

Bright Care Agency

Bright Care Agency

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Requires Improvement 

Is the service responsive?

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 16 people in their own homes. Not everyone who uses this kind of service receive 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

People felt the service lacked organisation and improvements were required to the management of the service. People did not receive care from consistent carers and care was regularly untimely.

The management and oversight of the service was insufficient. The service had been reliant on the local authority for support and had been unable to identify the required actions of a good service. Management structures were weak and ineffective contingency plans were in place to ensure the running of the service in the event the nominated individual and registered manager were unavailable.

Quality assurance processes were ineffective. There were some auditing systems in place however they had failed to identify concerns with medication or the timings of people's care.

Improvements were required to ensure the management team reflected on when key aspects of the service went wrong, to learn, and ensure repeated concerns did not reoccur. The culture within the service did not promote person centred care.

Medication systems were unclear and unsafe and required improvement. Medication administration records were inconsistently recorded and not reviewed in a timely way.

People's risk assessments were insufficient. They were not always in place for people's identified risks and those that were recorded were not adequately reviewed and updated at regular intervals.

The timing of people's care required improvement. People told us care was regularly not at the time they expected it, and staff did not stay for the required length of time. People felt they were well treated but were unable to build relationships with staff as they did not have regular members of staff. People also told us of the difficulties they had when staff did not have a good understanding of the English language.

People's care plans were not sufficiently updated, and complaints were not adequately investigated and resolved.

People were supported to have their care in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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 good (published 25 February 2019).

Why we inspected

The inspection was prompted in part due to concerns received about the management of the service and the quality of the care people received. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. Please see the Safe, Caring, Responsive and Well-Led sections of this full report.

Enforcement

We have identified breaches in relation to the management and quality assurance procedures of the service. We also identified breaches in relation to the risk assessments of people, and how people's medicines were managed.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

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, so we could begin the inspection by making telephone calls to staff that worked at the service. Inspection activity started on 3 September and ended on 5 September 2019. We visited the office location on 4 September.

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 five people who used the service and four relatives about their experience of the care provided. We 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. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including auditing documents were reviewed. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Systems in place to support people with their medicines were unclear and unsafe. People had medication administration records (MAR) in place. However, they were inconsistently completed and did not clearly reflect people's prescriptions. This meant people could receive more or less medicine than required.
- Staff were knowledgeable about people's medicines and appeared to administer them correctly however the records could not confirm this.
- Whilst we found no evidence that people were placed at harm, there was a risk that some medicines may not have been given as required or as prescribed by their GP.

Assessing risk, safety monitoring and management

- Improvements were required to ensure that people had risk assessments in place which covered all their known risks. For example, people with health conditions that put them at risk did not always have a risk assessment in place. This included diabetes, choking risks and managing spasms.
- Risk assessments were undated and were not regularly reviewed to ensure they were accurate.
- The risk assessments that the provider had implemented gave limited and basic advice to staff about supporting people to manage their risks.

The provider failed to ensure that systems were in place to demonstrate people's medicines were managed safely. The provider failed to ensure that people had accurate and sufficient risk assessments in place to provide safe care and support. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- Improvements were required to ensure safeguarding incidents were comprehensively investigated and reported to the CQC.
- The registered manager and nominated individual had limited knowledge of the requirements of safeguarding notifications and committed to sending the notifications to the CQC after the inspection.
- Staff were knowledgeable about safeguarding incidents.

Learning lessons when things go wrong

- Improvements were required to ensure lessons were learnt to help improve the service.
- People told us staff were consistently late and did not stay for the required length of time. There were no reviews into this to consider if any lessons could be learnt from these failings.

