Transformaction Consultancy Limited

Brighter Care

Inspection report

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Date of inspection visit:
06 July 2016
15 August 2016

Date of publication:
21 November 2016

Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

We undertook an announced inspection of Brighter Care over two days on 6 July and 14 August 2016. We told the provider two days 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 57 people were receiving a personal care service from the agency, most of whom were older people or people with physical needs.

We previously carried out a comprehensive inspection of this service on 24 & 30 June 2015 where we had no concerns. At this inspection we found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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 providers were also heavily involved in the day to day running of the service.

People told us that they felt the service protected their safety. Whilst we found that there were systems in place to manage risks to people, assessments and support were not always undertaken by appropriately trained staff.

Staff received training in the management of medicines and checks were carried out to ensure they were competent in this area. People told us that staff supported them with their medicines appropriately. Gaps in the recording of people's medicines however meant that the agency could not provide adequate assurances that people received the right medicine at the right time.

People spoke highly of their regular care staff, but also told us that some staff were "Hurried" or "Rushed" when they came to them. The policy of scheduling some calls back to back meant that care staff did always have sufficient time to get from one person to another. Robust recruitment procedures had not always been followed. For example, some staff had been allowed to commence care calls prior to the all the required checks being in place.

Staff understood the need to safeguard people from the risk of harm and took this role seriously. Whilst staff were confident about raising any concerns with the management team, they were not always clear about reporting allegations to the relevant external agencies.

People had good relationships with the care staff who supported them and felt confident in contacting the office if they needed to. People felt that most staff had the skills and experience to meet their needs. The management team were committed to the on-going training and development of staff. For example, they provided staff with opportunities to develop their skills thorough accessing specialist and recognised courses.

Staff respected people and their decisions. Staff understood the importance of gaining consent from people and demonstrated an awareness of the Mental Capacity Act 2005. Staff were clear about what they should do if a person refused to accept their care.

People received a personalised service that was responsive to their changing needs. Each person had a care plan that reflected their individual needs and preferences. Staff had a good knowledge of the people they cared for and responded professionally and flexibly to their needs.

People were supported to maintain good health. The service worked in partnership with other healthcare professionals. Where people required help with eating and drinking, staff had a good understanding about how to support them effectively.

Staff were kind and compassionate and demonstrated the values of the agency to provide high quality care. As such, people received care that was provided in a respectful way that promoted their privacy and dignity.

The management team had a clear vision for the service and strived for continuous improvement. People who used the service and their representatives were given regular opportunities to share their views. Complaints were treated seriously and people felt valued and listened to.

Communication systems across the service were good and staff felt well supported by the management team. An on call system and live monitoring of care visits protected both people and staff.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

The scheduling of care calls meant that some people received care that felt rushed. Recruitment procedures had not always been robustly applied.

Risks were not always appropriately managed because the systems in place to ensure people were supported to mobilise safely did not meet best practice.

Staff understood the need to safeguard people from harm and took this role seriously. Information about how to report abuse to external agencies was not readily available within the service.

The recording of people's medicines did not provide adequate assurances that people had received the right medicine at the right time.

Is the service effective?

Good

The service was effective.

Staff had the skills and experience to meet people's needs. Training and support were provided to enable care staff to undertake their roles effectively.

Staff understood the importance of gaining consent from people and demonstrated an awareness of the Mental Capacity Act 2005.

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

People were supported to maintain good health. People's health and support needs were assessed and care staff worked in partnership with other healthcare professionals when needed.

Is the service caring?

Good

The service was caring.

Staff were kind and compassionate in the way they supported people.
People received care that was provided in a respectful, dignified and inclusive way.

Brighter Care had a clear vision that put people at the heart of the services provided. There were good systems in place to ensure care staff delivered the high quality of care that was expected of them.

Is the service responsive?

Good

The service was responsive.

People received a personalised service that was responsive to their changing needs.

Care records were individualised and staff were knowledgeable about people's support needs, interests and preferences.

People who used the service were confident that any issues or concerns raised would be listened to and responded to appropriately.

Is the service well-led?

Good

The service was well-led.

