Bright Intergrated Care Ltd

Bright Intergrated Care Ltd

Inspection report

111 Ross Walk
Leicester
Leicestershire
LE4 5HH

Tel: 07876516109

Date of inspection visit:
23 January 2019
24 January 2019
25 January 2019

Date of publication:
15 February 2019

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

Bright Intergrated Care Ltd is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults.

The Care Quality Commission (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. At the time of the inspection 10 people were receiving 'personal care'.

At our last inspection we rated the service 'Good'. At this inspection we found the evidence continued to support the rating of 'Good' and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Staff had a good understanding of what safeguarding meant and the procedures for reporting abuse. People had risk assessments in place to cover any risks that were present within their lives, but also enabled them to be as independent as possible. All the staff we spoke with were confident that any concerns they raised would be followed up appropriately by the provider. Staffing levels were sufficient to meet people's needs. The staff recruitment procedures ensured that appropriate pre-employment checks were completed to ensure only suitable staff worked at the service.

Medicines were managed safely. The processes in place ensured that the administration and handling of medicines was suitable for the people using the service. Staff were trained in infection control and supplied with appropriate personal protective equipment (PPE) to perform their roles safely. Arrangements were in place for the service to reflect and learn from complaints and incidents to improve safety across the service.

People's needs were assessed, and their care was provided in line with current guidance and best practice. People received care from staff that had received the right training and support to carry out their roles. Staff were well supported by the provider and one to one supervisions and observations of their practice took place.

Staff supported people to make healthy dietary choices to maintain their health and well-being. Staff supported people to attend appointments with healthcare professionals and worked in partnership with other organisations to ensure that people received coordinated and person-centred care and support.

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's consent was sought before any care was provided and the principles of the MCA were followed.

Staff treated people with kindness, dignity and respect and spent time getting to know people. People were

happy with the way that staff provided their care and support and they were encouraged to make decisions about how they wanted their care to be provided. People felt listened to, their views were acknowledged and acted upon and care and support was delivered in accordance with their assessed needs and wishes.

Records showed that people were involved in the assessment process and their on-going care reviews. There was a complaints procedure in place to enable people to raise complaints about the service. The service had an open culture that encouraged communication and learning. People, relatives and staff were encouraged to provide feedback about the service and this was used alongside other quality assurance systems to review all aspects of the service to drive improvement.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Bright Intergrated Care Ltd

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.

This inspection was announced took place on the 23, 24 and 25 January 2019. We gave the service 48 hours' notice of the inspection visit because the service is a domiciliary care service. We needed to make arrangements to contact people using the service, relatives and staff, and make sure the provider was available.

The membership of the inspection team included two inspectors.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the previous report, information we held about the service and notifications we had been sent. Notifications are changes, events or incidents that providers must tell us about. We also requested feedback from commissioners involved with the service.

On the 23 January we made telephone calls to two people using the service and two relatives to seek feedback on their experience of using the service. We visited the agency office on the 24 January to meet with the registered manager / provider and review records. On the 25 January 2019 we made phone calls to three staff to seek feedback on their experience of working for the service.

We looked at records relating to the care of four people using the service. We also looked at other information relation to the management of the service. This included four staff recruitment records, staff training records, policies and procedures, and records relating to safeguarding, complaints and the overall management of the service.

Good

Is the service safe?

Our findings

Systems, processes and practices safeguarded people from the risks of abuse. People using the service and relatives confirmed they felt safe with the staff providing their care. A relative said, "I am sure [name of person] is completely safe with all the carers, they would tell me otherwise." The provider had a safeguarding procedure in place and staff had received safeguarding training. The staff knew how to recognise the signs of abuse and how to report any safeguarding concerns.

Risks to people were assessed; their safety was monitored and managed, and their freedom was respected. Risk assessments identified people's individual risks, whilst promoting independence. The assessments were reviewed regularly and updated as and when people's needs changed.

There were sufficient numbers of suitable staff to support people to stay safe and meet their needs. People said the staff arrived on time and if they were going to be very late, they were contacted to let them know. They said they never felt rushed by staff and that enough time was allocated for staff to complete their tasks during their calls. People told us they had a core group of regular carers who attended their calls. The staff we spoke with confirmed travel time was included in their work schedules and that they had enough time to spend with people to provide their care and support. Thorough staff recruitment checks were completed to ensure only suitable staff worked at the service.

Where the provider took on the responsibility, medicines were safely managed. One person said, "I know what medicines I need to take, I just need the staff to put them on a spoon for me to take." Staff told us, and records showed they received training in the safe handling and administration of medicines; and their competencies were assessed. Records also showed that medicines audits were carried out to check staff consistently followed the medicines administration procedures. Any areas identified for improvement were followed up with staff in one to one supervision or group meetings.

People were protected by the prevention and control of infection. Staff received training in relation to infection control and food hygiene, following current good practice guidance. Staff confirmed they were supplied with Personal Protective Equipment (PPE) to protect people from the spread of infection or illness and this was an area observed during unannounced 'spot check' visits.

Lessons were learned, and improvements made when things had gone wrong. The staff understood their responsibilities to report accidents and incidents and raise any concerns in relation to people health and well-being. The provider told us that emerging risks were communicated with the staff team during one to one and general staff meetings.

Good

Is the service effective?

Our findings

People's needs and choices were assessed and their care, treatment and support was delivered in line with current legislation, standards and evidence-based guidance to achieve effective outcomes. A relative said, "The manager came to see us and asked lots of questions, about [name of person], what they could and couldn't do, they made sure everything that was needed was recorded." Records showed that people's care was assessed prior to taking up the service to ensure their needs could be fully met. The assessment covered people's physical, mental health and social care preferences to enable the service to meet their diverse needs.

