

Bright Intergrated Care Ltd

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Inspection report

47 Ryder Road
Leicester
Leicestershire
LE3 6UJ

Tel: 07876516109

Date of inspection visit:
05 April 2016

Date of publication:
05 July 2016

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 5 April 2016 and was announced. We gave the provider 48 hours' notice of our visit because the location provides a domiciliary care service and we needed to make sure that there would be someone at the office at the time of our visit.

Bright Integrated Care Ltd is registered to provide personal care. The registered location is situated in Leicester and provides care to people who live in their own homes in and around Warwickshire. They were four people using this service at the time of our inspection.

The service had a registered manager in post who was also the registered provider. 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 were kept safe from the risk of harm. Staff knew how to recognise signs of abuse and who to raise concerns with. People had assessments which identified actions staff needed to take to protect people from risks. People were supported to take their medicines safely.

People were supported by the number of staff identified as necessary in their care plans to keep them safe. There were robust recruitment and induction processes in place to ensure new members of staff were suitable to support the people who used the service.

Staff received a range of training to give them the skills and knowledge to ensure people were supported in line with their care needs and best practice. Staff told us that they felt supported and received regular supervision which supported staff to meet people's care needs.

The registered provider and staff we spoke with were knowledgeable of and acted in line with the requirements of the Mental Capacity Act 2005. Staff sought consent from people before providing support with personal care.

When necessary, people were supported to eat and drink and access other health care professionals in order to maintain their health.

People had positive relationships with staff and the registered provider. The registered provider sought out and respected people's views about the care they received. Staff promoted and upheld people's privacy and dignity.

The registered provider was responsive to people's needs and changing views. People and their relatives told us that care was provided in line with their wishes. People felt confident to raise concerns if they felt

they needed to.

People, their relatives and staff were confident in how the service was led and the abilities of the registered provider. The registered provider undertook regular checks on the quality and safety of the service. They had established processes for monitoring and developing the quality of the care people received.

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.

There were appropriate procedures for safeguarding people.
Staff were aware of these and had received relevant training.

The risks people were exposed to had been assessed and there was information about how these risks could be minimalised.

People were supported to receive their medicines in a safe way.

Is the service effective?

Good 

The service was effective.

Staff understood and worked to the principles of the Mental Capacity Act 2005.

The staff were well trained and supported so that they could meet people's needs effectively.

People were supported to maintain good health.

Is the service caring?

Good 

The service was caring.

People and their relatives gave consistent positive feedback about staff.

People's privacy and dignity were maintained and they were supported to make choices.

People were provided with information to gain a good understanding of the service before they started to use it.

Is the service responsive?

Good 

The service was responsive.

People's needs were assessed and care was planned and delivered to meet these needs. People were involved in planning

their own care.

There was an appropriate complaints procedure and people knew how to complain and felt comfortable raising any concerns.

Is the service well-led?

Good ●

The service was well-led.

People, relatives and staff gave us consistently positive feedback that the service was well-led.

There were appropriate systems for monitoring the quality of the service.

Bright Intergrated 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 5 April 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure someone was available at the office.

The inspection team consisted of one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert-by-experience for this inspection had expertise in services for older people.

Before our inspection we reviewed all the information we held about the service. This included notifications which contain details of events and incidents which the provider is required to notify us about by law. We also looked at information provided through the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with one person who used the service and two relatives of people who used the service on the telephone to ask them about their experiences. We also spoke with the registered manager who is also the registered provider and two members of the care staff team.

We looked at care records for four people who used the service and three staff recruitment and training files. We also looked at other records including minutes of meetings, records of complaints and incidents and the provider's records for monitoring the quality of the service.

Is the service safe?

Our findings

People who used the service and their relatives told us that they felt safe when supported by the staff. One relative told us that the service worked in partnership with them and other agencies, such as the person's GP, to keep their family member safe.