The management team as a collective had systems in place to effectively manage and monitor the service.

The providers had a clear vision for the service and strived for continuous improvement.

People who used the service, their relatives and staff were regularly asked to provide feedback about their experiences and views on the services provided.

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 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 between 6 July 2016 and 14 August 2016 with visits to the Brighter Care office on both these dates. The inspection team consisted of two inspectors and an expert by experience. An expert by experience is someone who has personal experience of using or caring for someone who uses this type of service. Our expert by experience conducted telephone interviews with people who used the service and their relatives in the period between the two inspection dates.

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 this inspection was brought forward in response to some concerns that we had received.

As part of our inspection we spoke with 15 people who received a service from the agency and five of their relatives. We interviewed five care staff and also met with the registered manager and the provider. We reviewed a variety of documents which included the care plans for eight people, five staff files, medicines records and various other documentation relevant to the management of the service.

Requires Improvement

Our findings

People told us that they received safe care. People reported that they felt safe with care staff and that office staff took appropriate steps to maintain their safety. For example, one person commented "They are very careful with me." Relatives echoed the same view that the service took steps to keep people safe from harm.

Despite the positive feedback about how the service made people feel safe, we identified that some improvements were needed to ensure people always received care that was safe. A member of the service's care management team always completed a risk assessment with people before they offered a service to them. This included assessing risks in respect of people's needs, environment and any equipment. We found however, that some risks to people had not been properly managed. For example, we saw that the moving and handling risk assessment for one person identified they were at risk of falls. There was however no falls risk assessment or care plan in place in respect of this risk. Similarly, we were told by the registered manager that another person had a pressure wound and yet there was no care plan or skin integrity assessment completed in respect of this. Conversations with care staff identified that they were aware of these risks and understood what support was required for the people that they regularly supported.

Where people required physical support to mobilise, the agency had liaised with the local occupational therapy teams and it was clear that their advice had been included in people's care plans. Care staff however, had not attended any practical training in moving and handling. The provider told us that they had already recognised this shortfall and made arrangements for all staff to complete practical training as a matter of priority. By the second inspection visit, six staff had already completed this training.

People told us that they received the support they needed to manage their medicines safely. One person commented "They always check my medicines." Whilst people were confident that they received their medicines appropriately, we found that the records maintained in respect of medicines were incomplete and as such there was a risk that people may not receive their medicines as prescribed.

Where people received support with their medicines, there was a Medication Administration Record (MAR) in their care file. We found that staff had not always signed the MAR at the time of each visit. As such it was not possible for office staff to effectively monitor whether people had received their medicines as prescribed.

Care staff were clear that they should only administer medicines in accordance with the person's care plan. Care plans however, did not always adequately document who was responsible for which aspect of

medicine management. For example, for one person the care plan recorded that staff were required to administer their medicines and yet the MAR chart for this person was not signed. The registered manager said this was because the person's partner gave them their medicines, but this was not clear. The person had a pressure wound and it was therefore very important that the person was administered their cream for this. Similarly, for another person, one part of the care plan stated that the person only required support with some creams and yet another section stated that staff should 'administer all medication.' It was therefore not clear from the records what action was needed to ensure this person received their medicines as prescribed.

The failure to provide care in a safe way was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the time of our last inspection, the service supported very few people with the management of their medicines. With the growth of the agency, the number of people needing assistance with their medicines had also increased. The registered manager told us that when she joined Brighter Carer in March 2016 she recognised this as an area for development. As such, in addition to staff completing an e-learning session on the management of medicines, the registered manager had also provided face to face training. Staff reported that they had found this training really useful and were able to describe the things they did to ensure people received their medicines safely.

The provider had a clear policy about the checks required to help ensure they only employed suitable people to work at the service. This included obtaining information such as a recent photograph, full employment history, 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. We found that this policy had however not always been followed. As such, we found that some staff had started working for the service without the relevant references or information about their employment history being in place. One former staff member had also been allowed to work prior to a full DBS check being in place. These issues were brought to the attention of the provider on the first inspection date and immediate action was taken to address the shortfalls.

