

Brighter Days Care at Home Ltd

# Brighter Days Care at Home

## Inspection report

Unit 4, Elston Hill Farm  
Elston Hill, Shrewton  
Salisbury  
SP3 4HR

Tel: 01980753029

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15 October 2021

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Brighter Days Care at Home is a domiciliary care service that provides personal care to people in their own homes.

Not everyone who used the service 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 received a kind and caring service. People and their relatives were complimentary about the staff and the overall experience of care they received. Staff were compassionate and committed to providing a quality service with high standards of care.

The management team's values and ethos of person-centred care fed down to the staff team and they led by example. Professionals were complimentary and had high praise for the service and how the management team organised and ran the service.

People's care plans contained their preferences, routines, life history and interests. They gave guidance to staff on how to meet people's needs and were reviewed regularly. People and their relatives were involved in the initial assessment and in the development of their care plan.

There had been no complaints since the service registered. People knew how to complain but hadn't needed to. They told us communication was good and they were kept up to date with any changes.

The service provided safe care. People's individual risks were assessed, recorded and updated when needed. The registered manager fully understood their regulatory and legal responsibilities and had informed the local authority safeguarding team of any concerns appropriately.

Staff were well trained and had been recruited safely. They had access to a flexible employer to find a work/life balance and on-going regular support. The staff we spoke with enjoyed their job and were proud to work for Brighter Days Care at Home.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service was well led and the registered manager had good working relationships with the local health and social care teams. They carried out regular audits and spot checks of the service and staff to ensure they were providing quality care.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 13 May 2020 and this is the first inspection.

#### Why we inspected

This was a planned inspection based on our inspection schedule.

#### 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Brighter Days Care at Home

## 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

The inspection was undertaken 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.

#### Domiciliary care

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

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 a short period notice of the inspection. This was because we needed to be sure the registered manager would be in the office to support the inspection.

Inspection activity started on 15 October 2021 and ended on 15 November 2021. We visited the office location on 15 October 2021.

#### What we did before the inspection

We reviewed information we had received about the service since they were registered. 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 looked at statutory notifications the service had sent to us. Notifications are information about important events the service must legally inform us of.

We used all of this information to plan our inspection.

#### During the inspection

We spoke with four people who used the service and eleven relatives about their experience of the care provided. We spoke with six members of staff including the registered manager, the deputy manager and care workers.

We reviewed a range of records. This included four people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were 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 four professionals who regularly work with the service.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good.

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 when receiving support. One person told us, "I feel perfectly safe with all of the carers. I am a wheelchair user and also use a hoist. They are all very competent and use it efficiently" and a relative told us, "[My relative] is definitely safe with the carers."
- There were effective safeguarding systems and processes in place. The registered manager had appropriately notified the relevant organisations where concerns had been identified. This included, notifying CQC and referring potential safeguarding alerts to the local authority safeguarding team.
- Staff received mandatory training in safeguarding practice and regular refreshers during team meetings and one to one supervision.
- Staff we spoke with were knowledgeable about effective safeguarding procedures. They knew how to recognise the signs of abuse and what to do about it. Staff were confident any concerns they had would be acted on by the registered manager.

Assessing risk, safety monitoring and management

- The risks people faced had been assessed and recorded, with information and guidance for staff to follow to reduce the identified risk.
- People's individual risks were reviewed following the first 30 days of receiving care to assess the accuracy and effectiveness of the service. Thereafter, six monthly or when people's needs changed.
- People had environmental risk assessments such as fire evacuation, lighting and electrical equipment in their home.
- In addition to individual risk assessments such as falls, skin integrity and manual handling, everyone had a COVID-19 risk assessment in place.

Staffing and recruitment

- Staff had been recruited safely. Personnel records we reviewed included references, work history, ID and Disclosure and Barring Service (DBS) checks. DBS checks allow employers to check whether the applicant has any previous convictions or if they have been barred from working with vulnerable people.
- There were sufficient numbers of staff to support people safely. The service had recently recruited five new members of staff who were going through their induction and staff retention was good. The management team were proud of their retention numbers and told us they looked after their staff. They said, "If staff are happy, they will provide care to the standards and values we hold."

