

Bright Yellow Group plc

Bright Yellow Bracknell (t/a Lifecarers)

Inspection report

The Braccans
London Road
Bracknell
Berkshire
RG12 2XH

Tel: 01344988433

Website: www.brightyellowgroup.com

Date of inspection visit:
26 November 2015

Date of publication:
13 January 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 25 and 26 November 2015 and was announced. Bright Yellow Bracknell (LifeCarers) is a domiciliary care service and at the time of the inspection was providing personal care to 106 people living in their own homes.

At the time of the inspection there was a registered manager in post. 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 told us they were happy with the service they received from Bright Yellow Bracknell (LifeCarers) and felt safe using the service. There were systems in place to manage risks to people and staff. Staff had good awareness of how to keep people safe and understood the policies and procedures used to safeguard people. Information and guidance was available for them to use if they had any concerns.

Recruitment procedures were robust and staff received training to ensure they had the skills to care for people safely and effectively. People received their medicines when they required them and there was a system to manage medicines safely. Staff had a good knowledge of how to deal with emergencies and the provider had plans in place to deal with emergency situations.

People's right to make decisions was protected. Staff understood their responsibilities in relation to gaining consent before providing support and care. People were treated with kindness, dignity and respect and told us they were involved in decisions about their care. They said their decisions were respected and they felt they had been listened to. People's care and support needs were reviewed regularly with them.

Up to date information was communicated to staff quickly to ensure they could provide appropriate care for people. Staff contacted healthcare professionals to seek advice regarding people's well-being when necessary. People's nutrition was monitored when appropriate to help ensure they had sufficient to eat and drink.

There was an open culture in the service and staff were comfortable to approach the registered manager for advice and guidance. They told us they were well supported and said they were listened to if they raised concerns. Action was taken promptly to manage any concerns raised.

The quality of the service was monitored by the registered manager through gaining regular feedback from people using the service and auditing. People and staff had been asked for their views on the service and they had been used to make improvements.

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.

Recruitment procedures were robust. Risk were identified and managed to protect people and staff.

Staff demonstrated a good knowledge of safeguarding policies, procedures and reporting requirements. The provider had plans in place to manage emergencies.

People were supported by staff with relevant skills and experience to keep them safe and meet their individual requirements. Medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

People's right to make decisions was protected. Staff understood the need to gain consent before providing care.

People had their needs met and were supported by staff who received relevant training. Staff met regularly with their line manager for support and to discuss any concerns.

Staff sought advice with regard to people's health and well-being in a timely way.

Is the service caring?

Good ●

The service was caring.

People were treated with kindness and respect. They told us they received excellent care from a consistent team of care staff.

People were encouraged and supported to maintain independence.

People were involved in and supported to make decisions about their care.

People were offered choice and their preferences were

respected.

Is the service responsive?

Good ●

The service was responsive.

People had their needs assessed and were involved in planning their care. Their care needs were reviewed regularly.

People were supported in a personalised way and their preferences were recorded and taken into account.

People were asked to give feedback on the service and knew how to make a complaint or raise a concern if necessary.

Is the service well-led?

Good ●

The service was well-led.

There was an open culture in the service. People and staff found the registered manager approachable and said she listened and acted promptly when necessary.

People, relatives and staff were asked for their views on the service and had the opportunity to make suggestions for improvement.

The quality of the service was monitored and action taken when issues were identified.

Bright Yellow Bracknell (t/a Lifecarers)

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 25 and 26 November 2015 and was announced. The provider was given notice because the location provides a domiciliary care service and we needed to be sure that senior staff would be available in the office to assist with the inspection.

The inspection was carried out by 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.

Before the inspection we reviewed the information we held about the service which included notifications they had sent us. Notifications are sent to the Care Quality Commission to inform us of events relating to the service.

We also reviewed 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.

During the inspection we spoke with seven people and six relatives of people who use the service. We spoke with seven members of staff and the registered manager. We also received feedback from one community healthcare professional. We looked at records relating to the management of the service including ten people's care plans, policies, six staff recruitment files, training records, complaints log and accident/incident records.

Is the service safe?

Our findings

People told us they felt safe when they were receiving care. One person said, "I feel absolutely safe with my carers." Another said, "Oh yes, I feel very safe with my small group of carers." Relatives also spoke about how they felt their family members felt safe. For example one told us, "We generally get the same group of carers who my mother feels very safe with," while another commented, "I feel very happy with the carers my mother gets. She feels very safe with them and I have no worries. This means that I can go to work without any worries as I have faith in them." People told us they could rely on the care staff to arrive on time and stay for the full duration of the visit time. This helped to make them feel safe. Some told us staff stayed longer than their allotted time, for example, "Sometimes they go over time because of my condition and I can't be rushed. They really do think about me."

