

Bright Care at Home Ltd

Bright Care Cranleigh

Inspection report

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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

About the service

Bright Care Cranleigh is a service providing care to people in their own homes. Not everyone who used the service received the regulated activity of 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. At the time of our inspection, the agency was caring for nine people, of which, seven received personal care.

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

Without exception, people told us they were extremely happy with the care they received from the agency. They told us staff were kind, caring, attentive and treated them with respect and dignity. Staff knew people well and care records contained sufficient information to help ensure staff provided appropriate, responsive care.

People told us they felt safe with staff and staff were able to evidence they would know how and when to report a concern or safeguarding worry. Risks to people had been identified and as such, this helped staff keep people safe and free from harm.

People received the medicines they required and people told us staff were very particular about wearing appropriate PPE during the pandemic.

People's needs had been assessed and help with food and hydration, or attending healthcare appointments was provided by staff. Staff also supported people socially to help ensure they did not feel isolated.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff received appropriate training and felt supported and part of a team. They were recruited robustly and shared important information with each other when needed. Office staff were communicative with people and relatives and people were asked for their feedback on the service they received.

There was good management oversight of the service, through a strong management team and robust auditing and governance processes.

Rating at last inspection

This service was registered with us on 10 October 2018 and this is the first inspection.

Why we inspected

We carried out this fully comprehensive inspection as this service has not been rated since their registration

with us.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 responsive 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 ●

Bright Care Cranleigh

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 carried out by one inspector.

Service and service type

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

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 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 or registered manager would be in the office to support the inspection.

What we did before the inspection

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.

We reviewed all of the information we held about the service internally. This included notifications submitted to us relating to accidents, incidents or safeguarding concerns.

We used all of this information to plan our inspection.

During the inspection

We spoke with one person who used the service and two relatives about their experience of the care provided. We spoke with five members of staff including the registered manager, deputy manager and care workers.

We reviewed a range of records. This included three people's care records and 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 policies and procedures were reviewed.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives said they felt safe with care staff.
- Staff were able to describe how they would respond to any concerns that may constitute abuse. One staff member told us, "I was concerned one person may be exploited financially. I shared my concern with the office so they were aware. I would report anything to the local authority." A second said, "It depends on the allegation. I would pull up the safeguarding policy/guidance and potentially involve social work and the police and report it to yourselves (CQC)."
- Staff received safeguarding training as part of the mandatory requirements of the role and prior to working with people on their own.

Assessing risk, safety monitoring and management

- Risks to people were identified and guidance was in place for staff to enable them to keep people from experiencing harm. We read some people had personal emergency alarms, either worn on their wrist or on a pendant around their neck. Staff were advised to, 'check I have my pendant alarm on as we leave the room (bedroom)'. We read from people's daily notes staff checked this.
- A second person had help with their personal care. The care plan stated, 'there is a slight lip into the shower, so the carers should remind me of this'. This same person's mobility was reduced and again, guidance for staff was recorded as, 'when out I can often go very fast and can lose my balance. I like to hold on to a trolley or my carers arm when out and about from my home'.
- A staff member told us, "I would think about a risk assessment if there was any change to a person's needs or I was concerned for their safety. In fact, I suggested an alert button for [person's name]."
- There was a contingency plan in place should the agency experience staff shortages, whereby office staff would carry out care calls if needed as all had received the appropriate training.

Staffing and recruitment

- People were cared for by a sufficient number of staff who were given enough time to attend care calls without feeling rushed. The registered manager told us, "We have a minimum two-hour visit, we don't do pop in calls."
- The service used an electronic care planning and monitoring system which alerted the office if a call was missed, staff were running late, or individual care tasks were not carried out in line with the person's care plan.
- People had never experienced a missed call and staff told us they could spend quality time with people.
- An out of hours team was available for any calls or concerns during the evening, night or weekend. Rather than giving people a different number for this, the same office number was used and the call diverted, for

ease.

