

Bright Yellow Group plc

Lifecarers Reading at Bright Yellow Group

Inspection report

Unit 2 East Throp House
1 Paddock Road
Reading
Berkshire
RG4 5BY

Tel: 01189469262

Website: www.brightyellowgroup.example.com

Date of inspection visit: 2 & 4 February 2015

Date of publication: 15/05/2015

Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



Overall summary

This inspection took place on 2 & 4 February 2015 and was announced. We gave the provider 48 hours notice. Lifecarers Reading at Bright Yellow Group is a domiciliary care agency that provides personal care to people in their own homes. At the time of inspection there were 20 people using the service.

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.

Summary of findings

The provider did not carry out regular audits to ensure they were meeting the requirements of the regulations. Although people were asked for their feedback about the quality of the service, there was a risk the provider would not identify areas for improvement and take appropriate action if it were needed.

People were asked for their consent appropriately, but the registered manager and staff had a limited understanding of the Mental Capacity Act 2005 (MCA). This legislation provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make decisions for themselves. The registered manager had booked training in the MCA so they could be sure they met the requirements of the act and train other staff.

There were enough staff to meet people's care needs and staff had regular training and supervision to support them. However, not all of the staff had completed an annual appraisal of their work, and some pre-employment checks had not been completed before staff began working for the provider.

People who used the service told us they felt safe. They said staff were honest and trustworthy. Staff knew how to recognise the signs of abuse and what to do if they thought someone was at risk. Risk assessments had been completed but some management plans were not detailed enough, which meant staff might not always have enough information to manage risks safely.

Managers and staff were able to verbally describe how they would manage risks to people's safety appropriately. People were supported to take their medicines when needed.

People were supported to eat and drink enough and staff knew what to do if they thought someone was at risk of malnutrition or dehydration. People's day to day health care needs were met.

People gave us very positive feedback about the care they received. Comments included: They are very efficient and very professional and they do care about me" and: "they really go the extra mile". People were able to express their views and preferences about their care and these were acted on. People were treated with respect and their privacy was protected.

People's care needs were regularly assessed and people and those important to them were involved in making decisions about their care. People knew how to make a complaint or raise concerns with the registered manager and told us these were acted on when they did so. There was an appropriate complaints system in place and any complaints had been thoroughly investigated.

The registered manager knew the people who use the service well and was aware of the attitudes and behaviours of staff. People said there was good communication with the service and it was well managed. All of the registrations requirements were met and records were robust.

Summary of findings

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 mostly safe. Not all of the required recruitment checks were completed before staff began work.

People told us they felt safe and staff knew what to do if they thought someone's safety was at risk. There were enough staff to meet people's needs and people were supported to take their medicines when needed.

Requires improvement



Is the service effective?

The service was mostly effective. People were asked for their consent but the registered manager and staff had a limited understanding of the Mental Capacity Act 2005.

Not all staff had a recent appraisal but other training and supervision was up to date.

People were supported with their nutritional and hydration needs, and their day to day health needs were met.

Requires improvement



Is the service caring?

The service was caring. People gave very positive feedback about the care and support they received.

Staff knew about people's care needs and made sure they respected people's privacy and dignity.

Good



Is the service responsive?

The service was responsive. Care plans were up to date and regularly reviewed. People were able to express their views about their choices and preferences.

People knew how to make a complaint and would be confident to do so if they needed to. The service managed complaints well.

Good



Is the service well-led?

The service was mostly well led. The provider did not have an appropriate system in place to fully monitor the quality of service and make sure they were meeting the requirements of the regulations.

People told us the service was well managed, There was a positive culture at the service and the registered manager was well regarded.

Requires improvement



Lifecarers Reading at Bright Yellow Group

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 2 & 4 February 2015 and was announced. We gave the provider 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available for the inspection

The inspection team consisted of 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. Prior to our inspection we looked at and reviewed all the current information we held about the service. This included notifications that we received. Notifications are events that the provider is required by law to inform us of.

We spoke with 10 people who use the service and two relatives by telephone, two members of staff, the registered manager, regional manager and nominated individual. We reviewed the care records and risk assessments for five people who use the service, recruitment records for six staff, and the training and supervision records for all 22 staff currently employed at the service. We reviewed quality monitoring records, policies and other records relating to the management of the service. After the inspection we spoke with two local authorities who commission services from the provider.

Is the service safe?

