

Brighter Care Agency Limited

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Inspection report

International House
George Curl Way
Southampton
Hampshire
SO18 2RZ

Tel: 07592058770

Website: www.brightercareagency.co.uk

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28 September 2018

03 October 2018

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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

This inspection took place on 25, 28 September and 3 October 2018.

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

At the time of inspection, there were three people receiving personal care services from the provider. This was our first inspection of the service.

The service had a registered manager in place at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service was a small domiciliary service which was based in Southampton. The registered manager, who was also the provider took an active role in all aspects of the service. This included, recruiting staff, administration, supervision of staff and delivery of care. They were passionate and dedicated in the role and had a comprehensive knowledge of people's needs.

The registered manager carried out regular audits of people's care records and documentation to help monitor the quality of the care people received.

There were enough staff in place to meet people's needs. The registered manager had overseen safe recruitment practices for staff and had a system of training in place to help ensure staff had the right skills to perform effectively in their role. The registered manager regularly worked alongside staff and monitored their performance through regular feedback and supervision.

People received personalised care. Due in part to the small numbers of staff and people, people had very regular staff, who they told us were caring and compassionate. Staff took time to get to know people and their families and treated them with dignity and respect.

People told us they were involved in planning how their care was delivered. The provider sought appropriate consent to the care. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People's care plans contained detailed information about their preferred routines around their personal care. People told us that staff understood their preferences and respected their choice. The registered manager carried out assessments of people's needs before starting care to help ensure people's needs were

met.

The provider understood the principles of delivering compassionate and empathic care to people at the end of their lives. They worked with people to identify their preferred care arrangements to help ensure staff could deliver a service in line with their preferences.

Risks to people's health and wellbeing were assessed and mitigated. Staff made appropriate referrals to healthcare professionals when concerns were raised. The provider had systems in place to ensure a manager was always available to aid people and staff. There were systems in place to record, report and analyse accidents and incidents when they occurred.

The support people needed around their medicines and eating and drinking was identified in their care plans. People were independent in these areas but the provider had detailed this information for staff reference.

There were policies in place to help protect people from abuse and harm. The registered manager understood their responsibilities in reporting significant incidents to CQC. The provider had a complaints policy in place which identified how people could raise concerns. The registered manager was in regular contact with people and their relatives to gain feedback and listen to concerns.

The provider had systems and policies in place to reduce the risk of infections spreading.

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 good.

There were policies in place to protect people from abuse and harm.

There were sufficient staff in place to meet people's needs. The provider followed safe recruitment procedures.

Risks to people were assessed and mitigated.

There were systems in place to reduce the risk of infections spreading.

There were systems in place to analyse incidents and accidents.

Is the service effective?

Good ●

The service was good.

Staff received sufficient training relevant to their role.

The provider sought appropriate consent to care.

The support people required with their eating and drinking was identified in their care plans.

People had access to healthcare services as required.

The registered manager carried out assessments of people's needs before care visits commenced.

The provider worked effectively with other organisations to promote people's health and wellbeing.

Is the service caring?

Good ●

The service is good

People were treated with dignity and respect.

People were involved in developing their care plans.

Staff were kind and dedicated.

Is the service responsive?

Good ●

The service is good

People received personalised care.

There were policies in place to handle complaints and concerns.

The provider understood the principles of delivering compassionate and empathic care at the end of people's lives.

Is the service well-led?

Good ●

The service was well led.

The registered manager was involved in the day to day running of the service and understood people's needs.

The registered manager carried out audits to help assess the quality of care.

The registered manager understood their responsibilities to report important incidents to CQC.

The registered manager sought feedback from people to make improvements.

The provider worked with other stakeholders to promote good outcomes for people.

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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.

Inspection activity started on 25 September 2018 and ended on 03 October 2018. It included visiting the office location on 25 September 2018 to see the registered manager; and to review care records and policies and procedures. On 28 September 2018, we spoke with two people who used the service via telephone. On 3 October 2018, we spoke with two members of staff by telephone. One inspector carried out this inspection.

Before the inspection, the provider completed a 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. Due to technical difficulties, the provider was unable to submit the PIR prior to the inspection. However, we viewed this information when we visited the provider's office

We looked at care plans and associated records for two people and records relating to the management of the service. These included two staff recruitment files, accidents and incidents, and quality assurance records.

