

Bright Future Care Ltd

# Bright Future Care Ltd - (BFC LTD)

## Inspection report

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## Ratings

Overall rating for this service	Inspected but not rated
Is the service safe?	<b>Inspected but not rated</b>
Is the service effective?	<b>Inspected but not rated</b>
Is the service caring?	<b>Inspected but not rated</b>
Is the service responsive?	<b>Inspected but not rated</b>
Is the service well-led?	<b>Inspected but not rated</b>

# Summary of findings

## Overall summary

We conducted an inspection of Bright Future Care on 31 May 2018. This was our first inspection of the service since it was registered in July 2016. We had not been able to inspect this service previously as the service had not been providing care to people since its registration.

This service is a domiciliary care agency. It provides personal care for people living in their own houses and flats in the community. It provides a service to people of all ages. At the time of the inspection there was one person due to receive care from the service. The provider had also delivered a companionship service to one other person in April 2018, but this had been discontinued prior to our inspection. The provider had conducted initial assessments into the care to be provided, but had not finalised its care plan. This meant that although we were able to carry out an inspection we did not have enough information about the experiences of a sufficient number of people using the service over a consistent period of time to give a rating to each of the five questions and provide an overall rating to the service. Not everyone using Bright Future Care will receive a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. The person due to receive care from the service will receive personal care.

There was a registered manager at the service. 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.

Initial assessments included sufficient information about the person's medical and nutritional needs. The registered manager was clear about further information that was required in order to finalise the plan of care in these areas.

The provider had a good plan in place to monitor the quality of the service provided. The registered manager intended to conduct regular spot checks and monitoring conversations with the person due to use the service.

The registered manager had a good understanding of her responsibilities under the Mental Capacity Act 2005 (MCA). The person due to use the service had full capacity and was due to sign a contract and finalised care plan to demonstrate their consent to the service due to be provided.

The provider had an appropriate safeguarding policy and procedure in place. The registered manager had a good understanding of her responsibilities to safeguard people once they began using the service.

Information within initial assessments detailed the level of support the person needed and how care staff

were expected to support them to maintain their independence.

The registered manager was clear about how she expected care workers to respect and promote people's privacy and dignity.

Initial assessments contained preliminary information about the risks relating to the person and the registered manager had taken action to begin drafting an initial plan of care. The registered manager was clear about the risks associated with the person's care.

Assessments contained initial information about the needs and preferences of the person due to receive care.

The person and their relatives were involved in the initial assessments and the registered manager was consulting them during the process of drafting the initial plan of care.

The provider was practicing safer recruitment procedures to help ensure that staff were suitable to work with the person. The registered manager was ensuring there were sufficient numbers of suitably qualified staff to meet the person's needs.

The provider had an appropriate complaints policy and procedure in place. The registered manager had plans in place to provide appropriate support to future care staff through training and supervisions. The provider was arranging an appropriate induction process for care staff once they had been employed. We will continue to monitor the development of the service and aim to return to rate the quality of the service.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

We did not have sufficient information to rate the service's safety.

The risks to the person using the service were identified and the provider was in the process of finalising risk assessments and care plans to keep the person safe.

Procedures were in place to protect people from abuse. The registered manager knew how to identify abuse and knew the correct procedures to follow if she suspected abuse had occurred. Plans were in place to provide safeguarding training to care staff once they had been employed.

The registered manager had plans in place to ensure there were enough staff available to meet the person's needs. The registered manager was in the process of recruiting a sufficient number of care staff. The registered manager was implementing safer recruitment practices to help ensure that staff were suitable to work at the service.

**Inspected but not rated**

### Is the service effective?

We did not have sufficient information to rate the service's effectiveness.

Initial assessments contained sufficient information about the person's health and nutritional needs.

The registered manager was aware of the requirements of the Mental Capacity Act 2005 (MCA).

The registered manager had plans in place to ensure that care workers had the appropriate skills to conduct their roles and were provided with ongoing support.

**Inspected but not rated**

### Is the service caring?

We did not have sufficient information to rate whether the service was caring.

The registered manager understood the needs of the person they intended to support. The registered manager understood the importance of providing dignified care.

**Inspected but not rated**

Initial assessments included information to help care workers support the person to be as independent as they wanted.