Staffing and recruitment

- Concerns had been raised by the local authority regarding recruitment practices. Background checks had not previously been completed and people unsuitable for care had been recruited.
- We found that background checks for existing staff had been completed in retrospect and new employees had all appropriate checks completed before they were able to complete their induction.
- Improvements were required to ensure that staffing arrangements were sufficient. People and their relatives told us that staff were consistently too early, too late and did not always stay for the required amount of time.
- One person's relative said, "We are resigned to the fact that they are not often on time." Another person said, "The time varies between an hour and a half and they only very occasionally phone to let us know if they're running late, although it has got a bit better lately."
- We found that improvements had been made with the timing of staff in the weeks prior to the inspection however these improvements had not been sustained and further work was required to ensure staff were on time for people's care.

Preventing and controlling infection

- People's care plans did not contain any guidance for staff about infection control procedures whilst supporting people with personal care.
- However, people confirmed that they had no concerns about the hygiene procedures of staff.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same and is rated as 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

- People's care needs were assessed before they were accepted into the service however arrangements were not always in place to ensure staff had the appropriate skills required before people were accepted into the service for their care.
- The provider had recognised they had failed to make appropriate arrangements for one person who required specialised care and had retrospectively arranged training in this area.
- The assessment and planning of care included asking people about their cultural preferences, values and beliefs, and any religious and spiritual needs. This information was used to help meet all of people's care needs.

Staff support: induction, training, skills and experience

- Staff told us they felt supported by the management team. One member of staff said, "I do feel supported, especially through my probation."
- Staff could request supervision and were aware they could contact the management team for support if required. Some staff had regular supervision however not all staff had regular meetings. The management team told us they would improve this to ensure all staff had regular opportunities to raise concerns and share good practice.
- Staff completed an induction and received regular training to ensure they carried out their roles effectively.

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

- People received support as required to maintain a balanced diet and staff supported people to receive the meals people had previously chosen.
- When people required support to have their meals cut up for them staff offered this support.

Staff working with other agencies to provide consistent, effective, timely care

- The management team liaised with other agencies to provide consistent care however this was not always completed in a timely way, for example prior to people beginning to use the service.
- The management team had taken action to rectify this and committed to taking action earlier if new people with specific care needs wished to use the agency.
- We saw evidence that the management team had effectively liaised with other agencies to provide effective care which met people's needs.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to live healthier lives. We saw that staffing arrangements were adjusted to support people with medical appointments, so they could receive their care when they returned home.
- Staff understood people's health conditions and understood when they may be required to request medical support if people were unwell.

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 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.

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 and found that they were.

- People's mental capacity had been assessed and considered, and at the time of inspection, people were able to make their own decisions about their care.
- Staff received mental capacity training and understood the requirement to ensure people consented to their care.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us that they felt well treated but found it difficult to build relationships as they did not have staff that visited them regularly. One person said, "The staff are OK." Another person said, "I don't get the same people so that's not great."
- People told us they would find it helpful to have the same staff, so they wouldn't need to keep explaining how they like their care, or experiencing staff doing things differently on each visit. People found it frustrating to repeat their preferences.
- People told us they were respected by staff and had their equality and diversity needs met.

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

- People were not always able to express their views and experienced difficulties when communicating with carers who spoke English as an additional language. One person's relative told us, "[Name] used to get quite frustrated because they would tell the staff what they wanted for lunch and then they would bring something else. They just didn't understand."
- Another person and their relative told us, "We have asked them [the staff] their name and they haven't understood, it doesn't bode well."
- Reviews of people's care was limited, and people were not regularly involved in reviewing their care needs.

Respecting and promoting people's privacy, dignity and independence

- People's privacy was respected however people felt that staff were not always of a caring nature. One person's relative said, "They don't just have a chat with [name]. They'd rather wait outside for their lift than just spend a bit of time talking and keeping [name] company."
- People's dignity was maintained. One person said, "They help me keep covered up [when having a wash]."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans did not always contain consistent information and were not adequately updated or reviewed. This meant staff could not be sure what support people needed.
- People were not regularly involved in reviews of their care to explain their preferences and current care needs, and when changes were required these were not always recorded in a timely way.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were considered as part of the pre-assessment process and were recorded in people's care plans.
- People's communication needs were not always met as language barriers sometimes made this difficult for people who used the service.