Is the service safe?

Our findings

People and their relatives told us the service was safe. One person said, "They [staff] are very reliable and will always come around the time they say." A relative told us, "I am delighted by the service overall. They have been tremendous."

There were safe systems in place to support people with their medicines. The level of support people required to manage their medicines was documented in their care plans. This included the medicines people took and the times they were prescribed to take them. Some people independently managed their medicines. Where staff administered medicines, they recorded this support on a medicines administration record. This helped to document that people had received their medicines as prescribed.

Risks to people were assessed and mitigated. The registered manager had assessed people for risk of, falls, malnutrition, skin integrity and risks around their home environment. Where risks had been identified, plans were put in place for staff to minimise the impact on people. For example, each person had a personal evacuation plan, which identified how they and staff could safely evacuate people's home in the event of an emergency. In another example, one person was at risk of developing a pressure injury. The risk assessment instructed staff to apply cream and monitor the condition of the person's skin. Staff were instructed to contact the registered manager in the event of concerns. This helped to ensure that risks to people were managed effectively.

There were enough staff in place to meet people's needs. At the time of inspection, the provider deployed two members of staff. The registered manager regularly provided care to people too. The registered manager told us how they would organise any planned absence to ensure there was always somebody available to provide care. One person said, "There was one occasion where the registered manager could not make it, so they arranged for another member of staff to visit me. They were very nice too."

The registered manager oversaw the recruitment of staff. They had ensured that staff had undergone the appropriate recruitment checks to help ensure they were of good character and had sufficient experience. These checks included, details of work history and references from previous employers. Staff also had a check with the Disclosure and Barring Service (DBS). A DBS check helps employers make safer recruitment decisions by identifying applicants who may be unsuitable to work with vulnerable adults.

There were systems in place to protect people from the risk of infections spreading. Staff were given disposable gloves and aprons to wear when supporting people with their personal care. This helped to ensure that they minimised the risk of any infections spreading as they moved from one person's care to another. The provider had policies in place to identify appropriate actions for staff to take in the event of an outbreak of an infection.

There were policies and procedures in place to help safeguard people from the risk of abuse and harm. The provider's policy had been written in line with guidance from the local authority. The provider had not needed to make any referrals to safeguarding teams, but the registered manager had a sound knowledge

about the appropriate action required to keep people safe.

There were systems in place to reflect on incidents and errors. There had only been three incidents recorded since the service opened. These incidents were falls which did not take place during care visits. Staff had completed incident forms after arriving at care calls to find people had suffered a fall prior to them arriving. The registered manager told us that staff completed these forms to help monitor people's recovery from falls and that this documentation could help medical professionals during assessment and treatment of the person. This demonstrated that the provider had the systems in place to respond to incidents if they occurred.

Is the service effective?

Our findings

Staff received training which was suitable for their role. Staff had received training in line with the Care Certificate. The Care Certificate is a nationally recognised set of competencies for staff working in care settings. The registered manager had arranged for staff's ongoing training needs to be met through a mixture of online training and a practical session for moving and handling. The registered manager regularly met with staff to discuss their working performance and review their training needs. This helped the registered manager identify when staff required additional training or support. Staff were encouraged to obtain additional qualifications in health and social care. This helped to build their skills and knowledge about their role.

The registered manager understood the need to gain appropriate consent to care. They visited people to go through their care plans to ensure they understood and consented to it. The registered manager told us if people did not have the capacity, they would seek consent from a person who had legal authority to consent on their behalf such as the person's representative, who had power of attorney for their health to make decisions in the person's best interests. An appointed power of attorney is somebody with legal authority to make decisions on behalf of another person, if they are unable to make decisions themselves. These actions were in line with the requirements of the Mental Capacity Act (MCA) 2005.

The registered manager assessed people's needs prior to care visits commencing to ensure they received appropriate care. They used a range of assessment tools to determine people's needs. These included reviewing assessments from social workers and health professionals. The registered manager also met with people when assessing their needs. This helped identify their preferences around their personal care routines.