### **Is the service responsive?**

We did not have sufficient information to rate the service's responsiveness.

The provider had an appropriate complaints procedure in place.

The registered manager had involved the person and their family when conducting their initial assessment and planned further consultation with them when finalising the person's care plan.

**Inspected but not rated**

### **Is the service well-led?**

We did not have sufficient information to rate whether the service was well led.

The provider had plans in place to seek the person's views and to monitor the quality of the service provided through spot checks.

**Inspected but not rated**

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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

We visited the office location on 31 May 2018 to see the registered manager and to review care records and policies and procedures. The provider was given 48 hours' notice as we needed to be sure that the registered manager was available.

Prior to the inspection we reviewed the information we held about the service which included notifications that the provider is required to send to the Care Quality Commission (CQC).

At the time of our inspection, the previous person who had been using the service had left and one person was due to begin using the service after the provider had finalised their plan of care. The provider was also in the process of recruiting care workers. We spoke with the registered manager as part of our inspection and looked at the initial assessments and draft care plan. We were unable to look at care workers files as care staff had not yet been recruited. We reviewed the registered manager's file as she provided a companionship service to one person prior to our inspection.

# Is the service safe?

## Our findings

We did not have sufficient evidence to rate the safety of the service. The provider had an appropriate safeguarding policy and procedure in place. However due to the limited number of people who had used the service, we could not see enough evidence to demonstrate that these were being implemented to protect people from avoidable harm.

The safeguarding policy included a definition of abuse as well as actions that were required to help prevent abuse from taking place. It also included a procedure to follow if abuse was suspected which included notifying the Care Quality Commission and the local authority for investigation of the allegation. The registered manager was clear about the procedure that needed to be followed as well as her responsibilities to ensure that people were safe. The registered manager explained that when care workers were recruited to work with the person, she would ensure they received safeguarding training as part of their mandatory training. She stated, "It will be really important that staff have safeguarding training to understand different types of abuse and what their responsibilities are." At the time of our inspection there were no care workers employed although one care worker had been appointed.

The registered manager also confirmed there was a whistle blowing policy in place and she intended for care staff to be aware of this when they began working for the service. Whistleblowing is when a staff member reports suspected wrongdoing at work. Staff can report things that are not right, are illegal or if anyone at work is neglecting their duties, including if someone's health and safety is in danger.

The provider had systems in place to help prevent discrimination. We saw the provider had a policy in place entitled 'Equality, Diversity and Culture'. This stated that the service pledges not to discriminate against people either in the course of providing a service or through their recruitment practices. The registered manager told us she was committed to ensuring that people were treated fairly and would insist that care workers provided appropriate and safe care regardless of their age, ethnicity, religion, disability, sexuality or other protected characteristics. The registered manager told us, "Carers are required to adapt to their situations, regardless of their personal beliefs."

The provider had appropriate arrangements in place to identify and mitigate known risks to people. Initial assessments for the person due to use the service specified the known risks to providing the person's care. For example, we saw from assessments conducted and from information that had been provided by the local authority that the person was at risk of falls. We saw that a falls risk assessment had been started although at the time of our inspection this had not been completed. The registered manager explained that she was in the process of completing care documentation and understood her responsibility to provide written instructions to care staff in how they were required to mitigate known risks. For example, she stated that she was due to complete an environmental risk assessment so any environmental risks of falling could be identified and rectified prior to providing care. She also identified other guidelines that she would provide to care staff and these included ensuring the person was wearing appropriate footwear, that they were using the right equipment when mobilising and that care staff supervised the person closely.

We reviewed the care records relating to the person who had received a companionship service prior to our inspection. We found their care record contained risk assessments in various areas in relation to known risks and there was recorded evidence in how to mitigate these. For example, we saw information relating to the person's behaviours that challenged as well as information as to how the staff member was required to mitigate this.

There were appropriate procedures in place for investigating accidents and other incidents. There was an accident and incident policy and procedure in place. This included instructions for what immediate actions were required in the event of an accident including removing the source of danger where possible and contacting emergency services. Further instructions were also included such as conducting an investigation and ensuring all matters pertinent to the investigations were recorded.

