

Bright Spark Care Limited

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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?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection took place on 24 May, 4 June and 18 June and was announced.

Brightspark Care Limited is a domiciliary care agency. It is registered to provide personal care and support for people in their own homes in the county of Hampshire. At the time of our inspection Brightspark Care was supporting 32 people with personal care.

The service had a registered manager. A registered manager is a person who has registered with the CQC 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.

The provider had suitable arrangements in place to protect people from avoidable harm and abuse. Staff we spoke with were clear about their responsibilities and had received the required safeguarding training. Sufficient numbers of staff were deployed to support people's needs and maintain their safety. Safe recruitment processes ensured the provider only employed staff who were suitable to work in a care setting.

Risks to people were assessed and recorded in their care plans. Records showed that these were managed safely. There were arrangements in place to store, record and administer medicines safely.

People received care from suitably skilled staff who had received regular training and supervision to help develop their knowledge. The provider had an infection control policy in place and people were protected from the risk of acquiring an infection.

The registered manager recorded accidents and incidents and supported staff to reflect on these to prevent recurrences.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff had received training in the Mental Capacity Act 2005 and were confidently able to describe how they would apply its principles when caring for people.

People were supported to maintain a balanced diet. Care staff prepared meals for them where appropriate.

People were supported to access care from relevant health and social care professionals.

Staff had developed respectful, caring relationships with the people they supported. Staff encouraged people to express themselves and promoted their independence, privacy and dignity.

Care plans were written in partnership with people and their families where appropriate and regularly updated. These reflected people's individual needs and choices.

Complaints and concerns were responded to promptly and investigated thoroughly. People and their relatives told us they knew how to raise a complaint.

Staff supported people in need of end of life care to ensure that they experienced a comfortable, pain free death.

The provider had robust systems in place for monitoring the quality within the service to drive improvements. Actions were captured in the Service Improvement Plan (SIP) which included dates for completion.

Staff worked effectively in partnership with health and social care professionals to meet people's needs.

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.

The provider had implemented systems and processes to protect people from the risk of abuse and from avoidable harm.

The provider deployed sufficient numbers of suitably qualified staff to meet people's needs. Recruitment checks were carried out to make sure staff were suitable to work in a care setting.

Processes were in place to ensure medicines were stored and administered safely.

People were protected from acquiring an infection.

Is the service effective?

Good ●

The service was effective

People's needs were met by staff who had the appropriate skills and knowledge.

Staff were trained in the Mental Capacity Act 2005 and were confident to apply its principles when caring for people.

Staff supported people to access care from healthcare professionals as needed.

Arrangements were in place to support people with nutrition and hydration if needed.

Is the service caring?

Good ●

The service was caring.

Staff provided care which was compassionate. They respected and promoted people's individuality and independence.

People were encouraged and supported to express their views about the care and support they needed.

Staff maintained people's privacy and dignity when providing care and treated them with respect.

Is the service responsive?

The service was responsive.

People received person-centred care which met and adapted to their needs, preferences and beliefs.

People knew how to complain. People's concerns and complaints were responded to and dealt with in a professional way.

Good ●

Is the service well-led?

The service was well-led.

The registered manager displayed a person-centred ethos and strong leadership. Their positive values were shared by the staff team.

Robust systems were in place for monitoring the quality of the service.

The registered manager sought feedback and contributions from people, relatives and staff when making decisions about the service.

Staff worked effectively in partnership with professionals to provide care which met people's needs.

Good ●

Brightspark 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, looked at the overall quality of the service, and provided a rating for the service under the Care Act 2014.

The inspection took place on 24 May, 4 June and 18 June 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because the location provides a domiciliary care service to people who may be out during the day. We needed to be sure that they would be available to speak to us.

The inspection team consisted of an 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. The expert had experience of caring for an older person with dementia.

Before the inspection the provider completed a Provider Information Return. 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 reviewed the information included in the PIR along with information we held about the service, for example, statutory notifications. A notification is information about important events which the provider is required to tell us about by law.

We reviewed records which included seven people's care plans, daily notes and associated records, four staff recruitment and supervision records and records of training. We also looked at records relating to the management of the service such as the Service Improvement Plan (SIP), quality assurance audits, staff rotas and policies including infection control, medicines management and safeguarding.

We spoke with the registered manager, training manager, three staff members, seven people who used the service and three people's relatives. After the inspection the registered manager sent us further evidence to review including the provider's 'new starter checklist', staff handbook, supervisor's induction programme, complaints brochure, service user guide, terms and conditions and a record of a quality assurance inspection.

Is the service safe?