Using medicines safely

- Staff had medicines training during induction, shadow learning and regular refreshers. They also had competency spot checks to maintain good practice.
- The service had one medicines error which was identified quickly. The staff member had additional training and guidance.
- The service had an electronic medicines administration system in place. The service audited medicines weekly.

#### Preventing and controlling infection

- Staff had access to a plentiful supply of PPE. There had been sufficient supplies to enable safe practice throughout the pandemic.
- Staff had training on safe practice when donning and doffing PPE and followed government guidance.
- Staff undertook a regular COVID-19 testing regime and followed government guidance on isolating when required.

#### Learning lessons when things go wrong

- The registered manager recorded accidents and incidents which included outcomes and any actions taken.
- Any incidents that occurred were discussed with the staff team. The registered manager sought guidance and support from appropriate sources where information and lessons learned were disseminated to the whole team.



# 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.

This is the first inspection for this newly registered service. This key question has been rated good.

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's needs were thoroughly assessed prior to receiving care to ensure their needs could be met. Care plans were developed from assessments which were reviewed regularly.
- Assessments were comprehensive and contained people's preferences, routines, life history and family.
- People and relatives told us they were fully involved in the assessment of need process. One relative said, "We had a full assessment before we started with the service. We had heard only good things about them. [My relative] has a care plan and it is reviewed regularly." Comments from people included, "Yes I spoke with them about what type of care I would need" and "Yes we spoke to them at length. In fact, we have increased the hours since we joined them."

Staff support: induction, training, skills and experience

- Staff received training in all areas of the fundamental standards and nationally recognised care qualifications. These included, person centred care, nutrition and hydration, safeguarding and consent.
- Staff received regular support from the management team in terms of chats, formal supervision, guidance, group learning and support to balance their home and work life.
- The management team were very keen to have a well-qualified and robustly experienced work force and encouraged staff to progress in their qualifications.
- The management team used 'blended learning'. This meant they recognised staff differences in learning styles. On-line training was mixed with practical demonstrations and one to one support or shadowing.
- The registered manager had a level 4 qualification in accident prevention and was able to train her staff in safe manual handling techniques. The service had a training room with equipment people used to demonstrate and practice techniques.

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

- People were supported to maintain good levels of nutrition and hydration. People's meal and drink preferences were recorded in their care plans.
- The management team assessed nutrition using a nationally recognised tool (the MUST score) if they had concerns about a person's level of intake. They liaised with GPs and dieticians to ensure people received appropriate support.

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

- People were supported to attend and access health care services where required.

- Where people's needs had changed and staff identified people required more specialist support, contact was made with specialist services. This included occupational therapy, physiotherapy, palliative care and tissue viability nurses.
- The care treatment and guidance from these specialists was incorporated into people's care plans for staff to follow.

#### 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 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.

- Records showed people's consent was gained for receiving care. This was re-visited at every review.
- Staff had received training in the Mental Capacity Act (2005) and the registered manager had a good understanding of the Act, the process of assessing capacity and legal powers.
- We reviewed a mental capacity assessment and accompanying best interest decision and found the process had been completed accurately.

# Is the service caring?

## Our findings

### Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good.

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

- People were treated with kindness and were very positive about the staff's caring approach and attitude. Comments included, "They are all very kind and caring people. They all chat whilst helping me. I am getting to know them all now" and "The staff are amazing. They are professional but very friendly, kind and caring. They know [my relative] very well and his likes and dislikes."
- Daily records were written using respectful language and terminology. This was monitored by the management team to maintain the provider's standards.
- People's diverse needs and beliefs were reflected in their care and support plan.
- The provider had systems in place to ensure people were supported by staff with care and compassion. Robust recruitment checks, staff training and spot checks on staff competency ensured their values were followed.

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

- People and their relatives were encouraged to be fully involved in the planning and reviewing of the support they received. Relatives told us, "There is a care plan and [the registered manager] sends me a copy, we go through it and amend anything that is needed adding additional needs" and "He has a care plan and it's updated about every six months. [The registered manager] asks our opinion and she will amend it if necessary."
- People and their relatives were offered a survey to complete to give feedback on the service they received. Areas of support included communication, reliability, consistency and standard of care. The feedback we reviewed was all positive.
- People were supported and encouraged to make their own decisions when receiving support. For example, one relative told us, "Yes they respect his rights. They try their best to encourage him, but respect him when he says no."
- We saw many compliments about the service, management and staff from people and their relatives in the form of cards and reviews on social media.

