

Bright Brains Global Limited

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Inspection report

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Date of inspection visit:

28 June 2023

29 June 2023

06 July 2023

Date of publication:

28 July 2023

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 Brains Global Limited is a domiciliary care agency providing personal care and support for people in a supported living setting. The service was currently providing care to 1 person with a learning disability and autism. The service is run from an office in Walderslade area of Kent.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support:

The person was 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.

Staff supported the person to make decisions following best practice in decision-making. Staff communicated with the person in ways that met their needs.

Right Care:

Staff promoted equality and diversity in their support for the person. They understood the person's cultural needs and provided culturally appropriate care.

The person received kind and compassionate care. Staff protected and respected the person's privacy and dignity. They understood and responded to their individual needs.

Staff understood how to protect the person from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Right Culture:

Staff knew and understood the person well and were responsive, supporting their aspirations to live a quality life of their choosing.

Staff placed the person's wishes, needs and rights at the heart of everything they did.

The person received good quality care, support and treatment because trained staff and specialists could meet their needs and wishes.

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

Rating at last inspection

This service was registered with us on 27 January 2022 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Bright Brains Global Limited

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 1 inspector.

Service and service type

This service provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small, and people are often out and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 28 June 2023 and ended on 6 July 2023. We visited the location's office/service on 28 June 2023.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We contacted healthcare professionals for feedback about the service.

We used all this information to plan our inspection.

During the inspection

The person receiving care and support was unable to communicate verbally with us. Instead, we spoke with 1 relative following the inspection to obtain their feedback about the care and support being provided by Bright Brains Global Limited. We spoke with the registered manager, service manager, care coordinator and 2 care staff.

We reviewed a range of records. This included care records, risk assessments, daily records, and health records. We also looked at 3 staff files including their recruitment and supervision records. We reviewed records relating to the management of the service, quality assurance records, training records and a variety of policies and procedures implemented by the provider. We also looked at other records the provider kept, such as staff meeting minutes and surveys people completed to share their views.

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 of 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

- A relative told us their loved one was safe with the care staff. They said, "Definitely, [name] is safe with Bright Brains staff. They are doing a good job."
- The provider had safeguarding systems in place, including safeguarding and whistleblowing policies and procedures to safeguard people. Members of staff confirmed they had read these.
- Staff had received training on adult safeguarding and understood their responsibilities to record safety incidents, raise concerns and near misses, and to report them internally and externally, where appropriate. A member of staff said, "Safeguarding is protecting vulnerable adults from harm or abuse. I will report it if there is an allegation of abuse to my line manager. We can also report to designated authorities such as the local authority, CQC or the police." Staff told us they felt confident in whistleblowing (telling someone) if they had any worries.
- A healthcare professional said, "Yes, they are receiving safe care from the service."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- One person's care plans contained risk assessments linked to their support needs. These explained the actions staff should take to promote the person's safety, while maintaining their independence and ensuring their needs were met. For example, they had a detailed behavioural risk assessment for the person being supported. The risk assessments promoted and protected the person's safety in a positive way. Staff confirmed they were aware of these and followed the risk assessment.
- The person was kept free from avoidable harm as there was sufficient guidance in place for staff to follow in relation to their risks.
- Potential environmental risks and hazards such as uneven surfaces, appliances, lighting or trailing wires within the premises had been adequately identified in assessments and controlled.
- Policies and systems were in place to ensure that incidents were recorded and actioned. The registered manager told us that these were analysed monthly. For example, in a behavioural incident, it was learnt that the person being supported responded to distraction techniques when staff responded to behaviours that may challenge them. Distraction can help avoid situations that might result in difficult behaviour. This was implemented in the review of the care plan and risk assessment. As a result, the difficult behaviour reduced.

Staffing and recruitment

- There were sufficient staff to provide care for the person supported. The registered manager told us they employed enough staff, and this enabled them to provide the 1 to 1 or 2 to 1 care as required.
- The person's needs, and hours of support, were individually assessed. The staffing rota showed there were enough staff deployed to meet their needs.

- The person and staff had access to an out of hours on call system manned by management staff.
- Staff were recruited safely, and checks were thoroughly completed. The provider maintained safe recruitment procedures that enabled them to check the suitability and fitness of staff to support people. This protected people from new staff being employed who may not be suitable to work with them. Disclosure and Barring Service (DBS) checks had been completed. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- The person received the medicines they required safely. Staff followed systems and processes to record and store medicines safely. Medicines were regularly reviewed to monitor the effects on their health and wellbeing. The provider adhered with STOMP guidance. STOMP stands for stopping over medication of people with a learning disability, autism. For example, the guidance states that it is not safe to change the dose of some medicines or stop taking them without help from a doctor. We saw records of referrals made to healthcare professionals to review medicines.
- The person had medicine administration records (MARs). These showed details of a person's prescribed medicines and staff signed when they dispensed and administered a medicine.
- PRN (as required) protocols were in place and staff followed them. When PRN medicines were administered, the reason for administering them was recorded on the MAR chart.

