

Transformation Consultancy Limited

Brighter Care

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?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

We undertook an announced inspection of Brighter Care over two days on 24 and 30 June 2015. We told the provider one day before our visit that we were coming to make sure that someone would be available to support the inspection and give us access to the agency's records. Brighter Care provides personal care services to people in their own homes. At the time of our inspection 19 people were receiving a personal care service from the agency.

The agency had 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 said that they felt safe and their relatives told us that they were confident that their family members were better protected with Brighter Care supporting them. The agency had good systems in place to ensure that people's property was kept secure and that only those who needed access had the ability to do so.

Summary of findings

People were safeguarded from abuse. Staff were knowledgeable about their individual roles and responsibilities in keeping people safe and protecting their rights in accordance with the Mental Capacity Act 2005.

The registered manager conducted a detailed assessment of people's needs before offering them a service. This included a full assessment of all the risks associated with people, their environment and any equipment or specialist conditions. Healthcare professionals told us that they were confident that the agency only offered a service to people that they knew they could appropriately support. Care staff had a good understanding of the need to highlight any new risks to the office so that a review could be undertaken. People and staff felt protected by the agency's proactive and enabling approach to risk assessment.

The agency had good recruitment systems in place to match people with care staff and ensure that people received the support they needed and expected. People told us that they received the right level of care, at the right time and that the agency had never missed a call. People said that they felt confident that they could rely on the agency.

Where people required assistance with their medicines, this was done appropriately and in accordance with the care plan. Care staff were trained in the administration of medicines and were knowledgeable about the practices in place to support people safely.

People benefitted from the support of skilled and experienced staff to meet their needs. People described care staff as "Competent" and "Totally fantastic". Relatives and professionals alike had nothing but praise for the

way the registered manager and care staff supported people. The agency had links with other healthcare professionals and worked collaboratively with them to promote people's good health and wellbeing.

People were supported to maintain adequate nutrition and hydration in accordance with their assessed needs. Where required, staff provided practical support or prompting and were aware of the need to report any concerns swiftly.

People and their relatives were impressed with the quality of care and motivation of staff. The registered manager and staff were continuously praised for the kindness and compassion they showed people who used the service. We were given many examples of how staff had "Gone the extra mile" to do the "little things that really make a difference." Staff provided people with a truly personalised service that focused on them as individuals and not just a list of tasks. People's privacy and dignity were promoted and upheld at all times.

People told us that they received a totally "Responsive service" which was flexible and adapted to their needs. People appreciated the ability to adjust their service according to their needs or activities. People described how they had been enabled to be as independent as possible, but knowing that back-up support was always there if they needed it.

The agency operated with an open and inclusive culture in which feedback was ongoing and regularly sought. Due to the small nature of the agency, the registered manager had a relationship with each person who received a service. People and their relatives were confident that if they had any concerns, they would be listened to and resolved quickly.

Summary of findings

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 safe.

There were processes in place to ensure people were safeguarded from abuse.

The agency had an enabling approach to assessing risks which promoted people's safety and independence.

The agency employed sufficient and suitable staff to meet the needs of the people they were providing services to.

Where the agency supported people with their medicines, this was done safely and appropriately.

Good



Is the service effective?

The service was effective.

Staff had the skills and knowledge to meet people's needs. Training and support were provided to ensure staff undertook their roles and responsibilities in line with best practice.

Gaining consent from people was something staff did automatically. Staff demonstrated an awareness of the Mental Capacity Act 2005.

People were supported to eat and drink in accordance with their care plan.

People's health and support needs were assessed and care records reflected this. People were supported to maintain good health and had access to health care professionals, such as doctors, when they needed them.

Good



Is the service caring?

The service was caring.

People praised the kindness of the care staff who supported them. They were grateful for the consistency of staff and felt that they really took the time to get to know them, with nothing being too much trouble.

All levels of the agency demonstrated a strong commitment to providing a truly personalised and holistic service. Management and staff regularly went above and beyond people's expectations to provide people with the support they needed.

The provider set up the agency to provide a high quality and compassionate service. These principles had filtered to all levels of the organisation with staff and managers alike being highly motivated to provide care in the most respectful, dignified and inclusive way.

Outstanding



Is the service responsive?

The service was responsive.

The agency was flexible to people's needs and tailored their services accordingly. People were involved in the planning and reviewing of their care as a matter of routine.