Our findings

People received safe care from knowledgeable staff. Staff had received safeguarding of adults training which was updated every three years. They could identify different types of abuse and describe actions they would take if they suspected or observed abuse. Staff knew how to use the provider's whistleblowing policy to escalate concerns. People we spoke with told us that staff took appropriate action in emergencies to maintain their safety. One said, "I had an incident where I got dizzy and fell down the stairs; the carers found me and they called my [relative] and the ambulance."

The registered manager was aware of actions to take if they suspected someone had been, or was at risk of being abused. They notified the local authority safeguarding team and submitted notifications to the us promptly. Relatives we spoke to confirmed that staff took appropriate actions if they noted an unexplained bruise. One person told us, "They're good at raising concerns. They leave notes if something's not right and they tell me they've called the GP when they're worried about something." Key-safe arrangements were in place so that only staff given permission could gain access to people's homes to provide care.

People's care plans included detailed risk assessments and support plans which reflected their individual needs and accounted for their physical, mental and emotional health. These included risk assessments with specific guidance to instruct staff on managing social isolation, depression and the risk of acquiring a urine infection. Emergency plans were also included in people's care files. These contained an overview of the factors which may lead to an emergency scenario and the actions staff should take to support someone in such a situation. There was evidence that these had been regularly reviewed by staff. This meant that people's needs were met as staff had up to date guidance to provide care and support which kept people safe and promoted their independence.

The registered manager deployed suitable numbers of staff to meet people's needs safely. Wherever possible people received visits from the same members of staff to ensure continuity of care. This also helped staff to build a detailed understanding of people's needs which helped them to maintain their safety. One person told us, "They know my background; my blackouts, falls and things like that. It's all had an effect on me and they know that."

Staff recruitment files contained appropriate checks and records to ensure that only suitable people were employed. These included references and a criminal record check from the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and prevent unsuitable staff from working with people made vulnerable by their circumstances.

Peoples' medicines were recorded, stored, administered and disposed of safely. Medicines administration records were completed accurately. Weekly medicines audits identified any gaps in recording and staff competency observations were carried out regularly. People's care plans contained specific information for staff about what their medicines were needed for and any changes to medicines were documented and signed by staff. Peoples' relatives told us that staff ensured people received their medicines on time. One person told us, "Once or twice [the] delivery service has not turned up, and the carers have gone to get it for

[loved one]." Specific risk assessments had been completed and peoples' consents to be assisted with taking medicines had been documented.

The registered manager had comprehensive policies in place for the safe management of medicines. They had made safe care a focus for the most recent supervisions. Staff knowledge and practice around medicines administration had been reviewed as part of this.

There was a policy in place for infection control which the registered manager told us had been read by all staff. Staff were trained in the use of protective equipment such as gloves and aprons and understood how to use them appropriately when delivering personal care. Records confirmed that staff knowledge around infection control had been assessed during their most recent supervisions. Staff we spoke with understood the importance of good hygiene and reporting any infections or diseases to prevent spreading. One staff member said, "We report it as soon as anything is found like illnesses." Staff confirmed that they used aprons, gloves and hand gel when supporting people with personal care.

There was a secure electronic system in place for reporting incidents and accidents. The registered manager told us that following an incident, family members were informed and a manager's investigation was completed. Records confirmed outcomes following incidents such as injuries were discussed with staff and recorded in people's care plans to help prevent recurrences. This helped to ensure that people's safety was maintained.

Is the service effective?

Our findings

Care and support were planned in partnership with people and their relatives to ensure their individual needs were met. Care plans we reviewed contained detailed assessments which identified peoples' needs and preferences, as well as information about their life histories, hobbies and significant relationships. People we spoke with confirmed that staff had taken the time to get to know them before commencing a package of care. One person said, "They take the time to find out about me; they always do what I want. They know a lot about me." Another person said, "They know me well and look after me." Care plans were tailored to suit the needs of the people using the service. The registered manager told us they had distinct care plans which reflected the needs of older or younger people.

Support packages were put in place for people following detailed assessments from a field care supervisor, in the person's home. These comprehensive assessments considered people's social wellbeing, health, mobility and family relationships. Goals and outcomes were included in people's care plans to help promote and maintain their independence.

Staff were given the necessary training to enable them to meet peoples' needs. Staff we spoke with told us that they were supported to access training and development which helped them to progress in their role and provide people with individualised care. One staff member told us, "Anything I'm not confident with, I've spoken up and been given help...I'm always encouraged to do further training." Staff supervisions were held regularly. Records we reviewed included discussions around training needs and safe practice. Staff files also included medicines administration competency observations with development actions to improve practice. All staff had received an induction to their role which included completion of 'shadow shifts' where new staff were observed by experienced staff until they gained the ability and confidence to work independently. The registered manager had employed a training manager who had implemented an e-learning programme for staff. This ensured that staff could access training at times which suited them. The training manager had a detailed oversight of staff training needs and could efficiently identify staff in need of additional training.