Preventing and controlling infection

- There were effective systems in place to reduce the risk and spread of infection.
- Personal protective equipment such as gloves and aprons were used by staff to protect themselves and the person from the risk of infection. Relative we spoke with confirmed this.
- Staff were trained in infection control and understood their role and responsibility for maintaining high standards of cleanliness and hygiene.

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

- The registered provider undertook an initial assessment with the person and their relative before they started providing care and support. Both the person and their relatives were fully involved in the assessment process. A relative said, "They assessed my [loved one] before the service started. Yes, I was very involved in the assessment. I know [loved one] very well and I needed to ensure they have the correct information."
- Care plans detailed the person's individual needs and how staff could support them. This was alongside recognised guidance such as The National Institute for Health and Care Excellence (NICE) in relation to challenging behaviour and learning disabilities.
- Records showed that the initial assessments had considered any additional provision that might need to be made to ensure that people's protected characteristics under the Equality Act 2010 were respected. This included, for example, if they have any cultural or religious beliefs or needs which needed to be considered when planning for their support. This was confirmed that the person had a religious belief they wanted support to follow.

Staff support: induction, training, skills and experience

- New staff received an induction when they started working at the service. Inductions covered introduction to the service as well as an overview of the tasks that each member of staff was required to complete as part of that role. New staff initially worked alongside experienced staff. A member of staff said, "I was placed on training, completed my induction and shadowed shifts before I started work."
- Staff had completed the appropriate training needed to enable them to deliver care safely and effectively. This included completing 'The Care Certificate' for new staff without experience. The 'Care Certificate' is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Staff had received learning disability training as part of their induction. However, the registered manager told us, "We have planned for our staff to complete the Oliver McGowan training." This training aims to save lives by ensuring the health and social care workforce have the right skills and knowledge to provide safe, compassionate and informed care to autistic people and people with a learning disability. This was being rolled out to staff in the coming months.
- Staff felt supported by the registered manager. Evidence showed that staff had monthly supervision meetings with their line manager. Supervision enabled staff to discuss their work and identify further training needs.

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

- Care plans included a nutrition and hydration information and guidance for staff on the person's dietary

requirements. For example, the person's care plan contained their likes and dislikes and about what they should eat and should not eat.

- The person was supported to eat healthy meals and with a speech and language therapy (SALT) input, staff had developed menu plans for them.
- Staff demonstrated that they understood the importance of following set guidelines in place. They followed person's care plans which detailed the support they required with eating and drinking.
- Staff received training on nutrition and hydration, so they had the knowledge to support the person to eat healthily.

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

- A healthcare professional said, "The service were pro-active to concerns. They collaborated well in developing the client's positive behaviour support plan." This enabled staff in meeting the person's needs effectively.
- Staff had made referrals to the SALT team, the psychologist and mental health team to work with them to help ensure the person received effective care.
- Another healthcare professional said, "They are responsive and accommodating to requests by community team professionals and work collaboratively with them to improve the quality of service they provide to the person."
- The person's care records included guidance for staff to follow. For example, on high blood pressure and anxiety. This included recommended guidance on all areas of diagnosis, which further enabled staff in understanding and meeting their needs.

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 MCA 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.

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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff followed the principles of the MCA in relation to the person supported. They sought appropriate consent to provide care to a person.
- Staff understood the MCA. They told us, "I always ensure I ask the person what and how they will like things done."

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.

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

- The person was treated with care by staff. The relative said, "Carers are very wonderful. They are caring. Yes, they treat [loved one] with respect."
- Staff were attentive to the person supported and enabled effective communication with them. A staff member told us, "I communicate using picture exchange, widget, gestures and now and next." Now and next board is a tool that helps people to understand what tasks they are going to do and when.
- The person's care records contained information about their background and preferences, and staff were knowledgeable about these. This enabled care staff to deliver care that meets their needs. Their relative said, "My loved one like to go to church. Staff take him to church regularly and he loves it."

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

- The person was supported to express their wishes by staff, through their gestures, body language and signs. Staff were good at recognising what the person wanted and gave them the chance to make decisions where they could. A member of staff said, "I use their various communication tools to communicate with the person to involve them in the task."
- The person was supported to learn new life skills and goals were set, such as staff working with the person to enable them to do their laundry and make their bed."