Good



Summary of findings

Care records were individualised and person centred. Staff were knowledgeable about people's support needs, their interests, preferences, cultural and religious needs.

Staff supported people to retain their independence and adopted the agency's principles of enabling people to lead their lives as they wished.

People who used the service and their relatives felt the provider, manager and staff were approachable and had no hesitation about raising any issues or concerns with them.

Is the service well-led?

The service was well-led.

The agency operated an open, positive and inclusive culture with excellent communication systems between the office and care staff.

People who used the service and their relatives felt the provider, manager and staff were genuinely interested in their feedback and suggestions for improvement.

The manager regularly checked the quality of the service provided and made sure people were happy with the service they received.

Good



Brighter Care

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 was 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 24 June 2015, with a follow-up visit to the agency's office on 30 June 2015. The provider was given 24 hours' notice. We did this because the manager was sometimes out of the office supporting staff or visiting people who use the service and we needed to be sure that they would be in. One inspector undertook the inspection.

Before the inspection we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the registered person is required to send us by law. This enabled us to ensure we were

addressing potential areas of concern at the inspection. On this occasion we did not ask the provider to complete a Provider Information Return (PIR) before our inspection. 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. This was because we had brought forward the inspection and they would not have had the opportunity to complete one.

During our inspection we went to the agency's office and spoke to the provider, the registered manager and three members of care staff. We reviewed a variety of documents which included four people's care plans, four staff files and other records relating to the management of the service. We made spoke to three people that used the service and six relatives.

We also spoke with three other health and social care professionals who were involved in the care provided to people who used the service.

Brighter Care was first registered with the Care Quality Commission (CQC) on 1 May 2014. This was the first time the agency had been inspected.

Is the service safe?

Our findings

People told us that they felt safe and that they trusted the staff who supported them. Relatives said that they knew their family members were safe now they were receiving care from the agency and several made comments such as “It’s the care that [person’s name] receives from Brighter Care that enables them to remain at home safely.”

Staff were confident about how to keep people safe from abuse. They understood their roles and responsibilities in relation to safeguarding procedures and what to do if they suspected abuse had taken place. All staff had received training in safeguarding adults at risk and confirmed that they would have no hesitation in reporting any concerns they had to the registered manager, the provider or if necessary the local safeguarding team at Surrey County Council.

The registered manager completed a comprehensive assessment with people before they offered a service to them. This included assessing risks in respect of people’s needs, environment and any equipment. Where specialist equipment, such as hoists were used, we saw that the agency had taken steps to ensure that these were kept in good working order and regularly serviced. One relative said they had observed their mother being hoisted by care staff and said that they were impressed by how competently and safely the transfer had been undertaken.

We read in care records that these assessments were kept under ongoing review and staff confirmed that they understood the importance of highlighting any new risks to the registered manager to assess. When people’s needs changed, such as their mobility decreased or they experienced falls, we saw that risk assessments had been updated in a timely way and appropriate action taken.

People said that the agency took appropriate steps to keep their property secure. Robust steps had been taken to ensure that information about how to access people’s homes was kept safe and only available to those who needed to know. Relatives told us that they believed their family member’s homes to be a lot more secure now thanks to the input from the agency.

The agency operated a 24 hour on call service. People said that whenever they called the office, they always received an immediate response, regardless of the time of day. One relative said that they had recently called the office at

10:30pm because the person who received care from the agency was very unwell. They went on to say that the registered manager arrived at the house 15 minutes later to support them. The agency had a computerised system linked to staff’s mobile phones which enabled them to see where staff were at any given time. The registered manager said they checked this regularly to ensure that staff had safely completed all their visits.

The agency had systems in place to manage and report any accidents and incidents. The registered manager told us to date that none had occurred, but were clear of the process that would be followed should they happen in the future.

People told us that staff usually arrived on time and had never missed a call. They said that where delays had occurred, they were confident that these were unavoidable and were happy that they had always been communicated with. They confirmed that staff always stayed for the required length of time. People commented that one of the biggest advantages of Brighter Care was that they had regular care staff who knew them well. They said that if their usual member of care staff was on holiday then they were informed well in advance and any new staff were introduced to them before they came to provide support.