The provider had a medication policy and staff had received training in the safe management of medicines. Although some staff had not had recent refresher training in this topic, staff had their skills and knowledge checked during monitoring visits carried out by senior staff. Staff also told us their competency was tested in relation to medicines regularly and records we saw confirmed this. The registered manager confirmed there had been no errors regarding medicines in the last year. Where people were supported with their medicines they told us they received their medicine when they needed it. One person said, "They give me my tablets each morning and always write it down" and a relative told us, "They organise my mother's tablets and eye drops. These are all recorded."

Whenever possible, risk assessments were carried out before any care was provided. If this was not possible, for example when care was requested at short notice, a senior member of staff carried out the assessments on the first visit. This ensured all care staff attending visits subsequently would be aware of any identified risks and how to manage them. Individual risks such as those associated with moving and handling and assistance with medicines were assessed for each person and reviewed regularly. The home environment was also risk assessed and staff confirmed risks were recorded in people's care plans. They were then made aware of measures to be taken to reduce or manage those risks. Staff also told us they made observations at each visit to identify any changes or new risks. They told us these would be reported immediately and confirmed all staff working with that person would be contacted to ensure changes were communicated. We saw changes were recorded in people's care plans.

The provider had a policy for staff to refer to regarding the safeguarding of vulnerable people. In addition, there was information on display in the office to remind staff of their responsibilities with regard to keeping people safe. Staff were knowledgeable with regard to the signs that may indicate a person had been abused. They described the actions they would take if they were concerned someone had suffered abuse and how they would report it. One member of staff told us they had raised a safeguarding alert to the local authority safeguarding team and another described how they had used the whistleblowing procedure to report poor practice. The registered manager also had a very good knowledge of safeguarding and whistleblowing procedures and had dealt appropriately with related matters that had arisen. Staff confirmed prompt action was taken if they reported anything to the registered manager.

Recruitment processes were thorough. Checks had been carried out to establish the suitability of staff to work with vulnerable people. These included establishing proof of identity and a full employment history. References were sought in relation to conduct in previous employment and a disclosure and barring service (DBS) criminal record checks. A DBS check ensures there are no criminal records which may prevent a prospective member of staff from working with vulnerable people. The number of staff required was determined by the needs of the people using the service. The registered manager told us recruitment was ongoing in order to be able to increase care and support for people when necessary and also accommodate new care packages. A dedicated member of the team worked to ensure safe recruitment practices. They also promoted further recruitment by giving talks at local colleges to promote caring as a profession and the Bright Yellow Group as employers.

Appropriate plans to manage emergencies were in place. Staff were familiar with the provider's policies in relation to emergencies that may arise in people's homes. They were able to describe the action to take in the event of an emergency and some told us they had called 999 for medical emergencies relating to people they visit. The provider had a system to monitor accidents and incidents and staff were aware of the reporting processes they needed to follow if either occurred.

Is the service effective?

Our findings

People spoke highly of the level of skill the staff had. One person said, "The carers who come to me are certainly well trained and know how to do their job" and another told us, "I am certainly sure that they are properly trained." Relatives also confirmed they thought staff were skilled and trained. One told us, "The carers who come to see my wife are well trained. They get lots of regular training which gives us both real confidence in the service." Another praised the training and said, "The carers who come to my mother are absolutely well trained. It is evidenced by the way they deal with her needs."

Staff received induction training when they began work. This was followed by a period of shadowing more experienced staff until they were familiar with their role and had learnt the required skills. The registered manager told us there was no fixed time for shadowing and the period could be extended until new staff were confident and they had been monitored to ensure their competence. People told us they were asked if they were happy to have a new member of staff shadow their usual staff. One person said, "Sometimes they have new carers who are shadowing and they always ask me if I am happy with that. I have no problem with it." The dedicated recruitment officer also maintained contact with new employees throughout the induction period. They offered support and gave each new employee the opportunity to meet and discuss their progress, along with any worries or concerns they may have.

Staff refreshed mandatory training and had also undertaken more specific training in relation to the people they cared for. These included dementia care, multiple sclerosis and Parkinson's disease. One staff member told us they had attended a course relating to rehabilitation. They said this had made a "real difference" to the way one person was supported and had had huge benefits.

Work has been undertaken to ensure the care certificate award was used and adaptations had been made to align it with the specific requirements of the service. Staff had the opportunity to gain qualifications and many had gained national vocational qualifications in health and social care. They told us they had been given time to complete their awards and support had been available to them.

