

Bright Care Agency

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Inspection report

Rowan House
23 Billing Road
Northampton
NN1 5AT

Tel: 07979281886

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Bright Care Agency is a domiciliary care agency providing personal care to 15 people in their own homes. Not everyone who uses this kind of service receives 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

The provider had taken steps to improve the service and ensure people received safer care. Quality assurance systems had been designed to ensure people had safe support with their medicines and improvements were made to the timeliness of their care. People and staff told us they had seen some improvements but there were still further improvements to be made.

People were supported by the same carers more regularly which enabled them to build relationships together. Staff told us this was an improvement and they were able to get to know people better and understand their needs. People had been asked to provide their feedback about the service, and we saw that feedback of the service was improving.

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

Rating at last inspection

The last rating for this service was Requires Improvement (published 22 November 2019).

Why we inspected

We undertook this targeted inspection to check whether the Warning Notice we previously served in relation to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met. The overall rating for the service has not changed following this targeted inspection and remains Requires Improvement.

CQC have introduced targeted inspections to follow up on Warning Notices or to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement 

Bright Care Agency

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 completed by one inspector.

Service and service type

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

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

Notice of inspection

We gave a short period of notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 25 February and ended on 2 March 2020. We visited the office location on 25 February.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We also sought feedback from the local authority. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with three people who used the service and one person's relative. We also spoke with five members of staff including the nominated individual, registered manager, office and care workers.

We reviewed a range of records. This included three people's care records and multiple medication records.



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.

The purpose of this inspection was to check if the provider had met the requirements of the warning notice we previously served following a breach of Regulation 17 of the Health and Social Care Act about the poor governance and quality assurance structures in place. We found that the provider was no longer in breach of this regulation, improvements had been identified however further improvements were required, and further time would enable the provider to embed the improvements already initiated.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. We have not changed the rating as we have not assessed all of this key question area. We will assess all of the key question at the next comprehensive inspection of the service.

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

- The provider and registered manager had improved contingency plans and had employed office staff to help support the continued running of the service. The office staff and management team worked better together to be responsive to telephone calls and emails. One member of staff said, "Answering the phones now is much better, even out of hours they answer straight away."
- Improvements had been made to auditing systems. Medication audits were taking place regularly and the management team were investigating when there had been potential medication errors. Action involving people who use the service and staff were taken promptly to ensure people received their medicines in a timely way.
- Changes had been made to the way in which rotas were designed. At this inspection we found that the rotas were created on a weekly basis. This helped to provide consistency and enabled people to understand who would be supporting them. Further improvements were required to ensure staff had enough travel time before each visit and no care visit was cut short, rushed, or delivered too early or too late.
- The registered manager had introduced systems to review the timeliness of people's care. This reviewed if staff had stayed for the appropriate length of time, or if visits had been cut short or extended. Further improvements were required to ensure that the scheduling of people's care was as per people's preferences. The registered manager told us they were arranging visits with each person to understand what time they would best prefer their care visits to be.
- People had care plans in place, and they were regularly updated and reviewed. Further improvements were required to ensure there were systematic auditing of care plans. However, we saw that the management team had audited and improved care plans since our last visit.

Continuous learning and improving care

- Improvements had been made to the opportunities to learn to improve the service. The management team had taken heed of the previous CQC inspection report and were taking steps to improve the service for people who required their care.

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

- Most people felt that there had been some improvements since the last inspection. One person said, 'It's much better now. I did have some trouble before, but things have definitely got better, and I usually see the same four carers now.'
- Improvements had been made to the way care had been organised. Staff were allocated to see the same people, and this helped to build relationships and enabled staff to understand how people preferred their care.

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

- Since the last inspection, there had been no incidents involving the duty of candour. However, we received mixed information about the provider apologising when something went wrong. One person's relative told us the management team never let them know when the staff were running late or when they would be arriving, and this had been worrying for the person who used the service. Another person said that the staff let them know if they were running late but the management team did not. One person said, "An apology can go a long way."

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

- People using the service, and the staff had been asked for feedback about the service. Feedback about the timeliness of people's care received negative responses, however, we saw that as more feedback was received, this had begun to improve. The provider was committed to reviewing the rota and ensuring people's care was scheduled at the times they wanted it, and that staff had sufficient time to fulfil the care and travel to their next care visit.

Working in partnership with others

- Since the last inspection, the provider had instructed a care consultant to help identify and support where improvements were required. This had helped to implement a systematic way of working and embedding systems in place for an efficient service.