Respecting and promoting people's privacy, dignity and independence

- Staff gave the person their full attention during conversations and spoke with them in a considerate and respectful way. A member of staff said, "We promote their independence. For example, we ask them the clothe they want to wear. We guide them in terms of the weather, and they choose it but make sure it is their decision."
- Care plans included what the person could do for themselves and when they needed support. For example, standing at a distance from one person to allow them to complete some of their own personal 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; End of life care and support

- The person had a designated care staff team who covered all their daily needs. Staff were matched with the person they supported during recruitment. The relative said, "The staff know him very well and meeting his needs. I applaud them now. I am so happy."
- Care plans were personalised to suit the individual's need, placed their views and needs at the centre. The care plan was detailed and informed staff what the person's abilities were and support they required from staff.
- Detailed daily records of visits were kept by staff. Records included personal care given, well-being and concerns to note. These records ensured good communication between staff, benefitting the care of the person.
- Care plans were reviewed with the person and their relative at least every six months but may be more frequent based on the person's needs. This meant staff would have up to date information in the delivery of care.
- The service was not supporting anyone at the end of their life.
- The registered manager told us that they will have in depth conversations with people and their relatives about end-of-life plans if and when required.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The registered manager told us that they will make documents available to people they supported if required in different formats such as large print.
- The person's communication needs had been assessed and staff knew how to communicate with them based on the assessment. The assessment asked people how they would like to be communicated with, such as verbally, in writing, in person or to be translated into another language. This gave people the choice of how to be communicated with. For example, the care plan stated the person supported was unable to verbally communicate. The care plan instructed staff on how to communicate with the person such as using easy read documents, 'Now and Next', PECS, (PECS, allows people with little or no communication abilities to communicate using pictures), physical description and body expression or language. This enabled staff to meet the person's communication needs.

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

- The person was supported to maintain relationships. The service involved the person and their families when providing care and built strong relationships with them.
- The person was supported to access the wider community by staff. Staff had taken the time to find out what services and activities were available in the local area to give the person the opportunity to choose something that interested them.
- Care plans included the person's likes and dislikes, so staff understood what was socially and culturally important to them.

Improving care quality in response to complaints or concerns

- The relative knew who to contact if they were concerned about anything. They said, "There is no complaint for now. I have never complained. It is a new service."
- The provider had a comprehensive complaints policy that included information about how to make a complaint and what people could expect to happen if they raised a concern. The policy included information about other organisations that could be approached if someone wished to raise a concern outside of the service such as the social services, local government and social care ombudsman and the Care Quality Commission (CQC).
- The service had not received any complaints since the service started.
- A healthcare professional told us, "I do not have any concerns about the service from Bright Brains Global Limited."

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; 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 relative spoken with told us Bright Brains Global Limited was a good company. They said, "I know who the manager is. I have all their contact details and they do respond well. I do visit without announcing and all had been good. I can speak to them anytime."
- Bright Brains Global Limited was a small agency managed by the registered manager. The registered manager was always available to staff, relatives and the person. A member of staff said, "The manager treats everyone as a family. We receive appropriate guidance, and we can approach top management if needed."
- Staff told us that the management team encouraged a culture of openness and transparency. A member of staff said, "He is very friendly, has listening ears, he encourages me on how to improve my needs. He is very effective and responds to my needs very well."
- The registered manager understood the duty of candour. They were open and honest when things had gone wrong and were responsive to suggestions made at this inspection. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.

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

- The registered manager had a system in place for monitoring the quality of the service. This included spot checks of staff performance when out in the field and a review of the person's care.
- A range of other quality audits such as care plans, medicine and staff files were in place and completed. When shortfalls were identified, an action plan was put in place. This was reviewed and signed off when completed by the registered manager. The registered manager understood the responsibilities of their registration.
- Registered bodies are required to notify CQC of specific incidents relating to the service. These notifications would tell us about any important events that had happened in the service. The registered manager told us they understood this requirement. The registered manager understood these responsibilities.
- It is a legal requirement that the latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. As this was the first inspection of the service since registration, we discussed this requirement with the registered manager, to ensure that the rating would be displayed in the office and on

the providers website.

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

- The person, their family and staff were asked for their views of the service. These were used to develop the service. A member of staff said, "They operate on inclusion, equity and they are responsive to staff, receptive to staff, easy access to them. They listen to us. They are compassionate and support us objectively. Enable staff to succeed."
- Staff had monthly meetings where they had the opportunity to talk about the support being provided to the person, training or any concerns. The most recent meeting covered the person's update and any concerns to be discussed. A member of staff said, "We have meetings once a month and I enjoy the meeting. We are able to voice our opinions, share ideas and these are taken on board."
- Feedback was sought from the person and their relatives during care provision. A healthcare professional told us, 'I have found the service to be well managed and lead, it is safe and effective. They work particularly well with outside professionals and foster collaborative relationships with the persons' families.'

Continuous learning and improving care; Working in partnership with others

- The registered manager told us they kept up to date with best practice and developments. For example, they were registering with Skills for Care to gain additional support.
- Staff told us that they were kept well informed about the outcome of engagement with health and social care professionals that could result in a change to a person's care.
- The registered manager worked with external agencies to help ensure the most suitable care was provided to people. This included the GP, the community learning disability team, the SALT (speech and language Therapy team), and the mental health team.