

Jacross Enterprises Ltd

Bright Dawn Home Care

Inspection report

Box Trees Farm
Stratford Road, Hockley Heath
Solihull
West Midlands
B94 6EA

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Tel: 01564784598

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

About the service

Bright Dawn Home Care is a domiciliary care agency which provides personal care to older people living in their own homes. Some of these people were living with dementia or a physical disability. Not everyone who used the service received personal care. At the time of our inspection, only 33 people received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

People and relatives told us they were treated with care and respect. They told us that care workers respected their privacy and tried to encourage them to maintain their independence and delivered care in line with their wishes. Staff cared for people in a person-centred manner and involved them when supporting them, making them feel at ease.

People were kept safe through appropriate risk management guidelines that were in place, this included the risk of infection and the safe management of medicines. People were supported by care workers who had been safely recruited. People said they felt safe in the presence of care workers. Potential safeguarding allegations were reported and managed appropriately, with any learning from incidents and accidents and complaints shared with relevant organisations.

Staff received appropriate supervision and training which meant they were able to carry out their roles effectively. People were assessed prior to care being delivered and they were fully involved in planning their care. People's consent to care was taken. Their nutritional and health care needs were being met by the provider.

Care plans for people were reviewed regularly which meant they received care that reflected their needs. The registered manager engaged with people and their relatives, listening when they raised concerns and following up on any actions.

The service was managed well, this was reflected in the feedback we received from people, their relatives and staff. The registered manager was aware of her responsibilities and encouraged an open culture where people's views were heard and acted upon. Quality assurance checks were in place which helped to maintain a good level of service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 11 May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Bright Dawn Home Care

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by 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.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 04 November 2019 and ended on 06 November 2019. We visited the office location on 06 November 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with one person who used the service and six relatives about their experience of the care provided. We spoke with five members of staff including the registered manager and four care workers. We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and training. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with one health and social care professional who supports a person using the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe. One person explained they were supported by the same members of staff and said, "We know a few days in advance which carers will be calling." Having consistent staff was important to people and ensured they were not being supported by people they did not know.
- Staff received safeguarding training and knew how to respond; report and escalate any concerns they may have about a person's safety.
- Records showed the provider understood their safeguarding responsibilities and took action to investigate and report any allegations of abuse to the local authority without delay.

Assessing risk, safety monitoring and management

- Individual risks were managed well to keep people safe.
- Care plans for people that needed support with mobilising included guidance notes about safe transfers, including how to use any equipment correctly. Staff were familiar with these procedures and knew how to manage people's individual risks. One relative said, "They (staff) use a hoist and the carers know how to transfer safely as [Name] feels comfortable."
- Where people had been identified at risk of malnutrition, this was monitored. Monitoring charts, such as fluid intake and bowel movement charts were completed to enable staff to respond to any changing needs in a timely manner.
- Environmental risk assessments were completed which meant the environment was safe for people to live and staff to work in.

Using medicines safely

- People told us they were supported to take their medicines. One relative said, ""They (staff) watch that [Name] has taken all the medication and don't rush."
- People were given their medicines safely. Medicines risk assessments, including any control measures to manage risk were included in care plans. This enabled staff to mitigate risks associated with the management of people's medicines
- Staff completed electronic and paper medicine records when they supported people to take medicines. Electronic records were being checked daily for any discrepancies and then further checks took place when paper records were collected for auditing purposes.
- Medicines support plans included information about any allergies, how medicines support was to be delivered and included details of the prescribed medicines, contact details of the pharmacist and how it was ordered and disposed of.

Staffing and recruitment

- There were enough staff to provide safe care and treatment.
- People and relatives spoke positively about staff's punctuality. One relative said, "There have never been any missed calls, they (staff) arrive on time."
- Staff were allocated to geographical areas which meant travelling time between visits was minimised. Staff told us, and records confirmed, staff were given enough time to travel between each visit.
- Staff files included an employee checklist, verifying that all the necessary pre-employment checks had been completed before a person began to support people. This included reference checks, confirming people had the right to work in the United Kingdom, identity checks and criminal record checks.

Learning lessons when things go wrong

- Incidents and accidents were recorded, and the registered manager had been notified. The registered manager analysed all accidents and incidents to identify patterns or trends. Action had been taken to prevent similar occurrences from taking place in future.

Preventing and controlling infection

- Staff confirmed they were given Personal Protective Equipment (PPE) to minimise the risk of cross contamination.
- Training records showed that staff received training in infection control, Control of Substances Hazardous to Health (COSHH) and general hygiene . Staff confirmed they used this training to minimise the spread of infection.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People and their relatives said they were involved in planning their care. A person told us, "I helped create my care plan, I told them what I wanted." A relative told us "We were involved in creating a comprehensive care plan that meets [Name's] needs.
- Before care packages were agreed, people's care choices and needs were assessed. People had care plans in place which reflected these assessments.
- People received care and support in accordance with their assessed needs because staff understood the importance of care plans and made sure they were kept up to date.

