Brilliant Homecare Services Limited

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Inspection report

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Ratings

Overall rating for this service	Inspected but not rated

Is the service safe?	Inspected but not rated
Is the service effective?	Inspected but not rated
Is the service caring?	Inspected but not rated
Is the service responsive?	Inspected but not rated
Is the service well-led?	Inspected but not rated

Summary of findings

Overall summary

The agency was first registered in July 2014 and this was the first inspection of the service. Since registration the agency had been dormant which meant it was not providing a service to people.

Brilliant Home Care Services Ltd provides personal care to people living in their own homes. The agency was providing a service to one person at the time of this inspection and this had commenced within the last six months. The service has therefore been inspected but not rated as we did not have sufficient information to form a robust judgement and provide a quality rating.

This inspection took place on 4 May 2016. We gave short notice of the inspection, to ensure someone was available to assist us on the day.

At the time of our inspection a new manager was in post who was also one of the directors of the agency. The manager had started the process to apply for registration. 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 required staff recruitment checks had not always been undertaken by the provider. This meant there was a risk of people using the service being supported by staff who may not be suitable for the role.

The service had arrangements in place to protect people from the risk of harm or abuse. Staff had the knowledge and confidence to identify safeguarding concerns and act on them to protect people. Risks associated with the person's care had been identified and staff knew how to manage them.

There were suitable numbers of staff to meet the needs of the agency's current work. The person using the service received support from staff they knew, and were confident with.

Staff received a thorough induction when they started working for the agency. This was followed by ongoing training to update and develop their knowledge and skills. Staff felt fully supported to undertake their roles and spoke positively about the manager.

The person's needs were assessed before they started using the service and staffs were knowledgeable about the ways in which they liked to be supported. Records relating to the person's assessed needs and plan of care were basic and lacked personalisation, however, the manager had plans to improve these records and develop a more person centred approach.

The manager and staff understood the principles of the Mental Capacity Act 2005 (MCA). Staffs were aware of the need to obtain people's consent prior to them providing any care and support.

Staff supported the person to keep healthy and meet their nutritional needs and preferences. Medicines were managed appropriately and the person had their medicines at the times they needed them.

The manager understood the importance of effective quality assurance systems such as audit checks, staff supervision and surveys. The provider had made plans to introduce these systems as the business developed and more people used the service.

We found one breach of the regulations in relation to staff recruitment. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inspected but not rated

Some aspects of the service were not safe. The arrangements for staff recruitment did not ensure that people using the service were protected from unsuitable staff.

Individual risks to people's health and welfare were assessed and managed appropriately.

People received their medicines as prescribed.

Is the service effective?

Inspected but not rated

The service was effective. People received support from staff that were appropriately trained and supported to carry out their roles. The manager had plans to implement a structured supervision and appraisal process for staff.

Staff were aware of the requirements of the Mental Capacity Act 2005 and how to apply these in practice.

People received support with meals in line with their preferences and dietary needs.

Is the service caring?

Inspected but not rated

The service was caring. People were treated with kindness and respect.

Staff knew the importance of treating people as individuals and maintaining their dignity when giving personal care.

People were supported to make choices about how they preferred their agreed day-to-day care.

Is the service responsive?

Inspected but not rated

The service was responsive. People's needs had been assessed and basic care plans were developed. There were plans to improve people's care records by using a more person centred approach.

The service was flexible and where changes were requested to people's care arrangements, these were made.

There were arrangements for managing complaints. People and their relatives were confident that any concerns they raised would be responded to appropriately.

Is the service well-led?

Inspected but not rated

The service was well led. A new manager was in post and begun the application process to register.

Staff felt supported by the manager and were clear about their roles and responsibilities.

The agency had plans to regularly assess and monitor the quality of service that people received.

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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.

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. Prior to our visit we also reviewed the information we held about the service. This included any safeguarding or complaints and notifications that the provider had sent to CQC. Notifications are information about important events which the service is required to tell us about by law.

This inspection was announced and took place on 4 May 2016. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available. The inspection was carried out by one inspector.

We visited the agency office where we met with the manager. We reviewed the care records for the person using the service, employment records for three members of staff members and training and supervision records. We also checked other records relating to the management of the agency.

After our inspection, we spoke on the telephone with a relative of the person using the service and two members of staff. We asked the registered manager to send us additional information in relation to training for staff. This information was received in a timely manner.

Inspected but not rated

Is the service safe?

Our findings

The person's relative told us they felt safe with the staff and the care provided for their family member. They were confident to speak with the manager should they have any concerns.

Staff confirmed they had received computer based training on safeguarding as part of their induction. We saw records to support this. The service had a policy for staff to follow on safeguarding and staff understood their duty to report any concerns. They were knowledgeable about how to identify possible abuse and the process to follow. Staff told us they would report to the office if they witnessed or suspected anything untoward. We discussed the availability of additional training through the local authority to enhance staff knowledge of the local authority's roles and responsibilities in safeguarding. The manager agreed to look into this.

