agreed to review, and risk assess people's abilities to self-medicate and the risks associated when there is a shared responsibility of administration of medicines with people's families and implement medicines records if required.
- We reviewed the provider's medicines policy, systems and records and found that they were in line with current guidance in managing people's medicines in the community.
- Staff had received training in medicine administration and told us they received competency checks.

### Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe being supported by staff from Brighter Home Care. One relative praised the staff and said, "We have no concerns, we feel very safe with the carers."
- The registered manager understood their role of safeguarding adults and children in the community and to raise concerns to the local authority when needed. They had ensured all staff had received the appropriate training and had access to the provider's safeguarding policies and procedures.
- Staff were clear of their responsibilities to report any suspicions of abuse and whistle blow if they had any concerns about the quality of care. They told us they would contact external agencies if the registered manager did not act on their concerns.

### Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People's risks associated with their health and well-being had been identified, assessed and recorded as part of their initial assessment. Risk assessments and management plans described how staff should support people to minimise any risk for people. People told us they were confident that staff knew how to support them.
- Staff had access to information about how they should manage their own safety when working alone or in unsafe environments.
- The registered manager stated that since their registration with CQC there had been no significant accidents, incidents or near misses.

- Staff knew what action to take to protect people and themselves from harm. They told us they would raise any concerns about changes in people's wellbeing and risks to the registered manager and record any incidents.
- Accident and incident forms were available in each person's care record for staff to complete as needed. The registered manager stated they would take the appropriate actions to investigate into any incidents and identify any recommendations which would be shared with staff. Changes would be made to people's care plans to reduce the risk of repeat incidents and shared with staff.
- Safe systems were in place to manage the access to people's home's such as the use of key codes. Staff were aware of the services procedures and the actions they should take if they were concerned about people's well-being or people were missing from their home.

#### Staffing and recruitment

- There were sufficient staff to meet the needs of people using the service. People told us their staff were punctual and stayed for their allocated amount of time. People were supported by a dedicated staff member who knew them well.
- Other staff and the registered manager picked up additional care shifts in emergencies or to cover staff absences.
- Recruitment policies and processes were in place to guide the registered manager in the safe recruitment of staff. Employment and criminal checks were carried out for all new staff. The registered manager stated that any discrepancies and gaps in staff's employment were investigated and discussed as part of the recruitment process but not always recorded. They assured us that they would review how they would record these discussions as well as their checks on staff's legal right to work in the UK with any new applicants.

#### Preventing and controlling infection

- People were protected from the risk of infections. We were assured the provider followed recognised government guidance to help prevent and control the spread of an acquired health infection
- Staff had been trained in current infection control procedures and told us they had plentiful supply of personal protective equipment (PPE). People and relatives confirmed that staff wore the appropriate PPE when entering their home and delivering care.
- The provider had commenced testing for COVID-19 in line with government guidance for care at home services and were supporting staff to access the vaccination programme.



# 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

- The registered manager carried out an initial assessment of new people who had been referred to the service to ensure the service could meet the person's needs safely.
- People confirmed they had been directly involved in their care planning and had the opportunity to express their views and wishes. Other available information from relatives and health care professionals was also used to inform the care plans.
- The registered manager confirmed they subscribed to various health and social care organisations and newsletters to keep them themselves up to date and to ensure the service delivered care in line with current legislation and guidance.

Staff support: induction, training, skills and experience

- Staff had been supported to develop their skills to deliver effective and safe care.
- The registered manager supported all new staff to complete a thorough induction programme at the start of employment. The registered manager delivered a range of training to new staff to support their online training as well as providing opportunities for staff to understand people's support requirements by shadowing experienced staff in their induction period.
- Staff spoke positively of the training and support they received from the registered manager.
- People and their relatives confirmed that they felt confident in the skills and knowledge of staff who supported them.

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

- If required as part of their care package, staff prepared people's meals and ensured they had enough to eat and drink. People's care records documented the support they needed with their nutritional requirements.
- Staff we spoke with were aware of people's dietary needs and preferences.

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

- People were supported to maintain good health. Staff monitored people's well-being and escalated any changes in people's health to their relatives and the registered manager. This was confirmed by the relatives we spoke with. One relative said, "The communication with [staff name] is good especially if she has any concerns, it is flagged up to me and we make a joint decision."
- Staff understood people's health conditions and how it impacted on their well-being and ability to communicate their needs. They worked collaboratively with hospital discharge teams and community

health care professionals.

- Where required, staff supported people to attend health care appointments

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 confirmed that staff always sought their consent before they supported them with personal care. Staff understood and followed the principles of the MCA to obtain people's consent to care. One staff member provided an example of how they provided people with choices about their clothing.
- The consent from people with mental capacity or from a legal representative was obtained as part of the initial assessment. However, improvements were needed to evidence how the registered manager had obtained lawful consent using the principles of the MCA when people did not have the mental capacity to make decisions about their care. The outcome of MCA assessments around specific decisions would help to direct staff in delivering care in people's best interest.
- The registered manager agreed to review their documentation around their consent to care processes when support people who may lack mental capacity.