People were supported to have a healthy diet. Staff prepared meals for people and encouraged them to make healthy choices whilst respecting their right to choose what they wanted to eat. Staff understood the importance of ensuring people could access food and drink at all times, especially if their mobility was restricted. One staff member said, "I make sure there's drinks and snacks if they're not mobile." People told us their meals were prepared at their preferred mealtimes and according to their needs and choices. One person said, "The carers sometimes prepare the food and they cut it up for me. They know what I like and don't like. Food is given on time."

People were supported to have healthy lives and access to healthcare support when they needed it. Staff recognised the importance of communicating effectively with health and social care professionals to promote people's wellbeing. One staff member said "I like to work with the [occupational therapists] and try and build a good relationship also with district nurses – working together as a team. We're all together making a difference in people's lives." Another staff member said, "If I see the client is unwell, I call the office

to arrange the doctor or the nurse to visit the client. If it's an emergency I call 999." Care plans contained records of contact with health professionals such as GPs and nurses. Peoples' relatives told us that staff recognised changes in their loved ones' health and reported them to health professionals promptly.

Peoples' care plans included care passports which were used to share relevant information with healthcare professionals if they were admitted to hospital. These contained specific and relevant information for health professionals, who were required to complete these before people returned home to ensure a safe discharge and prevent them being readmitted to hospital.

The Mental Capacity Act 2005 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. We checked whether the service was working within the principles of the Act

Staff recognised the importance of supporting peoples' ability to make choices, even if they were living with dementia and had lost the ability to make certain decisions. Staff described how they gave people time to answer questions to support people to have maximum control and choice over their lives. One staff member said, "[They] may not at that moment give an answer, so I go back and re-address it as it might make a bit more sense to [them]...allowing people to make their choices by themselves."

Is the service caring?

Our findings

People who used the service told us that they felt staff were caring. One person said, "One carer, [they're] very pleasant and does what is necessary whether [they have] to or not; we get on very well together; [they're] part of my family." Staff had developed bonds with the people they cared for and had taken time to get to know them and understand their interests. One staff member spent time with people, talking to them about subjects they knew people liked to discuss. They said, "I never say I haven't got time. One of my [clients] is very down – I just sit and chat with her and talk about her garden – she loves her garden."

Staff showed genuine concern for the wellbeing of people in their care and sought to help them express their views, placing them at the centre of their practice. One staff member talked about supporting people's differing needs. They said, "It's always about the client...what one person may find appropriate the next one wouldn't." This was confirmed by people who used the service. One person said, "They ask me all the time if I want something. They ask for my opinions; we have discussions and sort things out." Staff told us that they had time to stop and chat with people during their care calls.

The registered manager had a thorough knowledge of people's individual needs and preferences and took a 'hands on' approach to providing care and often covering care calls if staff were not available. If there were concerns the registered manager ensured they were available to discuss these with people and their relatives. The registered manager told us they arranged 'wellbeing' visits for people where staff were available. This consisted of staff visiting people to talk to them to make them feel valued and less isolated.

People's relatives told us that staff respected people's privacy and dignity and made them feel at ease. One person said, "They talk to my wife when she's on the commode they leave [them] alone so [they have] privacy; it makes [them] happier and it makes [them] feel safe." Staff we spoke with had a clear understanding of the importance of maintaining a person's privacy to preserve their dignity. They could give examples of how they did so when caring for people. One staff member said, "I'll always cover them over, make sure blinds and curtains are shut. I'll ask 'is it alright if I come in with you?' I want to give them the choice so they don't feel like I have to be there."

Is the service responsive?

Our findings

People told us that they received personalised care which met their needs. One person said, "Whatever I ask them to do, they do it with a smile and they're always chatting to me." Another person told us, "They're very good at looking after me; they're attentive towards me. I'm very happy." Staff we spoke with confirmed that care was delivered in line with people's preferences. One staff member said, "I always look after the best interests of the client -always ask them what they want to do and how they want to do it."

The registered manager and staff had a thorough understanding of people's care needs and preferences. Initial care calls were completed by the field care manager so that detailed assessments could be completed before handing over to care staff. The field care manager then matched people with staff who would be most likely to meet their preferences. The registered manager ensured continuity of care for people by ensuring that people received calls from the same staff wherever possible. Care plans were signed to confirm that staff had reviewed them regularly.

Staff carried electronic devices so that they could log in to care calls in 'real time'. This helped office staff to prevent late or missed calls. The registered manager used an electronic rota system to plan care calls four weeks in advance. This also helped ensure that people received consistent calls from their preferred staff members. The registered manager told us that when new staff were recruited, they aimed to give them the same calls as much as possible so that staff were able to plan effectively and maintain a good work life balance. This contributed towards the retention of new staff.