Our findings

Not all of the appropriate pre-employment checks were completed before staff started working for the provider. All of the records contained evidence of a disclosure and barring service (DBS) check. This is completed before staff begin work to help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. There were minor omissions in some of recruitment checks. Three staff records showed gaps in employment history and two did not show evidence of conduct in previous employment, where this had been supporting vulnerable people. The registered manager said they would take action to ensure all of the relevant information was obtained.

People who use the service told us they felt safe. One person said “Well if I was at all worried I would tell someone straight away, I wouldn’t put up with any nonsense”. Another said “I feel very safe. I’ve fallen over before but my carers are very reliable so I know there will be someone to help and I’m always safe”. People said their possessions were safe and all carers were very trustworthy and honest. Comments included: “completely honest, wouldn’t ever worry about my handbag or money or anything” and “No worries, they’re completely honest, wouldn’t touch a thing”

Staff knew about the types of abuse and how to recognise if someone was at risk. Staff knew the right action to take if they had any concerns. The registered manager was familiar with the local safeguarding procedures and knew who and when to report concerns to. Accidents and incidents were well reported and managed. The registered manager investigated incidents to reduce the risk of the incident re-occurring.

All of the people who use the service had risk assessments and management plans in place, for example moving and handling and use of a hoist. However, some risk management plans lacked detail, so staff may not always have the information available to them to manage risk safely. Information about risk management was shared verbally between managers and staff, and staff were able to describe how they would manage identified risks safely.

There were enough staff to keep people safe and meet their needs. No one had ever had a missed visit, and on the rare occasion a care worker was late, people were kept informed by telephone. Most of the people that we spoke with had regular carers but not at every visit. People knew the week before who would be coming and on which days and times. A relative said: “It’s very good we receive a spread sheet thing through the post which tells us exactly who is coming and when”. Everyone said they had choices around what the carer did during the time allocated and around care.

Most of the people who use the service took their medicines without any help from staff at the service. Two people we spoke with were supported by staff and told us they received their medicines when they needed them. One person said: “It is in the box and the carer gives it to me, then we put it away”. Although staff had medicines training when they completed their induction the provider did not give staff any refresher training. Staff were observed by managers administering people’s medicines to ensure they were doing so safely. There had been no medicines errors reported by the provider.

Is the service effective?

Our findings

People were asked for their consent before staff provided care. People said staff always ask: “shall we do” or “would you like help with”. One person said “I tell them how I like my care and that is what they do”. However, the registered manager and staff had only a basic understanding of the Mental Capacity Act 2005 (MCA). This legislation provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make decisions for themselves. The registered manager did not understand who had the legal right to make decisions on someone else’s behalf, such as a relative appointed as a Lasting Power of Attorney (LPA). There was a risk that some decisions would be made by next of kin or family members who did not have an appropriate LPA in place. The registered manager had booked to attend MCA training to ensure they understood their responsibilities under the act and to enable them to train staff appropriately.

Staff were up to date with training the provider considered mandatory. This included safeguarding adults, moving and handling and food hygiene. Staff said they had enough training to support them to meet people’s needs. However, staff had not received additional training to help them meet the specific needs of some of the people they cared for. This included epilepsy and Parkinson’s disease.

Regular supervision was completed for all staff. Staff said they felt well supported by management and they received regular one to one support during supervision sessions with senior staff. Staff were encouraged to discuss any issues they may have, including meeting people’s care

needs and any training requirements. Staff were observed providing care for people in their home and appropriate feedback was given to enable staff to make improvements if it were needed. The registered manager told us they were not up to date with annual appraisals for all staff but they would ensure these would be scheduled.

People told us staff were able to meet their needs because they were well trained. Comments included: “They are well trained, I know they can do whatever I need help with”, “oh yes they are trained, they help me with everything I need” and: “They are well trained but for me I tell them exactly how to help me and they do it. They are good”.

Most of the people we spoke with either had a family member cook their main meal or they put their own food into the microwave. Some people were supported by staff to heat food up or make a sandwich. One person said “I have a sandwich lunch because that is what I choose and that’s OK then they help me with my main meal in the evening as well”. A relative said that the carers didn’t do food “but they will often make a drink, and sit and chat while (name) drinks it”. Staff knew how to recognise the symptoms of de-hydration or malnutrition, and what to do if they thought someone was at risk.

People we spoke with would get help from family or friends for any healthcare needs they had and only relied on carers in an emergency. One person said: “I did need them once, they called the paramedics for me”. Staff knew about people’s day to day health needs and how to meet them. If they had any concerns about people’s health they would discuss this with managers and appropriate action would be taken.