The registered manager was operating safer recruitment practices to help ensure that care staff were suitable to support people. At the time of our inspection, the registered manager had made a preliminary offer of a job to one candidate and was still looking for another care worker to work with the person. The registered manager had not yet obtained references for the successful candidate, but explained the process she would follow once she had received further initial information from them. This included conducting criminal record checks, passport checks and obtaining two references from their most recent employers.

The provider had an appropriate medicines administration policy and procedure in place. This contained clear instructions for staff in how they were expected to administer medicines to people including ensuring that records were kept of medicines given. The registered manager confirmed that the person due to use the service did not require any assistance with their medicines.

The registered manager was taking action to ensure there were sufficient numbers of care workers to provide consistent care to the person due to use the service. At the time of our inspection, the registered manager had made one preliminary offer of employment to one person pending receipt of suitable references. She explained that she was ensuring that care workers had the appropriate skills and experience as part of her recruitment process. She stated that she was committed to finding one more care worker to work with the person before starting the delivery of the care package. The registered manager had provided companionship services to one other person prior to our inspection. No further staff were required at the time of the inspection.

The provider had an appropriate infection control policy in place. This included daily infection control measures such as how to dispose of items and the types of protective clothing that care staff were required to wear including aprons and gloves. The registered manager confirmed that care workers would be required to undertake infection control training as part of their mandatory training and that she would ensure that appropriate infection control procedures were followed through conducting spot checks and observing the environment and procedures used by staff when providing care.



## Is the service effective?

### Our findings

The person's care was assessed in line with current legislation and guidance. The registered manager confirmed that policies and procedures had been reviewed to ensure they were up to date. The registered manager confirmed that where standards or legislation changed, she would ensure that she provided care staff with updated training. We saw policies and procedures in relation to infection control, medicines administration and safeguarding adults among others and saw these were up to date in line with current standards.

The person due to use the service was supported to make their own decisions in line with current legislation. The Mental Capacity Act 2005 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.

At the time of our inspection the person due to use the service had full capacity to make their own decisions. The registered manager confirmed that she was due to have a contract signed by the person and we saw they had already signed the draft care plan to consent to its details. The registered manager had a good understanding of the procedures to follow if they queried a person's capacity to consent to their care. They told us they would ensure a healthcare professional completed this when needed. In relation to the person who had left the service, the person was a child and the provider liaised with their parent to ensure they had valid consent to deliver the service. The parent had signed a consent form which confirmed this.

Initial assessments indicated that the person's healthcare needs were identified as required. We saw there was an explanation of what their current health conditions were and how these manifested. There was also a section of the assessment form entitled 'Medical Services which may help me'. This section included details of the person's GP and the surgery address should the provider need to communicate with them further. Although the provider was not helping the person who left the service with their healthcare needs, we found their care record included details of their conditions so that staff could be aware and support could be provided if required.

We saw the person's initial assessment also included a section that specified their nutritional needs. This stated that a meal routine was already in place. When we spoke with the registered manager she told us that she needed to liaise with the person's family to find out what the current meal routine was. She stated that she would obtain this information in order to finalise this section of the person's care plan. The registered manager explained that this person did not require assistance with cooking food as their family would do this, but did require assistance with heating up food.

The provider had plans in place to ensure that future care staff had the appropriate skills to provide care. The registered manager had the details of an external agency that provided face to face training in various subjects including medicines administration and moving and handling training. The registered manager

said she would also enlist the help of this company to provide induction training to the new care staff who were successful in obtaining a post. She explained that she intended to provide a mixture of face to face training and online training to care workers once they were in post. It was also her intention to provide further support through conducting supervision meetings with care staff every three weeks. She told us "It's important that I know how they're doing and what support they need from me."

## Is the service caring?

### Our findings

The registered manager was clear about her expectations of care workers delivering a respectful and dignified level of care. She gave us examples of the type of behaviours she would expect from her care staff and in relation to personal care, told us she "will encourage carers to keep people covered if nothing needs to be exposed."

Initial assessments for the person due to receive care and the person who had left the service contained personalised details about their needs. This included matters such as people close to them, their family members, their names and ages, where the person came from originally and what their former occupation was, where relevant. There was also a section for the provider to detail any people the person wanted to see and people they did not want to see. We asked the registered manager about this section of the form and she told us this was to include details that could be of relevance to care workers in case they were present within the person's home whilst they received a visit from someone they did not want to see.