Improving care quality in response to complaints or concerns

- People's complaints were not adequately investigated or resolved in a timely way. We received concerning information prior to, and following the inspection, about the way in which complaints had been responded to.
- Improvements were required to ensure complaints were fully investigated and a timely and comprehensive response was sent to complainants.

End of life care and support

- The service did not support people at the end of their life however, people's end of life wishes was considered as part of the pre-assessment process.
- Staff had not received any training regarding end of life care.
- When people had made decisions regarding potential medical treatment, these were recorded in their care plan.

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.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider did not have contingency plans in place to ensure the service operated efficiently in the event of the nominated individual or registered manager being unavailable. As a result, between April 2019 and the date of the inspection the local authority had provided significant support to the service at short notice. This was required to ensure people received the care they needed.
- Since this time, whilst the service had made some improvements, the management team had failed to implement systems that ensured robust contingency plans were in place. The management team acknowledged that they had failed in the robust delivery of care but had not changed any procedures or employed significant members of staff to help manage the service. This meant that telephone calls and emails were regularly unanswered, or people received delayed responses.
- The management team completed medication audits however these were not always done in a timely way and did not always identify or efficiently rectify the errors that had been made. For example, gaps in people's medication administration records (MAR) had not always been investigated and the audits had failed to identify this.
- The management team were able to review in live time if staff had turned up for care visits, and how long they had stayed for. They told us they reviewed this and contacted staff if they were running more than 10 minutes late. However, there were no audits or reports to review the timeliness of people's care.
- People had care plans in place however they were undated and were not regularly reviewed. There were no audits of the care plans to check their accuracy against people's preferences and current care needs.

Continuous learning and improving care

- Opportunities were lost to learn and improve the service. The service worked alongside the local authority however Bright Care Agency had failed to identify robust plans to ensure a continuity of service, for example, to ensure that the office was appropriately staffed during working hours.
- The management team completed minimal analysis of people's care and the timing of staff that no learning was being identified to ensure good practice and consistent care was provided to people.

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

- People did not feel there was a person-centred approach to care and did not feel their needs were prioritised. One person said they had reported concerns about specific members of staff, but they had not

been listened to. Another person's relative told us they contacted the management team if there were changes to the person's care however these were often ignored or not actioned in a timely way, resulting in relatives contacting the management team again.

- The registered manager told us they did not usually keep the same members of staff with the same people and rotated staff around for fear of people getting too attached to one member of staff. This did not facilitate an inclusive or person-centred approach and people told us this was particularly difficult as many staff struggled to understand English.

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

- People did not always receive a full explanation or apology when something went wrong. The provider made attempts to investigate an incident of concern however the timeliness and level of detail was not always in accordance with the requirements of the duty of candour.

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

- There were limited opportunities for people, staff and members of the public to provide feedback about the service.
- The registered manager and provider often provided support and completed personal care visits themselves. This enabled them to meet people and obtain feedback about the service in an informal way. However, there were no systems in place to ensure everybody had this opportunity, and there were no other systems in place to seek people's feedback.

Working in partnership with others

- The management team worked well with others, including the local authority and other health service. They were able to follow instruction but were unable to ensure that appropriate systems and procedures were in place prior to concerns arising. For example, appropriate training was not in place before people were accepted into the service to ensure staff could meet people's needs.

The provider failed to ensure that adequate systems were in place to review the quality of the service and ensure robust systems were in place to provide good, consistent and safe care. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider failed to ensure that systems were in place to demonstrate people's medicines were managed safely. The provider failed to ensure that people had accurate and sufficient risk assessments in place to provide safe care and support.</p>

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to ensure that adequate systems were in place to review the quality of the service and ensure robust systems were in place to provide good, consistent and safe care.</p>

The enforcement action we took:

We issued a Warning Notice