We spoke with the registered provider and staff about safeguarding procedures. Staff said they had undertaken training in safeguarding adults and this was confirmed on copies of certificates within staff training records. During discussions with staff they described types of abuse and what they would do if they suspected abuse had taken place. One staff member said "I would let the registered manager know straight away. If they were involved, I would report my concerns to CQC or the local authority." The registered provider had a policy on safeguarding and staff confirmed that they had seen copies of the policy and procedure and these were easily accessible to them. Staff demonstrated that they were aware of the provider's whistleblowing policy and understood what they would do and who they could contact if they had any concerns. The registered provider had not made any safeguarding referrals since the service began operating. However, we saw that documentation was in place if required.

The service employed enough staff to meet the needs of the people who used the service. The registered provider told us they monitored how and when calls were taking place and tried to make sure people were informed if staff were running late. One person who used the service told us "They [care staff] are usually on time. If they are a little late because of traffic, then the [registered] manager rings up and let's me know." Care staff called the registered provider after every call to inform them of the person's well-being and if they had any concerns.

The registered provider carried out initial assessments of people's needs and also assessed risks to their well-being and safety. These included environmental risks, the use of equipment and risks related to their health and other needs. Assessments were detailed and were clearly recorded. There were plans to reduce the likelihood of harm. Risk assessments were updated when care plans were reviewed or when a person's needs changed. We saw evidence of this. For example, one person had declined the use of equipment to help them to transfer and instead chose to remain in bed. The provider had updated their risk assessment to reflect their changing needs and new risks as a result of the person remaining in bed. This meant that staff had up to date guidance and information to support people to keep them safe.

We looked at how the service supported people with their medicines. All staff were trained in the administration of medicines. The provider had policies and procedures regarding medicines management for staff to refer to. People using the service told us that staff prompted them to take their medicines which were dispensed in blister packs. They told us they were happy with the support they received to manage their medicines. Medication Administration Records (MARs) were available within people's care files and we saw these had been completed appropriately.

We saw that the registered provider had records to demonstrate safe recruitment practices. We looked at three staff recruitment files which confirmed that recruitment practices were safe and that appropriate

checks had been completed prior to staff working unsupervised for the service. Checks included a Disclosure and Barring Service (DBS) check which helps employers to make safer recruitment decisions and reduces the risk of unsuitable people from working with people using the service.

Is the service effective?

Our findings

People had confidence that staff had the skills and knowledge to meet their needs appropriately. One relative of a person using the service told us "You get the impression that they [staff] are trained well." Another relative told us their family member had a range of complex healthcare needs. They explained that the registered provider co-operated with other people involved in their family member's care to ensure staff have the most up to date knowledge. They also shared information to ensure their family members health and well-being needs were met. For instance, if the person had not eaten for 24-hours' then staff contacted the GP directly to discuss this with them and agree the best course of action.

All the staff we spoke with told us they received a variety of training to enable them to carry out their job effectively. One staff member told us "I have attended a lot of training and I feel this has given me the skills and knowledge to do my job." Another staff member told us they had undertaken all mandatory training such as manual handling and this had given them confidence in their work. Staff told us they received a range of training through on-line courses, face to face training and in-house training with the registered provider supported by reading material.

We looked at staff training records and saw that staff were provided with and completed an induction before they started working for the service. One staff member told us that their induction involved class room training and shadowing experienced members of staff to observe practices and be introduced to people. They told us that they were only able to work on their own when the registered provider felt that they were competent and they felt confident in themselves. Another member of staff confirmed their induction and that they had the opportunity to be introduced to people during the shadowing of experienced staff.

The registered provider told us that the service had implemented the Care Certificate for all new staff. The 'Care Certificate' is a set of national standards for care workers which staff work through with their managers. This provides staff with the necessary skills, knowledge and behaviours to provide good quality care and support. This meant that staff had received induction and training that gave them the skills and knowledge they needed to support people effectively.