Whilst nobody reported having any of their calls missed, some people did comment that care staff were sometimes "Hurried" or "Held up." One person told us "Sometimes the carers do seem to be in a rush with other people to get to." It was also obvious that the summer period had impacted on some people's usual care arrangements because their regular care worker had been on holiday. Some care staff told us that some of their calls to people were scheduled "Back to back" which did not allow them allocated time to get from one person to another. Whilst this was not an issue in all cases and overall people received the care they expected, the provider did acknowledge that this was not best practice. We did note that where people lived further apart, time was allocated for care staff to travel between calls.

Staff were confident about their role in safeguarding people and demonstrated that they understood their responsibility to speak-up if they thought someone was at risk of abuse. All staff confirmed that the management team operated an 'open door' policy and that they felt able to share any concerns they may have. Staff were less clear about how to report abuse to outside agencies and most staff were unaware that the local authority being the lead agency for safeguarding. The safeguarding policy and procedure in place had not been reviewed since 2014 and did not highlight the safeguarding contacts that were available to them. The management team understood the process and demonstrated to us that appropriate safeguarding referrals were made as required and took immediate steps to update the information available to staff.

People said that the agency took appropriate steps to keep their property secure. Appropriate 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.

The service operated a 24 hour on call service. People said that whenever they called the office, they always received an immediate response. One person told us, "If I ring the office they answer straight away." The agency had a computerised system linked to staff's mobile phones which enabled them to see where staff were at any given time. Office staff checked this regularly to ensure that staff had safely completed all their visits. Staff said they felt their own safety was also protected because office staff knew where they were and always responded to their calls. There were clear systems in place to manage and report any accidents and incidents.

Good

Our findings

People told us that they were supported by good care staff who understood their needs. For example, one person told us "I am very happy. The girls who come are very helpful and pleasant." Another person commented, "We have good carers come. They are very thorough and their timing is good."

Staff had the skills and knowledge to meet people's needs. Staff spoke confidently and competently about the support they provided to people. They told us that they had access to good information about people's needs and that the support of senior staff had helped them to deliver their roles effectively. Staff were able to describe how they managed difficult situations such as if a person refused care or using new equipment and said that office staff and management were very responsive if they ever needed help.

The service was committed to ongoing training. Staff told us that they had received a good induction when they commenced working with the agency which had included both online and practical training together with shadowing other care staff. We found that the length of time new staff shadowed senior staff was tailored to their previous experience and confidence. Staff recruited after April 2015 had been signed up to complete the Care Certificate. The Care Certificate is a set of standards that health and social care workers should adhere to in order to deliver caring, compassionate and quality care. Following completion of the Care Certificate staff were encouraged to complete a diploma in health and social care (QCF).

Staff training was ongoing with regular opportunities for care staff to update and learn new skills. In addition to the Care Certificate and QCF, staff completed a continuous programme of mandatory training. The provider had a policy that each year staff were expected to complete core training in topics such as moving and handling, first aid, safeguarding and health and safety. Through staff supervisions sessions they were also able to identify specialist training areas to assist them in their roles. For example, ten staff were completing a recognised distant learning course in dementia awareness. Through the process of regular spot checks on staff and supervisions, staff practices were competency assessed on an ongoing basis.

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

The service took appropriate steps to ensure care was only provided in accordance with people's consent or

best interests. We saw consent forms in people's care records and staff said that they would routinely ensure that people consented to their care. Staff were aware of the principles of the MCA and the importance of giving people as much choice and control over their own decisions as possible. Staff were able to demonstrate what they would do if consent wasn't given. For example, staff discussed the steps they took if a person refused to take their medicines. They were clear that medicines should not be given covertly or forced if a person said no unless there was a previous best interests agreement about this.

People received appropriate support to ensure adequate nutrition and hydration. 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 they should be assisted. Where people were at risk of malnutrition or dehydration, there were care plans in place which advised staff how to support the person effectively and when concerns would need to be reported to other healthcare professionals for advice. Specialist dietary needs such as diabetes, food allergies or swallowing difficulties were recorded and care staff were able to talk about these needs for the people they regularly supported.