There were clear systems for allocating staff to care visits and the registered manager explained the steps they took to ensure that they had sufficient staff to meet people’s needs. People who required two staff to support them confirmed that this always happened. New care packages were not provided until sufficient staff had been recruited to manage them safely. Feedback from two social workers reiterated that the agency only accepted new referrals when they had the staff available to provide the necessary care.

The provider carried out appropriate checks to help ensure they employed suitable people to work at the agency. Staff files had all the required information, such as a recent photograph, references and a Disclosure and Barring Service (DBS) check. DBS checks identify if prospective staff had a criminal record or were barred from working with people who use care and support services.

People were supported to take their medicines safely by staff who had a good understanding of how to administer them safely. Most people did not require support when taking their medicines. Where people needed to be prompted, their care records contained details of the

Is the service safe?

prescribed medicine and any side effects. There was a system for keeping records up to date with any changes to

people's medicines. Staff recorded each time a medicine had been taken by the person. All staff had been trained in the safe administration of medicines and the agency had clear policies and procedures for them to follow.

Is the service effective?

Our findings

People told us that they were supported by skilled and competent staff. Relatives repeatedly made comments such as “I genuinely don’t know what I would do without them.” People and relatives told that the agency gave a lot of consideration to matching people with the right staff. Where people had complex or specialist needs, staff were trained prior to the commencement of a service being offered. Training included topics such as dementia awareness.

Induction training was tailored to the needs and experience of the new member of staff. All new care staff completed a one day induction with the registered manager in which the visions and values of the agency were explained alongside the key policies contained within the staff handbook. Staff then completed a series of online training in areas such as safeguarding, medicines, moving and handling, fire safety, food hygiene and health and safety. Staff explained that each training session involved a competency test which they had to pass. The registered manager monitored the training being done, including the competency score and how long it took staff to complete. New staff undertook a series of shadowing days in which they observed either the registered manager or the senior member of care staff. Staff said that they were always practically shown how to use any equipment such as hoists or shower chairs.

Staff told us that whilst they didn’t have any formal supervision sessions with the agency, that the registered manager was always available to provide support and guidance to them. One staff member told us “The registered manager always responds straight away to any concerns I have about the people I provide care for, you never feel alone.” Similarly, another staff member said “I feel really valued and supported by the agency, they always answer my calls. I rang the office number at 5am once and still got a response.” Staff said that due to the size of the agency they did not currently have formal staff meetings, but there were opportunities to share good practice informally when they worked together or attended the office. All staff told us that they received the guidance they needed without delay. The provider confirmed that now the agency had been operational for more than six months that they would be starting to introduce the appraisal system.

People were asked to give their consent for care and we saw consent forms in people’s care records. These included consent for the agency to provide care, record information and share information with some professionals. We saw consent forms in people’s records explaining the importance of people making their own decisions that could affect their life and wellbeing in line with the Mental Capacity Act (MCA) 2005. Where people had given their relatives legal permission to act on their behalf, this was recorded in their care plans. The agency had a policy on the MCA and staff were aware of the principles of this legislation and the importance of giving people as much choice and control over their own decisions as possible.

Where people needed assistance to eat and drink there was a care plan in place to outline the support required. This provided information about people’s likes and dislikes and how involved they wanted to be in making meals for themselves. One relative said that they were impressed with the level of thought staff gave in relation to their mother’s meals. They described how staff would make sandwiches and leave them covered on a plate beside the person to have later if they weren’t hungry at their usual time because they knew they wouldn’t be able to get to the kitchen themselves.

Staff were clear about the importance of identifying any concerns about people’s food or fluid intake and reporting them promptly. The registered manager showed us examples of times when they had raised such concerns with the person’s doctor or made referrals for input from the speech and language therapist for people at risk of choking.

Care records contained details of where healthcare professionals had been involved in people’s care, for example, information from the GP and occupational therapists. Staff told us how they would notify the office if people’s needs changed and we read examples of how additional support from various healthcare professionals helped people maintain good health. For example, the registered manager was liaising with the occupational therapy team on the day of our inspection to arrange for a new wheelchair for one person to be delivered. Another care provider told us that they were impressed with the support provided by the registered manager when a person was being assessed for residential care.



Is the service caring?

