

Translucence Care Ltd

# Bromley

## Inspection report

27 Ruskin Walk  
Bromley  
Kent  
BR2 8EP

Date of inspection visit:  
21 July 2022

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29 July 2022

### 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

Bromley (Translucence Care) is a domiciliary care agency. It provides care and support for people living in their own homes. 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. There was one person using the service at the time of the inspection.

People's experience of using this service and what we found

There were safeguarding adults' procedures in place, the provider and staff understood these procedures. Risks to people were assessed and staff were aware of the action to take to minimise risks where they were identified.

People received support from trained staff to take their medicines safely. Recruitment checks were carried out before staff started work and there were enough staff to meet people's needs. The provider and staff were following the current government guidance in relation to COVID 19.

Staff received training relevant to people's needs. People's care needs were assessed, and care plans were in place to ensure staff could support them safely. People received support to maintain a balanced diet. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

People were treated in a caring and respectful manner and they were consulted about their care needs. Relatives said they knew how to make a complaint if they were unhappy with the service. People had access to end of life care and support if it was required.

There were effective systems in place to monitor the quality of service. Staff said they were happy working at the service, and they received good support from the provider. The provider took people and their relatives views into account through satisfaction surveys and telephone monitoring calls.

The provider had a business continuity plan in place that made provisions for safe care in the event of an emergency. The provider and staff worked with health care providers to plan and deliver an effective service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection and update: The last rating for this service was requires improvement (published 18 August 2021) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

The overall rating for the service has changed from requires improvement to good based on the findings of

this inspection.

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?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

# Bromley

## 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

A single inspector carried out this inspection.

#### Service and service type

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

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was a registered manager in post. The registered manager was also the registered provider.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider would be in the office to support the inspection.

#### What we did before inspection

We reviewed information we received about the service. We asked the provider to send us information in relating to staff training and meetings, quality monitoring, policies relating to medicines and infection control. 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 used this information to plan our inspection.

#### During the inspection

We spoke with a relative of a person using the service about their experience of the care provided. We spoke with a member of staff and the provider. We reviewed a range of records. This included a person using the service's care records and medicines records. We looked at staff files in relation to recruitment and a variety of records relating to the management of the service, including the quality monitoring systems and audits.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to Good: This meant people were safe and protected from avoidable harm.

At our last inspection of the service 10 August 2021 we found risks to people's health and safety were not effectively assessed. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found that enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

### Assessing risk, safety monitoring and management

- Risks to people were assessed to ensure their needs were safely met. Care plans included assessments of risk relating to people's medicines, moving and handling, falls and personal care needs. Risk assessments provided staff with information on how risks should be managed; for example, when supporting people with medical conditions or to safely support people to mobilise around their home.
- Risks to the person were reviewed every three months to ensure their changing needs were safely managed.
- Staff knew people well and understood their individual needs and risks. A staff member told us how they support the person using the service with their needs.

### Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse. The provider had a safeguarding adult's procedure in place and staff had received training on this. Staff said they would report to the provider if they suspected any abuse had occurred and they were confident the registered manager would take appropriate action.
- A relative told us, "I think my loved one is very safe, the carer was great when my loved one recently had a fall. They made sure my loved one was well looked after."
- The provider understood their responsibilities in relation to safeguarding and told us they would report any concerns immediately to the local authority and CQC.

### Staffing and recruitment

- Robust recruitment procedures were in place. Recruitment records included an application form with a full employment history, employment references, health declarations, proof of identification and evidence that a Disclosure and Barring Service (DBS) check had been carried out. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were enough staff to meet people's needs. The service had a small staff team. At the time of the inspection they were supporting one person. One staff member and the provider covered the required care and support. The provider had another staff member to cover emergency leave or sickness. A staff member and the provider told us there had been no missed calls and they were never late.

- A relative told us, "The staff always on time and we have never had any missed calls."