People were helped to maintain their health and wellbeing. The service supported people as necessary to access other healthcare support. Where people required specialist health care support, we saw that the service had appropriately liaised with other healthcare professionals such as district nurses or occupational therapists to ensure this care was delivered safely and effectively.

Good

Our findings

People repeatedly told us how kind and caring staff were to them. Comments included, "They are lovely girls and so helpful" and "They are warm hearted girls." People reported that care staff treated them with kindness and a way that made them feel respected and included in their care. For example, one person told us, "My carers are very kind and gentle with me" and another stated "I get on very well with them." In addition to the obvious good relationship that people had with their care staff, they also felt that office staff valued them. For example, people said that they always got a good response if they phoned the office and were never left wondering what was happening. As such, we were told "If I ring the office, they answer straight away, check things for me and ring me back."

Staff worked in geographical teams which allowed most people to receive support from the same small number of staff. The providers told us that the agency had a policy of providing a maximum of about five care staff to people so that they could be supported by care staff who knew them well. People told us that they appreciated having the same care staff because it gave them consistency and continuity of care. It was obvious that over the summer holiday period, some people had been cared for by different staff, but this was something that the agency had tried to keep to a minimum. Care staff confirmed that they mostly supported the same people which meant that they were able to get to know them and how they like their care to be provided.

Brighter Care had clear visions and values about how care should be delivered and staff confirmed that they were very aware about what was expected of them. For example, care staff told us that from interview, supervisions and staff meetings they were informed and reminded of the service's mission statement about how people should be treated. Staff told us that the provider's "Genuinely care about people" and cited this as the main reason why they enjoyed working for the service. At the office, we saw that a list of people's birthdays was maintained to ensure that each person received a card.

The staff we spoke with were enthusiastic and compassionate about the work they did. Staff understood the importance of building positive relationships with people and demonstrated how they provided good quality care to people in a way that recognised them as individuals. For example, staff told us how they understood the importance of building a rapport with people so that they felt more comfortable when they were supported with personal care. Staff also explained how they had helped people regain or maximise their independence. For example, one member of care staff talked to us about how a person had regained their mobility through the encouragement and security that staff had provided. Another member of staff described how they had spent a bit of extra time with a person when their relative was away. Telling us "I

worked through my break to take the dogs for a walk and get the washing in, just to make things a bit easier for them."

People's privacy and dignity were protected. People told us that staff always treated them with respect and that their privacy was promoted. Staff demonstrated that they understood the importance of delivering personal care sensitively and discreetly. Staff talked to us about the things they did to protect people's privacy and dignity, for example; covering people with towels, closing doors and allowing people privacy in the toilet.

There were good formal systems in place for including people in their treatment and care. Care records showed that people were involved in discussing their care through the assessment and review processes. The office staff had also recently introduced 'Phone Around Friday' in which each month, office staff would stop other work, to make calls to all people to find out how they were and whether they were happy with the care provided. People appreciated these calls and gave another opportunity for people to feel engaged with their care service. Similarly, the provision of a monthly newsletter shared information with people about what was going on at a provider level and celebrated the achievements of staff. This gave people and their relatives confidence in the team that cared for them.

Good

Our findings

People received a personalised service that was responsive to their changing needs. People told us that they were happy with their care and that the service responded positively to any requests for change. One person told us "My carer is very flexible and understands that my needs can vary."

Care records were individualised and staff were knowledgeable about people's support needs, interests and preferences. We read that each person had been assessed before the commencement of care. This information had been used to formulate a plan of care that was personalised to them. Information recorded details of their backgrounds, needs and what was important to them. We saw that people had been consulted about the support they needed and the outcomes they wanted from their care. People's preferences such as the time and length of their care calls were fully documented and reflected in the package that they then received. Information enabled people to provide a personal service to people. For example, we saw details in people's notes about how they liked to wear their hair or the specific way they took their medicines.

Where people had complex support needs referrals to other professionals had been sought prior to care being provided. For example, a person had recently been assessed by staff as needing significant moving and handling support. As such, before an agreement to provide care was given, the service had requested an occupational therapy assessment had been completed.