- Staff who worked for the agency had been recruited through robust procedures. There was evidence of the right to work in the UK, performance at previous employment, fitness to work and a Disclosure and Barring Service (DBS) check. A DBS checks potential staff are suitable to work in this type of service.

Using medicines safely

- People received the medicines they required. Most people were independent with their medicines and staff just checked they had taken them.
- However, where there was some involvement with regard to medicines or topical creams (medicines in cream format) a medicine management record (MAR) was written up and a medicines risk assessment completed.
- The service used an electronic medicines management system and staff were required to confirm completion of this task on their handheld device. In the event medicines were not administered an alert was raised which was sent to the registered manager. This helped ensure people received their medicines in line with their prescriptions.
- People's MARs showed no gaps. Where people did not take their medicines, appropriate codes were used by care staff as to the reason why.

Preventing and controlling infection

- The registered manager told us that staff had been provided with a personal protective equipment (PPE) kit. This was confirmed by staff.
- During the pandemic handouts and videos were shared with staff on good infection control practices and donning and doffing. The registered manager told us, "We had our own sanitiser made and branded masks produced. We never ran out of PPE."
- We read evidence of infection control arrangements in people's care plans. One person had written, 'my carer can use my porch to change their shoes and put on their PPE'.
- Staff told us, "We change our shoes immediately before stepping into the house and wash our hands straight away. We wear masks at all times, plastic aprons and gloves for personal care and visors for showering." A relative said, "They provided their own PPE. All precautions were taken."

Learning lessons when things go wrong

- Where incidents or accidents occurred, staff took appropriate action in response. This included where a staff member was concerned a person had taken two lots of their medicines. A call was made to the deputy manager who telephoned the pharmacy.
- The registered manager used the outcome of this for learning, by sharing the incident and resolution on the staff group to ensure all staff were vigilant of the potential of this happening again.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Where people were able to, they signed their consent to receive a care package from the agency. A relative said, "They (staff) never force her to do anything."
- Staff had a good understanding of how to ensure they obtained consent from people prior to carrying out care tasks. A staff member told us, "Everybody has the ability to consent and make a decision for themselves, even with a diagnosis of dementia. We should protect them and allow them to have that ability."
- Where family member's had power of attorney in health and welfare, the agency asked for a copy of this for the person's care plan. The registered manager told us, "Everything we do much include and involve the client."

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

- Prior to commencing a care package, people's needs were assessed. This helped ensure the agency had appropriate staff to provide care calls and information was gathered to help staff understand what support people required. A relative told us, "There was a full assessment where we expressed our views on what was needed."
- In the case of one person, it was evident they had been heavily involved in contributing towards their assessment and subsequent care plan. There was very precise information relating to their needs and wishes and how they would like the carers to do things.

Staff support: induction, training, skills and experience

- Staff went through a robust induction and training regime before attending care calls independently. A staff member said, "It was very good training." A second new staff member told us, "We have covered (so far) medication, first aid, moving and handling, health and safety and record keeping, policies and procedures. I have certain e-learning courses I need to complete before I can start shadowing."
- The registered manager told us, "New staff must go through a one-week training course which is classroom based. This covers all the mandatory training such as moving and handling, nutrition and safeguarding. Then they move onto shadowing. Staff are also expected to do the Care Certificate (an agreed set of national standards expected for people working in health and social care) and workbooks for Skills for Care. Everything must be completed within the first six months in order for them to pass their probation."
- We were also told the company had a learning academy where staff could receive face to face training. Staff at the academy signed off staff workbooks and the registered manager and deputy manager checked staff competencies.
- Staff were given the opportunity to meet with their line manager every three months for a supervision meeting and at some point in between a field observation was carried out on staff when with a client. A staff member said, "We have regular supervision – quite often actually."

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

- Most people were independent with their food and nutrition and no one receiving a care package had a particular dietary need. However, those who did receive support told us they were happy with this aspect of their care. A relative said, "They allow her to choose what she wants."
- Care plans were clear in the information around people's daily routines. One care plan stated, 'I would like my carers to make my breakfast. I usually have the same thing – it is always a cooked breakfast'.
- A second person's care plan noted that the person liked to have several glasses of water to hand and daily notes written by staff confirmed they met this person's needs.