Staff told us they felt supported. Staff had regular one to one meetings with their line manager and there was a system which ensured there was an ongoing programme of planned meetings for each member of staff. These meetings provided staff with an opportunity to discuss their work and raise concerns or issues if need be. They were able to talk about training and development opportunities and one staff member told us, "We can ask for training at any time we don't have to wait for a refresher date to come up." Monitoring visits were carried out regularly to check on the practical work of staff. When issues or concerns were identified they had been addressed with the staff member.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

Staff had received training in relation to the MCA. They were aware of their responsibilities to ensure people's rights to make their own decisions were promoted. Staff told us they sought people's permission before helping them with their personal care and always gave them choice. This was confirmed by people and their relatives who told us, "They always ask me if it's OK to do things for me" and "They are always polite and ask my wife's consent before they do anything for her." Records showed time was taken to explain people's care plans to them and whenever possible people had signed their care plan to indicate their consent.

Staff told us when people required support with eating and drinking it mainly involved heating up ready prepared meals or making sandwiches, snacks and drinks. They said they supported people to choose what they wanted to eat and drink before preparing it. People told us staff ensured they had enough to eat and drink and when appropriate people's food and fluid intake was monitored. People told us that staff left snacks and drinks before they left, one relative said, "We prepare all our meals but the girls help serve it for us. They always make a hot drink for us before they leave." Staff had received training in safe food handling practices.

Most people told us either they made their own medical appointments or their relatives did this for them. However, staff told us they sought medical attention for people when necessary. For example, they contacted people's GP or other healthcare professionals if they had concerns about a person's well-being or called the emergency services if it was a medical emergency. For one person there was a detailed plan of when to call for medical assistance with guidance for staff to follow.

Is the service caring?

Our findings

People valued their relationships with the staff and consistently described their care as excellent. Some of the comments made were, "The care I get is excellent, nothing is too much trouble for them", "They always go the extra mile for us" and "The care we get is excellent I cannot fault it." Relatives also praised the care and made comments such as, "The care my husband gets is excellent" and "The care my mother gets is excellent and I don't think it can be bettered." One relative also commented on how their family member was included even though their condition made this difficult. They said, "They spend time chatting to her and try to include her despite her condition."

People were visited by a consistent team of care staff. This was confirmed by people and their relatives who told us small teams of care workers regularly visited them to provide care. Staff knew the people they visited very well and were able to tell us in detail how people liked things done and what mattered to them. The registered manager spoke about how it was essential to get things right for people and said, "Small things are important, it's about the whole experience and people should be treated like you would want to be treated." She went on to explain this is a value instilled into all staff and monitored to ensure it is carried out.

People told us that staff showed them respect and their privacy and dignity were protected. Examples of what people said included, "They treat me with respect and are always very polite" and "Our carers are so respectful and polite it's a joy to see them each day." A relative commented, "They treat me with real respect and they make my husband feel important in the process." Staff described and gave examples of how they respected people, for instance one said they "listened and showed compassion" when people wanted to talk to them. Another told us they explained everything they were doing and would always begin by saying, "Do you mind if I" Staff also gave us examples of how they provided privacy and dignity while supporting people with personal care. Such as, closing doors and making sure people were covered appropriately.

People were supported to maintain their independence and staff confirmed they encouraged people to do things for themselves where that was appropriate. One gave an example of how a person was encouraged to wash their face even though they could not manage other aspects of personal care independently. Another described how they encouraged people to do simple things themselves and spoke of encouraging mobility for one person they looked after.

Staff demonstrated a determination to provide care in a kind manner and to build trust with people they cared for. They spoke about care being personalised for each individual and finding out about each person's preferences so they could do things the way people like. One staff member described how they try to get to know people's personalities and recognise when someone is feeling "fragile" and in need of someone to listen and be compassionate.

The registered manager placed a strong emphasis on communication and enabling people who use the service to have a voice. Each person receiving care had their individual communication preferences recorded and there was detailed guidance for staff to follow to ensure the person was supported to

communicate their wishes. For example one person used technology to assist with their communication and another relied on facial expressions and eye movements. The registered manager described how they had recently advocated on a person's behalf when it had been wrongly assumed by other professionals that a person could not understand or contribute to what was being said.

Is the service responsive?

Our findings

People's needs were assessed. The assessment included their personal history, details of their social interests and the hobbies they liked to pursue. The assessment led to the development of a care plan that was personalised and focussed on what people wanted from the service. People consistently told us they had been involved in this process and had been given choices about their care.