An electronic scheduling system enabled office staff to monitor the progress of care throughout the day and this ensured that no calls were missed and that visits were carried out correctly. People confirmed that they had not experienced any missed calls and that in most cases they received their care in a timely way. Following each visit, care staff were required to record the care provided and issues of importance. Some records were not always maintained in accordance with the provider's own polic. There were however good systems throughout the service which ensured information was communicated effectively and as such the gaps in records had not impacted on the care provided.

People's care and support needs were regularly reviewed. Following the initial assessment and commencement of services either the registered manager or a supervisor visited people within the first week of care to ensure they were comfortable and happy. Following this we found that people received a monthly care review to assess the suitability of the care plan. From these meetings and ongoing reviews of their care it was evident that people had opportunities to discuss and request changes to the support they received. In addition to the structured reviews, people also had the opportunity to discuss their care on a monthly basis

via the 'Phone Around Friday' system.

The provision of care was flexible to people's needs and staff advocated strongly on behalf of people if things weren't right. Both management and senior staff had constant oversight of the care people received. They provided us with examples of the changes they had made to people's care delivery, either by increasing the number or length of visits when people's dependency was higher or by scaling back support as people became more independent.

People who used the service and their relatives said both management and staff were approachable and were confident about raising any issues or concerns with them. The service had a clear policy and procedure for the handling of complaints. People told us that they felt able to complain should they need to. One person told us, "I have no complaints. I like them all." Where people or their relatives had raised concerns about their care in writing, these were dealt with appropriately and in line with the provider's policy.

Good

Our findings

People told us that the service was well managed and as a result they received good care. People spoke positively of their interactions with both care and office staff and that overall they felt valued and listened to. One person told us "I'm very impressed with the service I receive" and another commented, "I am satisfied with everything."

Since our last inspection, Brighter Care had grown in size and as such the management team and systems that we previously saw had been restructured. The providers were honest about the challenges that had been experienced over the last 12 months and provided us with detailed action plans about their ambitions to further improve the service.

The management team had efficient and effective management systems in place. The providers had recently completed a total audit of the service and produced a development plan which addressed how ongoing improvements to all aspects of the service would be delivered. The providers were supported by a team of senior staff who were led by the registered manager in providing a good oversight of people's needs and overall care delivery.

Brighter Care had good systems to regularly monitor quality. For example, field supervisors completed regular spot checks on care staff to ensure they were working appropriately. In addition to spot checks, supervisors also undertook supervisions with staff which included watching their practice in people's homes. We saw that feedback from these sessions were recorded in staff files. Staff reported that they felt well supported by the management team who challenged and developed their practices.

People who used the service and their representatives were regularly asked to provide feedback about their experiences and views on the care provided. In addition to the face to face reviews, 'Phone Around Friday' and the regular spot checking of staff, the service also sent out regular satisfaction surveys to people to gather their views on the service. We saw that this feedback had been analysed and actions set in response to any areas identified for improvement. For example, in the most recent survey of June 2016, one person had highlighted the need for more information in their care plan to guide staff and another had raised an issue about how new staff were trained to meet specialist needs. Both areas had since been addressed.

Communication was across the service. Brighter Care had a number of ways in which the management team and office staff could engage effectively with care staff. Everyone reported that the new office location and space had positively impacted on the way all staff interacted with each other. The office now provided

training and meeting room facilities and we also saw across the two inspection days that care staff called into the office to collect equipment or discuss issues face to face. Records showed that staff meetings were held regularly and the minutes highlighted that best practice issues were discussed at every meeting.

Confidential information was held securely and the agency also used a computerised system which enabled care and office staff to have live access to people's current information. Brighter Care also had a live 'Customer Portal' which enabled people and/or their representatives to log on to the agency's website and access information about previous or future care calls including timings and staff allocated. This system also provided an electronic process for the requesting or cancelling of calls providing a greater level of flexibility to those people with internet access.

The registered persons were aware of the notifications that needed to be submitted to CQC and routinely completed these in an appropriate and timely way. Incidents and accidents were documented and evaluated to minimise the risk of re-occurrence.

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Care was not always in a way that fully protected the safety of service users.