Staff had the skills, knowledge and experience to deliver effective care and support. People and their relatives had confidence in the staff providing their care. One relative said, "The staff seem very experienced, they know how to use the hoist and how to reposition [Name of person] in bed, I have utter confidence in them."

Staff told us they received induction training and on-going refresher training. One member of staff said, "The training is good, we only need to ask if we feel we need more." Another said, "The management offer training on writing up records and notes, if you need more information you can ask for a one to one with [Name of provider]. The staff training records confirmed all staff completed mandatory training on all areas of health and safety. Staff confirmed they also received specific training to meet people's individual needs. For example, caring for people using Percutaneous Endoscopic Gastrostomy (PEG) feeding, (which is a feeding tube passed into the stomach), catheter and stoma care, which is an opening to the bowel), diabetes and epilepsy.

Staff told us they felt supported, one member of staff said, "The manager is very approachable, if I have any questions they always take time to listen." Staff told us, and records showed they had regular supervision meetings with the provider and competency observations were carried out to assess their performance when providing people's care.

People were supported to eat and drink enough to maintain a balanced diet. One person said, "The staff make me sandwiches and soup, this is what I want for my evening meals." Most people using the service lived with their relatives and the provision of food and drinks was often a shared responsibility between the agency and family members. One relative said, "I do [Name of person's] meals, but if I have to go out the carers get [Name of person] something they like to eat." The care plans had information about the level of support people needed to eat and drink and details of people's dietary preferences and any food allergies.

People were supported to live healthier lives, have access to healthcare services and receive on-going healthcare support. Staff took appropriate action in response to any deterioration in people's health. We saw that input from other services and professionals was documented in people's files, as well as any health and medical information. The care plans gave information on people's medical history and their current health needs, so that staff could observe for any adverse signs or symptoms and alert the appropriate healthcare professionals to seek timely support and advice.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in community services come under the Court of Protection. We saw people's capacity to make decisions was assessed, and people assessed as not having capacity had 'best interests' decisions made on their behalf by family members or their representatives. Staff had received training on the mental capacity act and staff understood the importance to always seek people's consent and respect their wishes.

Good

Is the service caring?

Our findings

People were treated with kindness, respect and compassion, and given emotional support when needed. One person said, "The staff are very respectful, nothing is too much trouble to them." A relative said, "All the carers that attend to [Name of person] are nice people, I have confidence in them."

The service supported people to express their views and be actively involved in making decisions about their care, support and treatment as far as possible. People told us they were given a choice as to whether they wanted a male or female member of staff to provide personal care, and their preference was respected.

People's privacy, dignity and independence was protected and promoted. One person said, "The staff I have attending to my care are very respectful towards me, I think we have a mutual respect." A relative said, "I hear the staff asking [Name of person] if it's ok for them to do things for them, they always make sure they give [Name of person] privacy when assisting them to wash and dress." The staff told us they had received training about respecting equality, diversity and upholding human rights and they were always mindful of this when providing people's care.

People's choices and preferences were recorded in their care plans. The staff knew people well and could describe their daily routines and preferences. The examples they gave about people's needs and the care they provided were consistent with the information in people's care plans.

The details of advocacy services were made available for people. An advocate is a trained professional who supports, enables and empowers people to speak up. The registered manager confirmed at the time of the inspection that no people were currently supported by advocacy services.

Staff were aware of their responsibilities related to maintain confidentiality and of their duty to protect personal information.

Good

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. People and their representatives were involved in the pre-assessment process. People were asked to share information about their individual preferences as to how they wanted their care provided. The information formed an individualised care plan that contained information on the person's lifestyle choices, preferences, religious beliefs, family and personal history.

The care plans were regularly reviewed and updated involving the person and their representatives. From discussions with the provider and staff it was evident they knew the people they supported very well.

The provider looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given. The care plans contained information on people's methods of communication, and any sensory deficits and how staff needed to communicate with the person.

People's concerns and complaints were responded to, listened to and used to improve the quality of care. One person said, "I have never had to make a complaint, but if something is wrong I would contact the office and I am confident it will be sorted out." A complaints policy was in place and records showed the service responded appropriately to complaints, following their policy.

Staff had received training on providing end of life care, to ensure people experienced a dignified and pain-free death. However, at the time of the inspection no people using the service were receiving end of life care. The provider said they had good relationships with the community district nursing team, in providing end of life care and support for people and their families.

Good

Is the service well-led?

Our findings

The registered provider was also the registered manager for 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.

The service had a culture of open communication and learning. The people we spoke with were pleased with the service they received and spoke highly of the provider and staff. Staff told us that the provider worked closely with them, they were approachable and always available to contact. One staff member said, "The management are very supportive, spot checks are completed to show us how things can be done better, and check things are being done properly, we all get along very well."

Staff understood their responsibilities and received regular training updates to keep up to date with current good practice guidelines. They received support through day-to-day contact with the provider and had regular one to one supervision meetings. One staff member said, "[Name of provider] is very helpful, I feel I can voice my opinion, and they will listen." Another staff member said, "Anything I say is taken into consideration, the [provider] is very supportive. They know what happens on the ground."

The feedback from people using the service and relatives was positive. One relative said, "The manager has visited several times, we feel very involved in all decisions made." People's views about the quality of care were sought and the results of quality surveys indicated that people were pleased with the service they received.

Established systems were in place to report accidents and incidents and investigate and analyse incidents. People's care plans were regularly reviewed to reflect any changes in people's care needs.

The provider was aware of their responsibility to report incidents, such as alleged abuse or serious injuries to the Care Quality Commission (CQC). Quality assurance systems were in place to continually drive improvement. These included several internal checks and audits, which highlighted areas where the service was performing well and areas that required further improvement.

It is a legal requirement that a provider's 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. The provider did not have a website but had the rating on display at the service.