The provider worked with other professionals across different organisations to provide effective care. The registered manager made referrals to appropriate health professionals when their input was required. This included speech and language therapists and district nurses. The registered manager incorporated professional's recommendations into people's care plans. This helped to ensure that people had effective care interventions to help manage their health. In one example, the registered manager had implemented guidance from the fire brigade to help ensure one person's equipment related to their medical condition was stored safely in their home.

People's dietary requirements were detailed in their care plans. People were independent in this area as they did not require staff support. The registered manager had included background information about people's nutritional needs as reference for staff, but it was clear that they did not need to take an active role in this area.

People had access to healthcare services as required. People managed their ongoing healthcare needs independently from staff. The registered manager told us they would make staff available if people required support to health appointments and they had helped people create a 'hospital passport' to take with them in the event of hospital admission. A hospital passport is a document people take with them upon hospital

admission that gives health professionals an overview of a person's health needs.

Staff acted quickly to make appropriate referrals to healthcare professionals to ensure people had the right equipment and support. In one example, staff made a referral to hearing aid services when they noticed a person's hearing aid was not functioning effectively. This helped to ensure that their hearing aid was fixed to a good working order.

Is the service caring?

Our findings

People told us they were consulted about how their care was arranged. One person said, "Overall, I feel it is a two-way process. The registered manager listens to me and tries to arrange the care how I like it." A relative said, "The registered manager came out to assess [my relatives] care needs. They asked lots of questions to get our thoughts about how we wanted the care arranged." The registered manager regularly visited people to help ensure care was being carried out to their preference and in line with their needs.

People told us staff were caring and compassionate. One person said, "We have been delighted with staff. They are caring and passionate. I could not ask for more." Another person commented, "The staff are very good to me." One relative said, "[Staff member] has been an enormous sense of support and comfort to me."

People told us they were treated with dignity and respect. One person said, "They [staff] will always call if they are running late." Another person told us, "Staff never rush me when I need a wash, they are respectful. Staff told us how they were sensitive to promoting people's dignity by ensuring people had privacy during personal care. One member of staff said, "We are always trying to be respectful to people. From closing the bathroom door when washing, to offering a towel (to person) to cover their modesty." This demonstrated that staff had an awareness of how to promote people's dignity.

There were systems in place to ensure people's confidentiality was protected. The registered manager ensured that all care documentation was stored in locked cabinets in the provider's office. They ensured that there was no identifiable information on display in the office that contained people's personal details. Staff had personal password codes to access the provider's electronic monitoring system. This meant that if they lost their mobile telephone (used to record details of care visits) people's information would not be accessible to others who did not have knowledge of this password. This helped to ensure that people's personal data was stored securely

Staff showed concern for people's wellbeing in a caring and meaningful way. The registered manager told us how staff could stay with people longer than planned if they were in pain or required reassurance. In one example, staff were flexible in providing additional support to a person and their family as their health declined. A relative told us, "This showed the high calibre of staff. Nothing was too much trouble for them." The registered manager told us, "You can't help but get emotionally attached to the people you look after. You care about their welfare and they become like an extended family to you."

The provider demonstrated a clear understanding, through the planning and delivery of care, about the requirements set out in the Equality Act to consider people's needs on the grounds of their protected equality characteristics. The Equality Act is the legal framework that protects people from discrimination on the grounds of nine protected characteristics, such as, age or disability. There were policies to ensure people's specific care needs were considered and staff's knowledge was further bolstered by training in equality and diversity. The registered manager was knowledgeable about the principles of equality and diversity and had incorporated these into their assessment processes.

Is the service responsive?

Our findings

People and their relatives told us the provider was flexible in responding to their needs. One person said, "The registered manager is easy to get hold of. I have her number and can call her if I need to change things around." A relative told us, "[The provider] has been very flexible by arranging care around appointments." A second relative commented, "[The provider] has fitted in perfectly with all the requests we have made."

The provider had systems in place to help ensure they could respond to emergencies. The registered manager operated an 'on call' service outside of office hours. This telephone service was open to people and staff who could report emergencies or seek advice when required. This helped to ensure that the provider always had a management presence available. Currently the registered manager solely operated this service. As the provider planned to increase the number of people using the service in future, the registered manager acknowledged additional resources would need to be put into place to provide a contingency for times when they would be away from the service.