Is the service caring?

Our findings

People told us staff were caring. They said staff were kind and understanding. Comments included: “They really go the extra mile” and “They are very caring, they always do things with good grace.” People gave us many examples of how staff met their needs in a caring and professional way

The registered manager and staff knew the people they cared for well and spoke about them in a kind and caring way. They were able to describe in detail how they would meet people’s preferred care needs. Staff described how they would support people in a person centered way to make day to day choices. Staff understood the importance of supporting people to make their own decisions.

Staff were given time to spend with people who were new to the service, to ensure they understood people’s care needs. The registered manager ensured staff knew people’s care preferences before they were able to provide care independently. If the staff felt a person’s care needs had changed, the registered manager ensured they discussed

this with the person and made any changes that were necessary. The registered manager spoke with people regularly to make sure their care needs were met and choices and preferences respected.

They supported people to express their views about their care and made sure people and those important to them were involved in making decisions about their care. People we spoke with said they were involved in their care plans. People were very clear that they were the ones who decided what care they were going to have. One person said: “I am involved in deciding on my care, of course I am, they do what I want them to do”.

All of the people and relatives we spoke with said they or their family member were treated with respect at all times and their privacy was protected. One person said: “I tell them if I need some time for myself and they always listen” and another: “They are very efficient and very professional and they do care about me, they are careful with me”. Staff described in an appropriate way how they would protect people’s privacy when providing personal care.

Is the service responsive?

Our findings

The provider completed a full assessment of people's care requirements before they started providing support to people. People and those who were important to them were involved in the care planning process and were supported to make their preferences and choices known. People confirmed they had regular reviews of their care needs and any changes to people's care needs were made as and when necessary. One person told us: "I need very specific help and I tell them specifically how to help me and I lead my care. They are very good"

Care plans reflected people's choices and preferences which enabled staff to provide care in the way people wanted it. People said they could ask care workers to do anything they needed. One person said: "Sometimes they do beyond what I need. One particular carer is brilliant and she helps me out with all sorts of things". Staff said they had the time they needed to provide care for people in a way that centred on the individual.

People had their care needs regularly reviewed. Where changes to people's needs were identified these were made and staff updated accordingly. People and their relatives were regularly asked for their feedback about the service. This included an annual survey and regular phone calls from the provider. Where areas for improvement were identified, these were acted on.

People who used the service knew what they needed to do if they wanted to make a complaint. One person said: "We have all the information we need in the folder they give us but if I had a problem I would just tell the carer or phone the office. I know them in the office". People who had raised a concern with the service said these had been dealt with appropriately. A relative said: "I've never had to complain but I did have a query about days and (the registered manager) in the office phoned me straight back, sorted".

The provider had an appropriate complaints procedure in place. Complaints that had been made had been investigated properly and appropriate action taken to address issues raised. Staff knew what to do if a person or relative raised any concerns with them.

Is the service well-led?

Our findings

Although people were asked for their feedback about the quality of the service, the provider did not carry out other regular audits to make sure they were meeting the requirements of the regulations such as medicines administration and recruitment practices. Although the provider was aiming to provide a high quality service there was a risk areas for improvement would not be identified and appropriate action taken.

People who used the service and their relatives said the agency was well managed and there was good communication from the service. They knew the managers by first names and felt happy to contact them if they ever needed to. Any issues they raised were promptly dealt with. The registered manager had a good understanding of their role and responsibilities and ensured that staff understood what was expected of them. Staff were motivated and gave positive feedback about the way the service was run.

All of the people we spoke with said they had good communication from the service. They received a list of days, times and named carers through the post each week

in the week prior to the service starting and so they knew exactly who was coming to the house and when. One person said: "I talk to (the registered manager) in the office. I have an out of hours number to phone as well".

The registered manager was aware of the day to day culture of the service, including staff attitudes and behaviours. Staff were encouraged to raise any concerns they may have and said they felt happy to do this. Where concerns were raised with the registered manager, they were acted on. The registered manager told us they felt well supported in their role and there was always someone available on the phone if they needed any help. They had regular one to one support with the regional manager which they found helpful.

The registered manager knew the people who used the service well, and was able to discuss individual's care needs in detail. They dealt with any concerns in an open and objective way and were keen to participate fully in the inspection process.

All of the registration requirements were met and the registered manager ensured that notifications were sent to us when required. Notifications are events that the provider is required by law to inform us of. Records were up to date, fully completed and kept confidential where required.