People and their relatives told us that they knew how to complain and that any concerns were dealt with promptly. One person said, "I did complain once; one carer was a bit 'funny'. I wrote a letter to the manager about it and the carer was spoken to; [they]...changed [their] attitude and I have no problem." One person's relative told us, "Yes I know the manager and would feel happy to approach [them] if I had a complaint."

There was a complaints policy in place and staff told us that they encouraged people to express their concerns. Wherever possible staff aimed to deal with complaints themselves. Those that could not quickly be resolved were passed on to the registered manager and office staff. Records showed that concerns were logged and addressed promptly. The registered manager maintained a concerns and complaints file. One recent log referred to a person's concern about arriving late for a care call. Records showed that this concern was passed on to a senior staff member who arranged a supervision with the staff member responsible for the call. Following this the staff member attended the call on time.

Care plans included records of support to be put in place at the end of people's lives. When people approached the end of their lives staff worked effectively with healthcare professionals to ensure people were kept comfortable and free from pain. One staff member said, "I've phoned the doctor and asked them to come and see the patient when they were deteriorating – they put a [syringe] driver to make them more comfortable." A syringe driver is a device which delivers pain relieving medicines to people on a long-term basis if they are terminally ill. Staff spoke about how they sensitively provided emotional support to people and their families as people neared the end of their lives. One staff member said, "I'm just there to preserve

their dignity and respect them at the end of their life. It's a privilege to be able to be there for someone [and give] families emotional support."

Is the service well-led?

Our findings

The service 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.

The registered manager had a clear vision to provide person-centred care for people, promote their independence and prevent loneliness. They showed dedication and enthusiasm for their role. They told us, "Care is my life" and often worked late to ensure tasks were completed. They displayed strong leadership and ownership of the service. Their vision was understood by staff who shared the same wish to achieve positive outcomes for people, keeping them at the centre of their work. One staff member said, "Everything is very client focused. The staff have really taken that on board. We've had people that are quite down [we find them] daycentres...nothing is limited."

Staff had a clear understanding of their responsibilities. Staff performance was continually reviewed through competency checks, supervisions and appraisals. Staff told us they felt comfortable approaching the registered manager with concerns.

The registered manager had a detailed oversight of the service and required improvements. The management team effectively used quality assurance assessments to identify and implement service improvements which were recorded on the Service Improvement Plan (SIP). They had employed a recruitment manager to ensure that suitable staff were recruited and retained and were in the process of developing the roles of the office based management team to ensure high quality, responsive care was maintained. The registered manager had effectively delegated responsibilities to members of the office management team and was developing a more extensive induction process for staff as a means of improving care delivered.

Robust systems were in place for monitoring quality and performance. Monthly quality monitoring tools were used to review developments and drive the actions within the service improvement plan. Monthly audits were used to monitor areas such as medicines, recruitment, training and development and care plan reviews. Audits were then used to inform the SIP which contained action plans with dates for completion.

The registered manager used effective systems to help them learn and improve. They continually gathered feedback to assess the quality of the service provided. Records we reviewed contained feedback surveys completed by people who used the service. All responses to feedback surveys were positive and people praised the carers for the high-quality service they provided. Employee satisfaction surveys were also included in the quality monitoring records and showed that staff felt appreciated. One staff member had said 'I feel my opinion always matters...by far the best agency I have worked for.'

At the time of our inspection the registered manager was assessing safety within the service. Appraisals, feedback surveys and a mock inspection were used to assess staff knowledge and safe care. These

assessments were then used to identify improvements needed within the service. The registered manager had maintained a detailed record of actions and the expected timeframes for completion.

Records confirmed and staff told us that they worked in partnership with healthcare professionals such as GPs and district nurses to ensure that people's health and wellbeing needs were met. People we spoke with confirmed this. One person said, "I had a water infection and they picked up on that and they called the GP and got me antibiotics." The registered manager told us appointments with healthcare professionals were recorded in peoples' care plans. This was confirmed in records we reviewed. This demonstrated that the provider worked effectively with professionals to ensure peoples' healthcare needs were continually reviewed and supported.

Staff we spoke with told us they collaborated with different professionals to maintain and improve care standards and improve their knowledge. One staff member told us, "We take people to the daycentres, to Age Concern...we got to the dementia forum, meet people from the council and doctors and pharmacists."

All services registered with the CQC must notify the CQC about certain changes, events and incidents affecting their service for the people who use it. Notifications tell us about significant events that happen in the service. We use this information to monitor the service and to check how events have been handled. The service had notified CQC about all incidents and events required.