Not all risks relating to people's health or welfare had been identified and assessed. A risk assessment formed part of the person's agreed care plan. This covered some of the risks that staff needed to be aware of to help keep them safe such as supporting the person to mobilise safely and taking medicines. However, risks associated with the person's home environment had not been assessed. We discussed this with the manager who agreed to develop an assessment. After our inspection the manager sent us an example of a premises risk assessment. This identified how risks should be minimised when working in the person's home. Staff showed an understanding of the risks the person faced. This included checking the home for obstacles or trip hazards and making sure the person always had their walking aid to hand.

Appropriate checks were not fully undertaken before staff began work. We looked at employment records for three members of staff and found that some of the required recruitment checks were incomplete. For example, there was no full employment history and any gaps in previous employment had not been explored and recorded. Employment references were available although there was evidence that a reference requested by the provider did not correspond with the most recent employer on one staff member's application form. The reference was not stamped to confirm the authenticity of the referee and the person had worked previously in a registered care setting. In addition, staff had not completed a health declaration of their fitness to work. This meant the provider did not have complete information to assess whether these staff members were suitable to work with people using the service. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We noted that other staff recruitment checks had been completed. Records showed that people's identity had been verified and the agency checked a person's eligibility to work in the United Kingdom where appropriate. Criminal records checks via the Disclosure and Barring Service had been completed. There was a record of interview questions and staff were asked to write about their understanding of the philosophy of care as part of the process.

At the time of our inspection, there was two other staff employed to work alongside the manager. The manager told us that one of the three staff originally employed had recently left. The manager advised that they would cover in the absence of the care staff and that people using the agency could contact them out

Of hours if needed. As there was only one person using the service, we found the staffing arrangements were meeting their assessed needs.

The arrangements for the management of people's medicines were safe. The provider had a medicines policy in place and staff had received training on medicines awareness as part of their induction. Staff were clear about their roles and responsibilities in relation to medicines. They told us that they were expected to write in the care record if people had not taken their medicines or to contact the office to report any concerns in respect of medicines. Staff recorded on a chart that people had self-administered their medicines or had been prompted to take them. The medicines administration record we sampled was fully completed and showed that the person received their medicines as prescribed. We discussed adding information about the reasons why people were prescribed their medicines. This would provide staff with further details about any side effects or potential risks associated with prescribed medicines. The manager agreed to address this.

Inspected but not rated

Is the service effective?

Our findings

The relative of the person using the service felt that staff had appropriate knowledge and skills to care for their family member.

Staff showed good understanding of the person's needs and what they were required to do to meet those needs. Staff told us that training was available and they were supported by the manager regarding their learning and development needs. Records and certificates confirmed that staff undertook relevant training to support them in their role. Staff had completed an induction which was followed by a programme of mandatory e-learning courses (computer training). These included moving and handling, safe handling of medicines, infection control, safeguarding adults, Mental Capacity Act and Deprivation of Liberty Safeguards, food hygiene and first aid. Both staff had previously worked in care settings and told us they were in the process of completing refresher training where needed. We saw records to support this.

There were no records to show how staff were supervised or how their practical performance and competency was monitored. The manager told us they kept regular contact with the staff and planned to introduce a formal supervision and appraisal process. This was confirmed by staff who said they were due to meet with the manager in the next few months. Staff also told us that the manager often visited the person in their home to check if they were happy with the service and to discuss any issues about their care. Following our inspection the manager provided us with a prepared document for one to one staff supervision meetings.

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. We checked whether the service was working within the principles of the MCA. Any applications to deprive someone of their liberty for this service must be made through the court of protection.

Staff showed awareness of the principles of this legislation and the importance of giving people as much choice and control over their own decisions as possible. Staff knew that a person's capacity could fluctuate at times, particularly for those living with dementia. One member of staff had completed formal training on MCA in previous employment. They knew that other people such as other professionals, family or an advocate must be involved if a person lacked capacity to make a decision. The manager and second staff member were due to complete MCA training within the next few months.

Staff told us they helped with cooking and meal preparation as part of the person's care needs. Staff knew the person's food preferences and the level of support they needed to eat and drink well. At the time of our

inspection, the manager confirmed that the person using the service was not assessed as being at risk of malnutrition or dehydration. Daily reports showed that staff monitored how well the person was eating and drinking and their level of appetite. Training certificates showed that the staff had completed training in food safety and hygiene.

Inspected but not rated

Is the service caring?

Our findings

People were encouraged to make decisions about their care and the agency respected their needs, wishes and views. This was confirmed by the person's relative who also said that staff were caring and kind. Our discussions with staff showed they knew what was important to the person and how they liked their care to be provided. They spoke about respecting the person's independence, providing choices and encouraging the person to do as much for themselves as possible. One member of staff explained how they always asked the person whether they preferred a cup of tea or a wash when they woke in the morning.