#### Using medicines safely

- People were supported by staff to take their medicines safely. When people required support to take their medicines this was recorded in their care plans. A relative told us, "The staff manage our loved one's medicines very well indeed, it's stored safely in a locked box. Staff make sure my loved one gets their medicines at the same time every day."
- We looked at the medicines administration records (MARs) and saw they had been completed in full. The provider audited the MARs on a monthly basis to make sure the person receiving their medicines as prescribed.
- Training records showed staff had received training on the administration of medicines and their competence in administering medicines had been assessed.

#### Preventing and controlling infection

- People were protected from the risk of infection. The provider was taking appropriate measures to prevent people and staff catching and spreading infections.
- Staff had received training on infection control, COVID 19 and they had access to personal protective equipment (PPE). The provider was accessing regular testing for staff.
- The provider told us staff were constantly updated with the most current advice and guidelines on Covid-19 and infection control
- A relative told us, "Staff always wear masks when they support our loved one. They wear gloves and aprons when they help our loved one with personal care."

#### Learning lessons when things go wrong

- The provider had a system in place for recording and learning from accidents and incidents, safeguarding concerns and complaints. Following a recent incident, we saw the person's care plan and risk assessment was reviewed and updated and their support hours were increased to better meet their needs.



# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to Good: This meant people's outcomes were consistently good, and people's feedback confirmed this.

At our last inspection of the service 10 August 2021 we found that decisions made about people's care did not always consider current guidance on recording 'best interests' decisions' in line with the Mental Capacity Act 2005.

This was a breach of 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found that enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

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.

- People's capacity to make specific decisions about their care was assessed and retained in their care records.
- Staff received training and understood the requirements of the MCA. Staff asked for people's consent before providing support and gave people time to think about their decisions and choices before acting.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Peoples care and support needs were assessed to make sure the service could meet their needs. We saw assessments were carried out by the provider, these covered people's medical, physical, mobility and mental health needs.
- The person using the service, relatives and health and social care professionals contributed to these assessments to ensure the person's individual needs were considered and addressed. We saw the person's

care plans and risk assessments were kept under regular review.

Staff support: induction, training, skills and experience

- Staff had the knowledge and skills required to meet people's needs. Staff had completed induction training in line with the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff received training relevant to people's needs. Training included for example, moving and handling, safeguarding adults, medicines administration, equality and diversity and infection control.
- We saw records confirming staff received regular supervision and support from the provider.
- A staff member told us, "I get regular supervision from the provider and I am happy with all the training I get. I feel well trained for my job as a carer."

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

- People received support to maintain a balanced diet. Where the person needed support with eating and drinking, we saw this was recorded in their care file. A relative told us, "We do a weekly shop for our loved one on Monday's. They like microwaved meals. The staff just heat them up." A staff member told us, "I help with cereal in the morning and I cook what the person likes. Their relative makes sure there's a choice of meals."

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

- The provider and staff worked in partnership with GP's and other health and social care professionals to plan and deliver the service.
- Care records included information about their medical needs and health conditions and the details of health care professionals involved in their care.
- A relative told us, "We arrange all our loved one's health appointments. We have a good relationship with the GP and practice nurse. The staff members and the practice nurse know each other very well and both know what our loved one needs. When a physiotherapist came to help our loved one, we saw that staff followed their instructions on how to support our loved one."
- A staff member told us, "If the person I support became ill I would call their GP and let our office know."

# 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 our last comprehensive inspection, published 26 July 2019, we rated this key question Good. The rating for this key question has remained 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

- People received kind and compassionate care. Staff understood and responded to people's individual needs. A relative told us, "The staff are very kind and very caring indeed. They have formed a very good relationship with our loved one."
- A staff member told us they had received training on equality and diversity, and they would always happy to support people with their diverse needs and preferences.