Staff support: induction, training, skills and experience

- People were supported by staff who had received the right training to meet their needs. Staff were required to complete training in a range of areas, including person-centred care, manual handling and the Mental Capacity Act.
- The provider had an online training system which enabled the registered manager to have an overview of the training staff had completed. Any training due was either scheduled or in the process of having dates confirmed.
- New staff completed an induction checklist and shadowed more experienced staff until they were confident and competent to work independently. People confirmed this took place. One person said, "We sometimes have a third carer here when they introduce a new one."
- If new staff had not previously worked in health and social care their induction involved completing the Care Certificate. The Care Certificate helps new staff to learn the skills, knowledge and behaviours necessary for their role.
- Staff progress and competency was monitored through observations of the care they were delivering and supervision meetings. Staff had regular opportunities to raise if they felt further support was needed, or if they wished to develop their skills and knowledge in any area of their role.
- Staff felt well supported by the registered manager. Staff said the registered manager was very approachable and they were always able to contact someone if they required advice or support.

Supporting people to eat and drink enough to maintain a balanced diet

- People's care plans contained guidance for staff around what people liked or disliked, as well as how they can support the person with their nutrition and hydration.
- Where the service was responsible for supporting people to prepare food and drink, records showed what the staff had helped to prepare. This helped to monitor what people had eaten or drunk and could identify if a person was at risk of malnutrition or dehydration.

- Staff worked with other health professionals to make sure people received food and drink according to their specific needs. For example, where necessary, staff monitored people's food and fluid intake and made appropriate referrals to dieticians, speech and language or the GP if they felt people were at risk of malnutrition or were not eating properly.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People told us staff would contact healthcare services for them if needed and some people were supported by staff to attend healthcare appointments.
- In the event of a person's needs changing, staff were contacted before the next visit and informed. The person's care plan would then be updated from the office and distributed to the person's home.
- People had hospital passports in place, to promote continuity in their care in the event of being admitted to hospital. These explained how best to communicate with the person, their support needs and key information a health care provider may need to know.

Ensuring consent to care and treatment in line with law and guidance

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 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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- People told us staff sought their consent and talked through any care they were providing.
- Where required, people's mental capacity had been assessed and information was recorded so all staff understood how to support a person who did not have capacity to make certain decisions.
- If people had a nominated legal representative, such as a Lasting Power of Attorney, this was documented in their care plan and a copy was held by the service. This meant where people lacked capacity the office staff knew who the decision maker was in the event of specific decisions needing to be taken.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We received many positive comments about the care staff and their approach. A person told us "They (staff) are like family." A relative told us "The carers show a lot of empathy by engaging in [Name's] interests and talking to [Name] about them." A second relative told us "They are very kind and understand my relative well. [Name] is happy with them as they chat away and have a laugh."
- Staff spoke with a high level of pride about their jobs and enjoyed supporting people. One staff member said, "I love this job and I think we are very lucky to have a good relationship with our client. I look at my clients like family, I treat them how I would like my family members treated." Staff spoke with genuine warmth, empathy and compassion when referring to the people they cared for.
- The staff had received training in equality and diversity. One person supported by the service sometimes chose to wear clothing of a different gender. Staff told us they supported this person to wear whatever clothes they wanted each day and referred to them using their pronoun of choice. The registered manager told us they have a welcoming approach to supporting diversity in the people who receive care, as well as amongst the staff team. They said, "We have an open door here and we all work together as a team."
- Time was taken to make sure that staff were matched with people's interests and personalities. This helped people to feel comfortable with staff who supported them and have conversations about shared interests.
- In the last year the service had received numerous compliments from various sources which demonstrated the service was meeting its aim of providing a high quality of care for people.

Supporting people to express their views and be involved in making decisions about their care

- People were invited to share their feedback about the care they received in different ways. The registered manager and members of the management team completed care visits. This enabled them to speak with people face to face and gain their feedback about whether they were happy with the service. People completed annual feedback surveys and had regular reviews with the service.
- People, and where appropriate their representatives, were involved in decisions made about their care. The management team visited people prior to them receiving care visits, to discuss their care needs and to develop a care plan. Where necessary, they sought external professional help to support decision-making for people.
- Care plans were regularly and formally reviewed, agreed and signed, by the service user and/or their relative and a representative from the service.