The person using the service paid privately for their care and had been provided with a written contract or agreement. This outlined the terms and conditions as well as the type of care and support offered by the agency. The contract reflected the chosen frequency and times of calls and had been signed by the relative.

The provider had its own website and relevant information was available to people thinking of using the agency. At the start of the service people were provided with a copy of a service user handbook. This contained relevant information about the type of services provided, what standards people should expect, how to make a complaint and details about the agency structure and staff. This enabled people to make informed choices about whether the service could meet their needs.

Information about the person's preferences and choices was reflected in their care records although we found that the agency's own assessment records lacked personalisation around people's background history and what was meaningful to them. Preferred terms of address or carer were also not recorded. We also discussed the use of other formats such as large print or pictures to help people understand their care plans. The manager acknowledged that a more person centred approach would reflect people's likes and dislikes and how they preferred things to be done. Following our inspection they provided us with a more detailed care assessment.

Staff knew the importance of treating people as individuals and asking how they liked things to be done. Staff gave examples of how they promoted dignity and privacy for people. This included calling out as they arrived and supporting people with their personal care in private. Staff had also received training on dignity and respect as part of their induction.

Inspected but not rated

Is the service responsive?

Our findings

The relative told us their family member received their visits at the right time and they were supported by the same staff. They felt the agency provided a responsive service. For example, the family had requested an increase in visits due to their changed circumstances and this was arranged by the agency.

There was no initial needs assessment record and information about the person's needs had been hand written by the manager. The assessment and care plan documents used by the agency were basic and did not follow a person centred approach. The care plan was used to record the times of calls with brief information about the care tasks to be undertaken. An example included, "What is the nature of the care required?" The action stated, "Support worker to prepare food and serve." There were no other details about the person's needs or what level of support was required. Daily reports written by staff showed that the person using the service experienced confusion on occasions. Staff were able to describe how they reassured the person and helped them relax but there was no written care plan or guidance about how to meet the person's emotional needs.

The care plan format did not provide staff with information about a person's social needs and interests or medical history. Details about the person's ethnicity, preferred faith and culture were not recorded. The manager agreed to speak with the family to find out about the person's healthcare needs and background. Following our inspection she sent us a copy of a prepared document to reflect these details. Staff had good knowledge about how the person liked to spend their time which included going for walks, listening to music or spending time in the garden.

The agency had been providing a service to the person since October 2015. There had been no formal review meeting to discuss their care needs although the manager planned to organise these on a yearly basis. Records confirmed that staff wrote care notes after each visit. These recorded the routine duties and tasks undertaken during each visit such as what the person did that day, the support they had received and any changes in their health or wellbeing. Daily reports written by the care staff in people's homes were returned to the office every month.

A copy of the care plan was kept at the person's home and another copy held at the office. The staff members we spoke with said the care plan provided them with relevant information. If they had any concerns the staff told us they would report to the manager immediately.

The relative told us their family member would say if they were unhappy with the service and that there were no complaints. They said they would contact the manager if they had cause to raise a concern and had been given a brochure. We saw that the complaints procedure was made available to people on commencement of the service. The agency had not received any complaints at the time of our inspection.

Inspected but not rated

Is the service well-led?

Our findings

At the time of our inspection, the registered manager had left and one of the directors for the agency had taken over management of the service. She had begun the process to apply for registration. In preparation for the role, the manager was studying for a Level 5 Diploma in Leadership and Management in Health and Social care.

The person's relative was positive about the service their family member received. They were confident to contact the manager if there were any issues and described the manager as "honest, conscientious and on time."

Staff were happy working for the agency and felt supported in their job. They spoke favourably about the manager and felt they could go to her with any queries at any time. Comments included, "She is absolutely brilliant, communication is very good and she will cover when needed" and "The manager is very good, we get full support."

Staff told us they were kept up to date through emails, texts or regular phone calls. They were provided with a staff handbook when they started work. This contained contractual information as well as information about key policies and procedures to support them in their role.

The agency had started providing services to people within the last six months. Due to its small size, there were limited quality assurance systems in use at the time of our inspection. Evidence was seen however that the manager spoke regularly with the person using the service and their family. The manager told us they also planned to send a questionnaire to obtain feedback about the service. The manager had written an action plan which outlined the future development of the agency. This identified the required actions, timescales and who was responsible. Examples included carrying out audits of people's care records every month, one to one supervision meetings with staff every two months and holding monthly staff meetings. There were plans to undertake periodic surveys with people who use the services and the staff and to review training and development needs for the staff team.

During our inspection, the manager welcomed any feedback or guidance we gave. We discussed the Care Quality Commission's new inspection approach and how the agency's quality assurance systems could incorporate the five key questions and fundamental standards for care. This was acknowledged by the manager who also demonstrated a proactive approach to improve the service for people.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The registered person had not ensured that the specified information in schedule 3 of the regulations was available in respect of staff employed for the purposes of carrying out the regulated activity. Regulation 19 (2)