There were systems in place to deal appropriately with people's complaints. One person said, "I feel like the registered manager is very approachable. I would be happy to raise any concerns I had to her." The provider had a complaints policy in place. This detailed how people could make a complaint and how these concerns would be investigated. The policy also detailed external agencies that concerns could be referred to such as the local authority. The provider had not received any formal complaints, but the registered manager was confident in following the provider's policy in the event concerns were raised.

The provider provided compassionate care at the end of people's lives. The registered manager had a background in nursing and experience from previous roles in the provision of end of life care. The provider had worked in partnership with other health professionals such as doctors and district nurses to provide care for people which helped enabled them to remain in their own homes if they wished. The registered manager demonstrated how the provider had worked flexibly to meet people's changing needs in these circumstances.

People had care plans which identified their preferences for care arrangements during their last days. These plans were made in partnership with people and were designed to make care as personalised as possible. For example, care plans contained details of the support people's families wanted during and after their loved ones passed away. The registered manager told us, "Quite often, you are supporting people's families as much as the individual. It is a privilege to be able to care for someone at the end of their life, so it's important that you do it how they want."

People received personalised care. The registered manager had worked with people to create care plans which gave staff detailed information about how people would like to receive their care. This included information about people's preferred personal care routines. In one person's person's care plan, their routine around bathing detailed preferred bathing products (and where to find them in the bathroom), aspects of personal care which the person completed independently and how they liked to dress. Care plans were clear and were easy for staff to follow. This helped ensure that people's preferences around their

personal care were respected. Care plans contained details about people's background, life history and daily routines. The registered manager told us, "This gives staff an insight into people's personalities and subjects to talk about to help them feel more comfortable."

Is the service well-led?

Our findings

There was a registered manager in place. 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 and their relatives told us the registered manager was passionate and caring. One person said, "The registered manager is a delightful person, full of energy and commitment." A relative told us, "The registered manager is approachable and caring. "

The registered manager had a clear vision of how to promote the provider's culture and ethos. They told us, "We look to provide really personalised care. All services provided are client [people] focused. Our clients [people] are able to choose flexible hours of care based on personal preference." These values were reflected within the providers practice. The registered manager kept in regular contact with people through providing care visits or calling to check on their welfare. They had a comprehensive understanding of people's needs and there were many examples of people's care packages being adjusted according to people's needs and preferences.

The registered manager was committed to their role and kept themselves updated with the latest guidance and legislation through a combination of local providers groups and updates from professional bodies. They had researched guidance to develop policies and procedures from many professional bodies. This included using guidance from the National Institute for Health and Care Excellence (NICE) to develop their policies and procedures around medicines management. NICE provides national guidance and advice to improve health and social care. In another example, they had used guidance from the local authority to develop protocols around monitoring people after they had a fall. These procedures helped to ensure there was a system to monitor people after they had a fall that would pick up changes in their health.

The registered manager carried out audits to check the quality and safety of the service. These audits included, Medicines Administration Records (MARs), records of care visits and care plans. They used these checks to help ensure staff were providing care as planned and to pick up on any errors or trends which needed addressing. The registered manager audited this documentation monthly, but would frequently check these documents throughout the month when they visited people to deliver care visits.

Providers are required by law to submit notifications to CQC to inform us when important events or serious incidents took place at the service. The registered manager fully understood their responsibilities in this area. Although they had not needed to submit a notification to CQC, they were knowledgeable about the circumstances where this would be required.

The registered manager understood the challenges of a growing business and had made plans to sustain quality. They had recently implemented an electronic care planning system. Staff recorded details of their care visits on the system, which the registered manager could view when accessing the system in the

provider's office. This would help them monitor the quality of the care and they could use the information recorded to pick up on changes to people's health and wellbeing.

The registered manager demonstrated a willingness to work with other stakeholders to provide positive outcomes for people. Where people were being supported with end of life care, the service had worked in collaboration with doctors, district nursing teams and hospices as people's needs changed. Where people were unwell, the provider was quick to make referrals to doctors or other specialist health services. This helped the service provide responsive and flexible care to meet the needs of individuals.

The registered manager made regular phone calls to people to check their wellbeing and to receive feedback about the service provided. They explained that this helped people feel more confident raising issues to the management.