People had been involved in planning their care and in making decisions about how their care was delivered. When asked about their involvement one person said, "We had a planning meeting in [date] and we've had regular meetings to check everything is alright and does not need changing." Another person told us, "We had a planning meeting where we discussed the care and since then we have had a review meeting every six months to decide if we need any changes."

Reviews of people's care plans were carried out regularly every six months. However, if changes occurred in a person's health or well-being a review would be brought forward and the necessary changes made. For example following a hospital admission or a change in a person's mobility.

People were asked for feedback on the service at their review meetings and during the staff monitoring visits. A quality questionnaire was sent annually and the latest one carried out earlier this year gave mainly positive feedback. For example, 100% of people said they would recommend the service to others. Some of the comments made on the survey included, "During the bad weather they went the extra mile to provide transport to the day centre" and "The service and attention to detail are second to none."

Staff received up to date information about people and their needs. They told us they were informed of any changes promptly either by text message or phone call. They told us they never went to a visit "blind" and always knew what was happening with people. This meant they could respond and provide appropriate care. People confirmed they always received their visits and said that staff arrived promptly and stayed for the full allocated time. One person told us, "They are always on time and don't leave until I am happy to be left." Another commented, "We get a sheet every week which gives us the times when they will come. They always arrive on time and always stay for the full time."

There was a complaints policy and a system for recording and dealing with complaints. Two complaints had been received by the service in the last year. Both had been investigated and dealt with appropriately with both complainants being satisfied with the outcome. Staff told us the registered manager encouraged people to raise concerns if they were not happy with something and people said they knew how to make a complaint if necessary.

Is the service well-led?

Our findings

At the time of the inspection there was a registered manager in post.

The quality of the service was monitored by the registered manager. People had been asked if they were satisfied with the service and if they would like to change anything. Audits of the service were carried out and included a newly developed branch audit to consider the performance of the service in line with the five key questions asked by the Care Quality Commission (CQC). Where a deficit had been identified the registered manager was planning action to improve the service. For example an audit file of accidents and incidents was being produced to enable trends to be followed and poor practice identified. In addition, the registered manager produced a variety of reports from the computerised system. These were used to monitor and audit different aspects of the service such as timing of visits and the individual performance of care staff.

Team meetings were held and staff told us they were useful. They allowed team members to come together to share ideas and discuss important matters about all aspects of the service. We saw discussions took place relating to individual people using the service as well as best practice. For example, managing seasonal changes like heatwaves. Reminders were also given with regard to such things as confidentiality and using the electronic monitoring system.

The annual satisfaction survey enabled the service to gather the views on its performance and seek suggestions for improvement. We saw that people had reported they were satisfied with the service and had not made suggestions for improvement. The registered manager attributed this to the regular contact between people and the staff and explained that when people made suggestions or raised issues they were talked about and dealt with immediately.

In addition to asking people about the service, a staff survey was completed, "The voice of the carer." This was an opportunity for staff to have their say and make suggestions for improvements and development. Staff told us they had completed the survey and some of their suggestions had been taken on board and implemented. For example, being paid for time spent travelling. They told us this had been an important issue for them and when it was agreed it made them feel valued.

People told us they felt they received a good service from the office staff and managerial staff as well as from care staff. For example, one person said, "When I ring the office they are so helpful. They always try to make sure you get the best service." Another person commented, "The office is excellent, everything is dealt with straight away." Staff also commented on how they were supported by the office staff and their line managers. They told us communication was "excellent" and they could call into the office at any time for a chat and were always made to feel welcome.

Staff demonstrated a clear awareness of the values of the service, one spoke about wanting to give the, "Best service we possibly can." Another told us the registered manager had clear values she wanted to achieve for the service and they were, "Keeping people at home, happy in their home, safe and

independent." The registered manager told us that she delivered a full day's training specifically designed to inform new staff of the philosophy and ethos of the service. This included time exploring communication and values which the registered manager felt passionately about. She said she wanted to instil these in staff right from the beginning.

Staff were very complimentary about the registered manager. They told us they could approach her at any time and she would always listen and try to help and support them. One staff member said, "Definitely I'm supported, Liz (registered manager) is always there to ask, her door is always open." This was consistently echoed by the staff we spoke with. They also commented on her leadership and direction. For example they told us she was, "Encouraging and helpful. Nothing is ever too much trouble." Another member of staff referring to the registered manager and their colleagues said, "Great leader, great team spirit."

The registered manager told us they maintained an open door policy and encouraged staff to contact them for advice and support whenever they needed to. She told us she wanted staff to feel valued and fully informed about their work. In order to achieve this all staff were encouraged to visit the office at least once a week and a weekly newsletter was prepared by the registered manager to keep them up to date with information about the service.