Staff we spoke with told us that they felt supported to do their job. They advised us that they received regular supervision with the registered provider which involved competency observations on working practices and formal one-to-one supervision. We looked at staff records and saw that staff were provided with feedback on their performance and practices following competency observations and supervisions.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the 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 it is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

We looked at people's care records and saw that people's choices and decisions had been recorded on a daily basis. Staff understood people's right to consent to and decline care. One staff member told us "I always ask for consent before I help someone, for example moving with a hoist. I respect people's choices and decisions. I am always aware that I am in the person's own home and I respect this." They recorded that they had asked consent of the person to support them with personal care and transfers within the person's daily notes. If a person declined care, this was also recorded in the daily notes and staff made the registered provider aware. In one person's care plan we saw that the registered provider and staff had worked cooperatively with other members of a health and social care team, to support the person whose mental capacity could be changing. This ensured the person's expressed wishes and rights were being protected and maintained.

Some of the people and relatives we spoke with needed staff to help them with the preparation of meals and drinks. Relatives were happy with the level of support their family members received. One relative felt that the service could be more effective in ensuring that foodstuffs did not run low before they requested their family members' shopping but were otherwise happy with the support their family member received. Where people were at nutritional risk, the registered provider had carried out nutritional risk assessments and staff recorded meals and drinks during each call. We saw evidence that staff were quick to contact a person's GP and relatives if they felt that the person was not eating or drinking in line with their risk assessment.

People's healthcare needs were assessed as part of their care plan. Staff were able to explain what they did to help people to maintain good health. For some people their needs were complex. Staff explained how they provided feedback either to the office or to a person's relatives if they observed a change in someone's health and well-being. A relative told us "There have been some changes in my family member's needs. The registered provider contacts myself and the GP to keep us up to date. They have arranged a meeting so we can all sit down and see if we can find a solution." One relative was concerned that the service was not meeting their family member's needs by regularly carrying out laundry to ensure bedding was always clean. We raised this with the registered provider who explained that staff did undertake laundry on occasions as a gesture of good will but this was not part of the care package. The registered provider agreed to speak to the relative and find a solution to their concerns.

Is the service caring?

Our findings

People and their relatives told us that staff were caring and people who used the service said they were happy to be supported by the service. One person who used the service told us "They [staff] do a good job and I have no issues. they are doing my jobs that I want them to do." A relative told us "They [staff] are nice people. I am happy with the service and have no problems."

The registered provider was able to explain different people's needs and explained she always undertook the initial assessment so that she had a clear understanding of what these were. The registered provider was very knowledgeable about people's needs and explained that she also supported people when covering for people's usual carers. Staff told us they were aware of people's right to privacy and dignity and provided us with examples. For instance one staff member told us that they ensured people were covered when they supported them with their personal care needs and observed their dignity when assisting them with hoist transfers.

People said that staff usually arrived at the time they were expected and if they were running late then the office would phone them to let them know. They confirmed that staff stayed for the full length of time required. The registered provider told us that there had never been any missed calls in the service. The service had just installed a computer system where staff checked in and out of each call through the person's phone. If a staff member did not check in it would be highlighted on the systems and the office would contact them to see if there was a problem. The registered provider told us that the system would be active within the next few weeks.

Care plans and assessments included information about people's views, wishes and choices. These included specific wishes regarding how they liked to be cared for and supported. For example, one person's care plan detailed that they wished to be cared for in bed due to their complex health needs. We saw that care records confirmed that staff had respected the person's wishes and were providing support in line with the person's wishes. The daily care logs recorded by staff indicated that people were given choices and their wishes were respected when staff provided care.

People were provided with information about the service before the service commenced. This included a service user guide, statement of purpose and a care agreement which people had signed. Information included details of the 24-hours' on-call service and the service values. The service user guide also included frequently asked questions such as 'who will take care of me?' 'how will I be cared for in the bathroom?' and 'what happens to the things my carer writes about me?' This provided people with key information to gain a good understanding of the service before they started to use it.

Is the service responsive?

Our findings

People who used the service and their relatives told us that the service met their care needs and that the service responded appropriately if their needs and views changed. One relative told us "We have regular contact with the [registered] manager and ask questions if we are not sure about anything." Another relative told us "I ask my family member what she wants and I give the instructions to the [registered] manager if anything needs to change. We are in contact with the service on an as and when needed basis."