Our findings

People and their relatives told us repeatedly how kind and caring staff were to them. They said how staff regularly went “Above and beyond” the service they were contracted to receive and said that “Nothing is too much trouble for them.” They described care staff as being “Highly motivated”, “Exemplary” and “Totally fantastic.” Where people had used other agencies in the past, they said that the level of care and compassion that they experienced with Brighter Care was “On a whole new level”. Relatives said that they had been impressed with the way that the registered manager and staff engaged with people at every stage. One relative told us that the registered manager had visited their family member in hospital to introduce themselves and undertake an assessment when no other agency would. Another relative said “It’s the attention that they pay to the small details that really makes a difference” and then went on to say “It’s the best agency in the country.”

The staff we spoke with were highly motivated and proud of the work they did. Those who had worked for other agencies said that their experience of working at Brighter Care was so different to their other jobs because they were given “Time to provide good care” and that they felt like they “Really made a difference.” Staff understood the importance of building positive relationships with people and demonstrated how they provided more than just basic care to people. One staff member told us “It’s not just task orientated, it’s all about going the extra mile.” For example, they recognised that sometimes people needed company and reassurance before they provided care. They said that the provider and registered manager supported them to do their job well and gave them the time to provide good care.

Staff explained how they spent time getting to know people and their individual interests. One staff member told us that two people held the same religious beliefs as them and as such they would take them copies of the local church’s service sheets each week. They said “They really appreciate me doing this and enjoy our chats each week.”

The provider and manager demonstrated a clear vision for the agency about providing “High quality care” and were very clear about the services they would and wouldn’t provide. The provider said “We won’t provide any 15 minute calls, because you simply cannot deliver good care

in that time.” Staff shared these values and each told us “We are expected to exceed expectations in everything we do.” The excellent communication between care and office staff meant that when people needed extra support, they received it. The principles of Brighter Care were realised by the feedback from people, their relatives and other health professionals who had dealings with the agency.

Every person and relative we spoke with told us how their privacy and dignity were always protected. Care staff described to us the steps they took to ensure care was given in the most respectful and discreet way. They demonstrated an understanding of the importance of balancing people’s safety and privacy at the same time. People were given choice about who they would like to support them with their care and this choice was always respected. One relative said that they had been impressed with how the registered manager had protected their family member’s dignity when they died.

Care plans recognised the need to support people emotionally as well as physically and provided clear guidelines about how to do this. Where care staff had raised concerns about people’s emotional wellbeing, we read that the registered manager had acted swiftly to prevent depression and social isolation. Staff communicated effectively with people who used the service. People’s specific communication needs were addressed in their care plans. Through having the opportunity to build relationships with people they supported, staff were able to develop understanding of them and recognise nonverbal cues.

Reflective practice was encouraged and used to constantly improve. Staff used this method to reflect and discuss how they provided care so that they could think about what they could do differently or how they could do things better. There were processes in place to regularly review people’s care and ensure it was meeting their needs and wishes. People were continually asked for their feedback so that the staff could keep on improving. The registered manager audited the care records for every person and we saw that care plans were regularly revised to meet people’s changing needs. It was evident that where changes had been made, staff were informed. One relative said “If you request something different from the manager, it is communicated to all staff and the change is effected immediately.”

Is the service responsive?

Our findings

People told us they received personalised care that was wholly responsive to their needs. People said that the agency was “Totally flexible” and “very adaptable” about changing things to suit them. Where people’s needs fluctuated, they told us that staff provided the support that reflected how they were. One person told us “We increased my care when I needed more help and now that I can do more for myself, we are looking at reducing the support I receive.” Similarly, a relative told us that “We have adjusted the care up and down according to mum’s needs and that flexibility has been so helpful.” Two social workers also told us “They have been accommodating to the packages of care we require, flexible in meeting the clients’ specific needs and willing to work with us in some complex situations.”

The registered manager took great time with people to develop a detailed plan of care that met their needs and expectations. People and their relatives commented positively about the amount of time taken by the registered manager to complete the assessment and the level of detail included. Where people had previously used other agencies, they remarked that the assessment had been “Much more thorough with Brighter Care.”

We saw that care records were fundamental to providing person centred care. They were thorough and provided detailed information to guide staff and ensured consistent delivery of care. People confirmed that copies of their care plan were kept in their own home and staff said that they could read the information either there or at the office. Staff said that they found the information enabled them to deliver effective support and was always available before to them before they were asked to support someone.