Respecting and promoting people's privacy, dignity and independence

- Staff placed people at the heart of their care and supported them to continue to make choices around their care and independence in line with their preferences. People were consistently treated with dignity by staff who were passionate about ensuring people received high quality care which respected their privacy. Staff were able to give examples of what they did to maintain people's dignity such as closing people's curtains and doors and covering people with towels during personal care.
- People's right to confidentiality was respected by staff who understood the importance of this. Training was provided, and policies guided staff to recognise and support people's diverse needs. Records were kept securely at all times.
- People were supported to be as independent as they wanted. Staff gave us examples of how they would encourage people to do activities for themselves and support them rather than doing tasks for people.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had personalised care plans which reflected their physical, mental, emotional and social needs. For example, care plans included people's preferences and guidance for staff on how to support people to reflect them.
- Care plans focused on people's life experiences and goals, and empowered people to improve their confidence and wellbeing. This was supported by people and their relatives who gave positive feedback about how the service had improved their confidence by spending time getting to know what was important to them and tailoring their care and support.
- People told us they were consistently supported by staff who knew them well.
- People's preferences about the gender of staff member they wanted to be supported by were respected.
- Staff visit schedules were well organised to ensure people had visits from staff who knew them well and could meet their needs and preferences. Systems were in place to alert the office team if carers had not arrived for their visit or were running late. This meant people were assured their visits were monitored and managed well.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider understood their responsibilities within the AIS and information was available to people in a variety of formats including pictorial and large print.
- The service recorded and shared information relating to people's communication needs as required by the AIS; for example, where people were identified as having hearing difficulties.

Improving care quality in response to complaints or concerns

- People and family members knew how to provide feedback to the registered manager about their experiences of care.
- A complaints procedure was in place. This was included in the service user information guide and included details for other contacts if people were not happy with the response including the local authority and us, the Care Quality Commission.
- Where complaints had been received, these were investigated and responded to appropriately.
- For some concerns, meetings had taken place with people or their relatives. The meeting minutes and outcomes had been documented and any learning was shared with the staff team. Plans were put in place

to reduce the likelihood of recurrence.

- If concerns were raised in reviews or surveys, a phone call to the person or their relative took place to discuss the concerns in more detail and what could be done to make things better.

End of life care and support

- There was no one receiving end of life care at the time of our inspection. However, care records included information about people's preferences of how they wished to be supported if their health was to deteriorate. Where they were in place, copies of Do Not Resuscitate (DNAR) forms were kept in care records so staff and other health professionals were aware of the persons wishes.
- The registered manager said that the service would work with other health care professionals if someone was at the end of their life to ensure they are supported appropriately.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a clear management structure in place which included the registered manager, a "care manager" who worked with the registered manager to oversee the day to day running of the office, two field care supervisors who undertook some of the quality assurance checks and planned staff rotas. There was also a "Care co-ordinator" who completed initial assessments for people and liaised with health care professionals and a senior care worker.
- Relatives and staff spoke highly of the management team. A relative told us "I think the service is well managed." A member of staff said, "They are approachable and are not afraid to get their hands dirty and do calls with us. They put you at ease."
- A system of quality assurance checks were used to measure and monitor the effective running of the service. For example, care and medicines records from people's homes were routinely returned to the office for review by the management team.
- Management carried out direct observation visits of staff as they supported people. This checked the staff member was wearing the correct uniform, their conduct, if they followed a person's individual care plan and how they recorded the content of the visit.
- The registered manager told us they had signed up to the online reporting portal which meant they was able to submit statutory notifications in a timely manner.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager had built a positive, person centred, open culture based on a high standard of care and strong relationships with people and their families.
- Staff had an obvious affection for their clients and spoke highly of the service as a place to work. One staff member said, "I love all aspects of my job, I love working with the other staff and making a difference to the clients, there isn't anything I don't like. I like giving back to people."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The Duty of Candour is a regulation all providers must adhere to. Providers must be open and transparent, and it sets out specific guidelines' providers must follow if things go wrong with care and treatment. The registered manager understood their responsibilities under the Duty of Candour. They told us, "We are always very open and honest and open. We will ensure we do everything possible to explain everything and

what needs to be done at all stages."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and staff were actively involved in developing the service. The registered manager sent annual quality review forms. In addition, new clients were asked for their feedback soon after starting with the service and people were asked for their feedback on new staff when they attended their calls.
- Feedback from people and relatives was overwhelmingly positive. A relative told us, "This is a good service. We are asked for our views and can speak to the office at any time. I wouldn't change anything."

Continuous learning and improving care; Working in partnership with others

- The service worked in partnership with others. The registered manager and staff had good working relationships with other professionals' people and their families. They had worked in partnership to provide the best outcomes for people who used the service. These included working closely with the Local Authority, GP surgeries, district nurses, and specialist teams. This ensured that people were referred appropriately and provided the registered manager with links for advice and guidance.
- The registered manager actively sought to improve their knowledge and to use their experiences to promote better care for people. They had been working with a university on a project to improve how people fund their care and this work had been used in a parliamentary review.
- The registered manager kept up to date with best practice and guidance via the local authority, Skills for Care, the Care Quality Commission and other organisations.