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

- People and their relatives had been consulted about the support they received. Care records confirmed that the person using the service and their relatives had been consulted about how they would like to be supported with their care. For example, their gender preference in respect of the staff that supported them.
- A relative told us, "As a family we regularly discuss our loved one's care and support needs with the provider."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. A relative told us, "The staff do everything the right way. If we or the practice nurse arrive when our loved one is receiving personal care the staff member will always make sure our loved one's privacy and dignity is respected." A staff member told us, "I always make sure I respect the person's privacy and dignity. I make sure personal care is always done in private."
- People's independence was promoted. A relative told us, "The staff encourage our loved one to do what they can for themselves." A staff member told us, "I always encourage the person I support to do as much as they can for themselves. For example, I might prompt the person to brush their teeth."

# Is the service responsive?

## Our findings

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

At our last comprehensive inspection, published 26 July 2019, we rated this key question Good. The rating for this key question has remained 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

- People had care plans that described their medical, mental, physical health and personal care needs. They included guidelines for staff on how to best support them.
- Care plans evidenced that the person, their relatives and health care professionals had been involved in the assessment and planning process. Care plans and risk assessments were kept under review and changed when the person's needs changed.
- Staff had a good understanding of the person's care and support needs. They were able to tell us in detail how they supported the person with their medicines and personal care and how they worked in collaboration with health care professionals.

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.

- People's communication needs were assessed, and they were provided with information in a format they could understand. The provider told us if people required information in a different language or visual aids this would be made available to them.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place. The complaints procedure was available in a format that people could understand.
- The provider told us they had not received any complaints. However, if they did, they said they would write to the person making a complaint to explain what actions they planned to take and keep them fully informed throughout. A relative told us, "We know how to complain if we need to."

End of life care and support

- The provider told us no one currently using the service required support with end of life care. They said when people reached this stage in their lives, they would work with the person's family members and health care professionals to make sure the person was supported to have a dignified death if the need arose.

# 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 our last inspection we rated this key question requires improvement.

At this inspection the rating has changed to Good: This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection of the service 10 August 2021 we found a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We served a warning notice on the provider because they did not have effective systems in place to monitor the quality and safety of the service.

We found that enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements: Continuous learning and improving care

- The service had a registered manager in post. The registered manager was also the registered provider. They demonstrated good knowledge of people's needs and the needs of the staffing team.
- The provider told us that following the last CQC inspection they received support from an officer from the local authority in relation to care planning and risk assessments. As a result of this support they had developed the current care planning system.
- The provider had effective systems in place for assessing, monitoring and improving the quality and safety of the service. We saw records confirming regular audits were carried out on care plans, risk assessments, mental capacity assessments, medicine administration records, daily logs, environmental safety in people's homes, infection control, complaints, safeguarding and staff training. The provider had developed a business continuity plan that made provisions for safe care in the event of an emergency.
- We saw records from unannounced spot checks. The provider and staff told us the spot checks took place monthly. The provider said they observed staff care practice to make sure they were following the person's care plan, administering medicine properly and they talked with the person using the service to see if they are happy with the care they were receiving. If poor practice was observed, they said they would make sure staff were trained or retrained to ensure the person was safely supported.

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 provider had a clear understanding of their responsibility under the duty of candour. They told us they were always transparent to family members and professionals and they were honest and would take responsibility when things went wrong.

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

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

- The provider sought people's views about the service through satisfaction surveys and monthly telephone monitoring calls. These confirmed that relatives were satisfied with the care and support their loved one was receiving from the provider.
- A relative told us, "I think the agency is well run. We have a good relationship with the provider, she is a very nice woman and is always very helpful."
- Regular team meetings were held to discuss the running of the service. The minutes from the last meeting in July 2022 included discussion about staff development and preparing for a CQC inspection.
- Staff spoke positively about the provider and working at the service. A staff member said, "I like working here. The provider is always very supportive. They take care of the person using the service and the staff."

Working in partnership with others

- The provider told us they worked closely with health professionals such as the GP and the practice nurse.
- The provider told us they had attended online provider forums run by the local authority. They said they received support around managing COVID 19, vaccinations and following the latest Governments COVID 19 Guidelines.