We recommend that the service seeks advice and guidance from a reputable source in relation to mental capacity assessments, best interest decisions and the lawful consent to care.

# 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 and their relatives told us they were treated with kindness and respect by regular staff who knew them well. They told us they were treated equally and with respect and compassion.
- We received positive feedback from people and relatives regarding the caring attitude and approach of staff. These comments included, "They are very kind" and "My carer is one of the best." One relative told us their family member had developed a good friendship with the staff who supported them, and they enjoyed their chats together. Relatives also said they had felt supported by staff. One relative said, "I know I can rely on them [staff] and it gives me a break."
- People's care records included information about people's preferences and how they like to be supported and their daily living routines.

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

- People confirmed they were involved in the planning of their care and were happy with the care they received. One person said staff were very attentive to their needs and ensured they were comfortable before they left.
- A service user guide was given to each person which described the expected standards of care and how to raise concerns.
- The registered manager sought people's feedback and views about their personal care package when they delivered care to people or carried out reviews of their care needs.

Respecting and promoting people's privacy, dignity and independence

- The providers values supported the culture of retaining people's independence. Their website stated, 'We aim for you to retain your independence at home with confidence that Brighter Home Care will provide all the support you need.'
- This was confirmed by people and their relatives who told us staff encouraged them to retain their independence and gave people emotional support as needed to build up their confidence. They told us staff treated them with dignity and respect and knew what was important to people to ensure their dignity, choice and rights were upheld.

# 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 received care and support which was responsive to their needs and individual request. People's support and personalised care requirements was assessed at their initial assessment. Details about their preferences, preferred routines and levels of independence was recorded in the care plan and provided staff with the information they needed to support people.
- People and relatives were happy with the care they received from the service and told us staff had been responsive to their changing needs or requests. They told us staff delivered personalise care which focused on their safety and well-being. One relative said, they had developed confidence in the staff member who supported their family member to respond promptly and alert them of any concerns.

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.

- Information about people's communications needs, vision, hearing and any communication devices to enable them better to communicate and understand was documented in their care plan
- The registered manager told us they would be able to access alternative formats if these were requested.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place which described how people's complaints should be managed. Information of how people could raise a complaint about the service was provided in the service user guide which was given to each person at the start of the service.
- No written complaints had been received by the provider since their registration with CQC. However, the registered manager explained that any complaint would be logged, acknowledged, investigated and actioned in line with the providers complaints policy.

End of life care and support

- At the time of our inspection, no one was receiving end of life support and care. The registered manager recognised that end of life care was an area that required further development to enable staff to support people effectively during their final stages of life. They explained that they planned to review the provider's end of life processes, care records and staff training to ensure they could deliver compassionate and safe end of life care if required to people in their own homes.

# 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 requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager had a good understanding of each person's care needs and the development of staff and had implemented some systems to monitor the quality of care being provided. For example, the quality of care being delivered, and the care practices of staff were frequently checked by spot checks of staff and regular monitoring visits with people. Action was taken when staff or people voiced concerns about the quality of care being delivered.
- However, further development of their quality assurance processes would assist the registered manager in monitoring the service and ensure the regulatory requirements were being met, especially if the service was to expand. For example, further development of the systems used to monitor staff development, recruitment and their visit times was needed.
- They planned to provide staff with further training to improve staff's daily records keeping of people's daily care and medicines support to ensure that staff were providing care to people in line with their care plan.
- The registered manager was implementing a system to manage and monitor the regular COVID-19 testing and vaccination of staff.
- The registered manager felt supported by the provider however there was limited evidence of the provider's own internal quality monitoring of the service and how they supported and judged that the registered manager was managing the service in line with the regulatory requirements.
- Whilst the registered manager had started to develop and expand their quality monitoring systems, further time was needed to identify if the systems were effective in identifying any areas of improvement and driving improvement.

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

- Since registration with CQC, the registered manager had developed a service that provided good outcomes for people. Staff worked jointly with people and their relatives to deliver good quality care which was person centred and focused on people's individual needs.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- The registered manager told us the service was continually developing and they took any opportunity to learn from any incidents or feedback and were open to making changes to the service to help improve the

quality of the service they delivered.

- Staff were supported by an on-call system to enable them to promptly request for support. They were aware of the services procedures and the actions they should take if they were concerned about people's well-being or people were missing from their home.

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

- The registered manager and staff valued and encouraged people's feedback about the service provided. People told us the service was responsive to their requests and responded well to any concerns with them. One relative said about the service "Nothing is ever too much trouble for them." They stated the service was well managed and communication from staff and the office was good.
- Staff felt supported and said communication across the service was good. One staff member described the registered manager as very approachable and as a 'star'. They told us they felt valued and well supported.

Working in partnership with others

- The registered manager and staff were passionate about delivering high quality care in their local community and engaging with other local organisations such as health care professionals and other care agencies as needed.