We read good examples of how guidance was provided to staff to help them support people. Care plans contained information about people’s life histories and how their past occupations impacted on the way they liked support now. People’s likes and dislikes were clearly recorded throughout the care plan which provided a comprehensive overview of people’s daily routines. Information such as what people liked to eat, how they took their tea and how they wanted to be addressed were included in every care plan we read.

We saw that where care staff had reported in daily records that people’s needs had changed or they had concerns about them, the office staff had immediately acted on this information. For example one person had told staff that they wanted greater contact with other people and as a result the registered manager had arranged for them to trial a day service. For another person, the registered manager had responded to their recent bereavement by adjusting their care plan to provide increased emotional support to them while they grieved.

For people living with dementia we saw that the care plans allowed support to be provided in accordance with whether the person was having a “Good or bad day”. The guidelines included detailed information about key prompts and how best to orientate a person when they were confused.

The risk assessments and guidelines for people were enabling and encouraged people to be as independent as possible. Staff echoed this principle and described how they had supported people who had previously been in hospital to do more for themselves and gradually reduce the help they required from them. One person told us how staff had assisted them to become more mobile and independent with their personal care which meant they could reduce their calls from three visits to two each day.

People and their relatives told us they knew who to make a complaint to if they were unhappy but told us they had only ever “Raised minor issues, if at all.” All the people we spoke with were happy with the level of care they received and told us they would recommend the service to others. People and their relatives said that they were so regularly asked for their feedback, that any issues they might have were always dealt with immediately.

Brighter Care had a complaints policy and procedure which clearly outlined the process and timescales for dealing with complaints. This was detailed in the information that people were given when they first started to use the agency. Information also included contact details for the service, the Director of Social Services, the Care Quality Commission and The Local Government Ombudsman. People said that they were aware of the procedure, but felt that if they had any concerns that they could tell the registered manager and it would be dealt with straight away. Staff spoken with were also aware of the complaints policy and what to do if concerns were raised with them.

Is the service responsive?

We read that where the agency had received concerns or information about the services provided, these were fully

documented and handled appropriately. The registered manager acknowledged that as the agency increased in size, that they would be better recording these situations centrally for ease of access and review.

Is the service well-led?

Our findings

People and their relatives told us that there was an open and accessible culture where they felt valued and listened to. People said “They always ask if I’m happy. Each time I get an invoice, the provider always asks if there are any improvements that could be made.” People said that they could contact the office at any time of day or night and be confident that they would get a response. People and relatives also repeatedly praised the excellent communication systems between the office and care staff.

Due to the current size of the agency, the registered manager was in regular contact with each person who used the service. Whether through care plan reviews, dropping by to audit care records or simply having a chat, the registered manager was constantly seeking feedback from people about the service they received. As the agency was still only newly established, the feedback mechanisms had been informal, but constant. The provider said that once the agency was a year old, they would be sending out formal satisfaction surveys to people and their relatives.

All staff were given a copy of an employee handbook, this detailed their role and responsibilities and the standards expected by the agency. Staff were motivated and spoke positively about their relationship with the registered manager and the support they received. Staff said they felt their own safety was protected because the agency knew where they were and always responded to their calls.

The running of the agency was very open and inclusive. Staff said they felt able to report any incidents, concerns or complaints to the registered manager. They were confident that if they passed on any concerns they would be dealt

with. Due to the current size of the agency, formal staff meetings had not yet been held. Staff however confirmed they were in contact with each other regularly and communicated work related issues via telephone calls, emails and during their face to face visits to the office.

The registered manager and other office staff monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received. A combination of announced and unannounced visits were undertaken to review the quality of the service provided.

This included reviewing the care records kept at the person’s home to ensure they were appropriately completed and doing spot checks to ensure care staff were undertaking their roles appropriately. Medication records for each person were thoroughly checked and audited each month which allowed the registered manager to identify and rectify any issues quickly.

Confidential information was held securely and the agency used a computerised system which enabled the registered manager to monitor the visits staff made to people. This enabled the staff in the office to identify if care staff were running late for scheduled calls. People and relatives also had access to this system which allowed them to see which care staff had been allocated to them and when they visited. Those who made use of this system said they found it very useful and reassuring.

The provider and registered manager said that their focus for the future was to continue to deliver high quality care and embed their governance systems in line with the gradual expansion. As such they were in the process of recruiting a deputy manager in addition to the ongoing recruitment of care staff.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.