The registered manager explained that she intended to provide people using the service with methods to express their views in how they wanted their care delivered. This included her intention to conduct surveys, telephone monitoring calls as well as requesting people's feedback in person during planned spot checks.

Initial assessments included details of the support the person required to maintain their independence. For example, the personal care section of the assessments contained numerous questions which were aimed at determining which tasks the person required assistance and which tasks they could manage on their own. The registered manager explained that the purpose of the assessment being arranged in this way was to ensure that the person received the right level of support so they could encourage the person to maintain their current level of independence.

People's initial assessments included details about their ethnicity and religion as well as whether they had any cultural or religious needs. In relation to the person due to receive care, the registered manager told us they were trying to find care workers with the person's background in order to facilitate a closer relationship.

## Is the service responsive?

### Our findings

The registered manager stated that it was her intention to ensure care plans were personalised and written with people using the service and those important to them. She confirmed that initial assessments as well as the draft care plan had been written in conjunction with the person using the service and their family. The registered manager also confirmed that there were some areas of the person's care plan that needed to be finalised and they were going to arrange a visit with the person and their family in order to do so. They told us "I need to speak to [the person] and [the] family to clarify some areas. I can't do this on my own or guess what [the person] wants." We found care records relating to the person who had left the service contained some personalised details about their needs. This included evidence of their dislikes, which included loud noise.

Initial assessments included questions which covered the person's physical and social needs. We saw the person's draft care plan also covered these areas. For example, assessments covered the person's nutritional needs, their mobilising needs as well as details of their personal lives and what support they were getting from family members. It included details of the person's family and their home life as well as what support was required to assist the family in caring for the person. For example, the record specified when the person's family was in the house and when they were out of the house and unable to care for the person.

There was a section within the person's care records for recording what assistance the person needed in meeting their recreational interests. The person due to use the service did not have any recreational needs that needed to be met and there was very little recorded detail about their social needs. The registered manager confirmed that as far as she was currently aware, the person did not need any assistance in this area of their lives, but she confirmed that she intended to obtain further details about this area of the person's needs when she visited the person for a second time and that she intended to continually update the person's care plan when she learned of further details about the person. The person no longer in receipt of a service had information about their recreational needs recorded within their care record. This covered their interests which included playing games and watching television.

The provider identified whether the person had any communication needs and included information in relation to this area within the draft care plan. The person's initial assessment included a set of questions which were aimed at determining whether the person had any disabilities or sensory loss, which meant they required further support and whether they had any communication needs. The person did not have any sensory loss or disabilities, but was identified as speaking a different language and for the sake of building a good relationship and easier communication they required care workers who spoke the same language as them. The registered manager confirmed that they were taking action to meet this need.

The provider had an appropriate complaints policy and procedure in place. This drew a distinction between formal and informal complaints, with formal complaints requiring an investigation to be conducted within 28 days. The policy also included the details of external organisations that complaints could be referred to if the complainant remained dissatisfied.

## Is the service well-led?

### Our findings

The provider had plans in place to monitor the quality of the service. The registered manager told us she intended to conduct spot checks of the care being given as well as conduct regular telephone monitoring calls and send satisfaction surveys for people's written comments. The registered manager also stated that she intended to review people's care at a meeting after three months and thereafter every six months. We saw the person's care records contained blank forms entitled 'Service user plan review'. This form included sections for comments on areas such as 'achievements made', 'effectiveness of the plan' and 'have any changes been needed'. The registered manager confirmed that these areas would require a review to ascertain whether the care package would need adjustment.

The registered manager also confirmed that she intended to review care records and daily notes of the care provided at spot check visits. She stated that where any issues were identified, it was her intention to address these with the care worker involved. At the time of our inspection, the person had not yet received any care.

The registered manager was clear about what she expected from her care workers and had prepared detailed job descriptions to document this. We saw the main purpose was to 'deliver care to service users as directed by the service user plan for that individual, reporting any changes or concerns to the senior in charge or other nominated staff'.

The provider demonstrated an intention to work with other agencies where necessary. We saw details of other professionals involved in the person's care was recorded within their records. The registered manager stated that where necessary she would consult and involve other professionals.