The registered provider carried out an initial assessment of people's needs before they started offering a service. This included visiting the person and liaising with other health and social care professionals, such as social workers or hospitals. People's relatives were involved wherever possible. We saw assessments of needs were used to develop the person's care plan. People's care plans were comprehensive and included details about the person's preferences as well as their care needs. People told us they had been involved in this process. One relative told us that the assessment had involved himself, their family member, their social worker and the registered provider.

People told us and records confirmed that they were involved in reviewing their care plans. Records of care reviews were documented with details of attendees and if the person was happy with their care. Records of reviews also detailed any referrals made to external agencies and any changes to the care plan to respond to changes in people's needs and wishes. We saw that care plans were updated to reflect people's views. For instance, one person was assessed as requiring support to eat their meals. The care review identified that the person had gained independence and was able to eat their meals without assistance. We saw that the registered provider had updated the care plan and that staff were providing support in line with the person's needs.

Relatives told us that they were in regular contact with the registered provider and felt able to contact her at anytime to discuss any changes to their family member's care and express their views about the service. One relative told us "I have regular contact with the [registered] manager. They are very responsive at adjusting the care provided to suit needs or meet any requests that my family member has." Another relative told us "I am always able to contact the office and ask any questions if we are not sure about anything."

Each person had a visit record which was known as a daily log. This showed the time the staff member arrived and left the call and was signed by them. We found the daily logs were well documented. They gave good and clear information and detailed the tasks undertaken and the well-being of the person they were supporting.

The registered provider had a complaints policy in place. People told us they felt able to raise concerns with the registered provider and were confident that issues would be dealt with. None of the people we spoke with had raised a complaint within the service. The complaints policy included all the information required and included the process that would be undertaken. We saw the complaints policy was included in people's care agreements. This meant that people had access to information to pursue complaints including contacting external agencies for advice or if they felt that their complaint had not been resolved to their

satisfaction. The service had not received any complaints and we had not received any concerns about this service.

Is the service well-led?

Our findings

The people and relatives we spoke with were happy with the support provided by the service and expressed no concerns with how it was managed. One relative told us "Regular contact with the [registered] provider enables me to feedback my opinions to her. I am very happy to raise any issues with her and she is always very open with us." Staff told us they enjoyed working at the service and felt it was well managed. One staff member told us "She [the registered provider] is very easy to talk to and is really involved in the service. She always asks what I am able to do rather than simply telling me." Another staff member told us "The [registered] provider is a good communicator and is always ready to help. I talk to her all the time. Everything is good."

The service had a registered manager who was also the registered provider. They were in day-to-day control of the service. Through discussions, they demonstrated that they understood their responsibilities and were very knowledgeable about the needs of the people who used their service and each member of staff. The registered provider told us that they met with staff on a regular basis, as a group and individually. Staff confirmed this and told us that they felt involved in the running of the service and in decision-making. Staff attended meetings and training events with the registered provider. This enabled them to share examples of good practice and keep up to date with any changes to legislation.

There was an on-call system so staff could receive leadership and guidance from the registered provider when required. Staff told us that the registered provider responded to calls and was always available for support.

The registered provider had processes for monitoring and improving the quality of care people received. The registered provider had conducted a survey in August 2015 to capture people's views on issues such as the quality of the service, staffing and if people had sufficient information to meet their care needs. All the comments were positive.

We saw that the registered provider conducted observational audits of how staff supported people in their homes. These included observations of staff competence and compliance with the registered provider's policies and procedures. Records showed that staff had received feedback on their practice and performance following observational audits to help improve the quality of care provided by staff.

There were systems in place to review people's care records and check they were up to date and identified people's current needs. We saw that the registered provider carried out monthly audits of care records including people's daily logs and recorded their findings and any action points. For example, we saw that the findings of recent audits were that care recordings were clear and detailed and staff used the correct terminology. The registered provider identified that staff were not always recording if they had obtained consent from people or offered a choice of meals. We saw that this was followed up in a staff meeting. This showed that the registered provider was actively monitoring the quality of the service and using information and feedback to improve and develop the service.