### Respecting and promoting people's privacy, dignity and independence

- People told us the staff respected their privacy and dignity. People told us, "They help me with washing and dressing and are very respectful they let me do as much as possible myself" and "I do what I can and then the carer will finish off for me. They all make sure about my dignity make sure I'm covered up etc."

- Relatives told us, "The carers are always aware of his dignity etc. They make sure doors are closed or curtains to maintain it. They always keep me informed. We work as a team" and "They are very respectful but have helped him with his personal care without making him feel under pressure."
- Staff we spoke with were confident and knowledgeable when talking about promoting people's rights. They had received training in areas such as equality and diversity and person-centred care.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good.

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 were supported to make choices and have as much control and independence about their care as possible. Comments included, "I think they are helping me stay independent in my own home" and "They all make an effort to get to know her, so that she is relaxed with them. They give her choices with everything."
- People and their relatives told us their needs were met. Relatives we spoke with said, "Everything about his care is how it should be. They go the extra mile, the quality of care is excellent." Another said, "It is a near perfect agency. The times suit us and we have the same team. They do everything we need and always ask if there is anything else they can do. They follow the care plan but it just happens naturally now."
- The provider recognised when people's needs were changing and made contact with the appropriate organisations when needed. They communicated changes to people's support needs to the staff team via encrypted messaging or through one to one supervision.
- Professionals told us the service was responsive to people's needs. One professional told us, "A very responsive care agency. Excellent care and support and the manager is very quick to respond and action any issues raised." Another said, "I have been given suggestions and solutions about how to improve the care arrangements when [the person's] condition has changed, with the help of the agency I have been able to work together to find a solution."

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 service supported people with communication needs and found they were fully compliant with the AIS.
- People's communication needs were assessed and recorded in their care plans. Guidance was followed by staff for example, giving people plenty of time to respond, repeating information and checking the person had heard correctly and ensuring spectacles were clean.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Social activities had been limited during the pandemic, however the service supported people to maintain contact with their families. Care plans contained information on people's interests and staff were encouraged to chat about these during their visits.

Improving care quality in response to complaints or concerns

- The service had a complaints policy and procedure in place. There had been no complaints since registration.

End of life care and support

- At the time of inspection, the service was not supporting anyone with end of life care.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People told us they were very happy with the service they received and had high praise for the care staff. Comments included, "I can't think of anything they could improve on. We are very, very happy with them", "The carers are amazing" and "The quality of care is excellent."
- The management team created a culture within the service of person-centred, compassionate, quality care. Their values and standards were fed down to the staff team.
- We received positive feedback from professionals who work with the service. Comments included, "I have high regards and praise for the professionalism of [registered manager] and Brighter Days care team... they have been very engaged and supportive" and "Despite [the person's] range of needs the agency and their staff have remained committed to maintaining effective care and overcoming any difficulties, and have done so with the welfare of people in the forefront."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 registered manager had good leadership qualities and a clear understanding of their role.
- There were effective quality assurance systems in place. This included regular audits, spot checks of staff competency and reviews of care planning and recording.
- The management team had good oversight of the service being provided and the quality of care.
- The registered manager fully understood their responsibility under the duty of candour.

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

- The management team welcomed feedback and offered surveys to people and their relatives.
- They were driven to looking after their staff by being flexible and adaptable to staff circumstances. "[It's] a team effort, everyone is equal we all are colleagues all part of a team."

Continuous learning and improving care

- The registered manager told us they had a five-year plan to expand the service gradually and in line with safe recruitment. They had a contingency plan to cover any shortfalls or crisis situations (such as sickness during the pandemic) and were in a positive sustainable position.

- The registered manager told us they were responsive to change and learning all the time. They have improved systems and introduced an electronic recording app for staff.

#### Working in partnership with others

- Feedback from professionals was positive regarding partnership working. One professional told us, "Clear management direction from [registered manager] who is always very approachable and will reflect situations with you and together, in my experience they have been resolved effectively. Good joint working with families. Very responsive care agency."
- People and their relatives too gave good feedback of working together to provide support. Comments included, "They always keep me informed. We work as a team" and "We all work as a team, keeping each other informed."
- The provider worked alongside health and social care agencies and professionals to provide a good service and outcomes for people.