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

- The registered manager told us they had worked with a healthcare professional in relation to someone's care, ensuring staff were aware of exercises they had to complete. Staff would then support the person to do these.
- Daily notes demonstrated staff accompanied people to healthcare appointments when needed.

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.

This is the first inspection for this newly registered service. This key question has been rated 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 told us staff treated them with respect and staff demonstrated an understanding of how to display a respectful approach. It was evident from the staff we spoke with that they understood the importance of respecting people. One staff member said, "We adhere to confidentiality and don't share information."
- Relatives were equally complimentary about staff's approach to their family member. A relative told us, "Without exception the carer arrives at 6pm." This demonstrated staff respected people's wishes to receive their care calls at a specific time. Another relative said, "We have been ecstatic with it (the care). It has transformed her life. The three staff are an absolute delight and we cannot fault them."

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

- Care plans and daily notes demonstrated people were very involved in making their own decisions on a day to day basis. Information was detailed and precise, relating to all aspects of a person's care needs. One person's care plan stated, "I will decide whether I would like a shower or a wash."
- There was other evidence in care records which showed us people's views had been taken into account when their needs were assessed.
- Relative's reiterated this. A relative told us, "If changes are made, they are not made for the sake of change and there is a good handover period." A second relative said, "They have engaged her."

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect and dignity and their independence was upheld. A staff member said, "Some people need personal care. We help them as much as they need. It is very important to keep them as independent as they can be."
- This was confirmed by the relatives we spoke with. One relative said, "They provide what we are looking for and the people (staff) they employ genuinely care. They do everything very well." A second relative said, "They (staff) always respect her privacy and her wish to do her personal care herself in private."
- Where new staff were going to start to provide a care call, they were introduced to the person beforehand and a full handover took place. A relative told us, "They just don't turn up. They go with existing staff two or three times so they can get to know everything. It works well."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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; End of life care and support

- People received care that was person-centred. For example, one person had stated they would only like female carers to attend to their needs and we saw evidence which supported this wish.
- A second person asked for a visit later in the day because this was a better time for them and records showed this happened.
- The agency had provided a rota to a third person who had requested this so they could see who was coming each day.
- Staff knew people well and were able to describe their care needs and routines. People's care plans included information about the person's past history, their likes and dislikes and what was important to them, such as one person who said it was important for them to have continuity of care. A staff member said, "I get a lot of information from their care plan. It gives me a chance to read about them (the person) and it gives me something to talk about to them."
- No one was receiving end of life support. However, the registered manager told us that in the past they had worked with the local hospice.
- People's care plans contained evidence of people being asked about their future wishes.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff provided companionship to people. One person expressed a wish to start going out more and staff accommodated this by going to the shops with them or going for a drive. Their relative told us, "It seems to be very helpful for her. They (the agency) have provided a nice friendly social group for her."
- A second person liked care staff to have lunch with them and there was evidence of them doing this in the daily notes. A relative told us, "They chat to her and engage her in life."
- The agency circulated information to staff to share with people around community events, such as a local singing group.

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.

- Staff adapted to people's individual communication requirements. One person had a hearing impairment and as such staff used clear face masks. In addition, staff used an app which translated their speech into text in order to hold a conversation with the person.

Improving care quality in response to complaints or concerns

- The agency had a clear complaints procedure which was made available to people when they started their care package.
- Although the registered manager told us they had not received any complaints people said they would feel comfortable raising concerns or complaints.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Without exception, we received positive feedback about the service as well as management and the staff team. A relative told us, "We hear from the CEO (Chief Executive Officer) through a newsletter. We can ask questions and he is genuinely interested." A second relative told us, "I wish I had found Bright Care three years ago."
- There was evidence in daily notes of staff demonstrating attentive care to people to help ensure they had good outcomes. This included encouraging one person to see the GP and taking them to another healthcare appointment for some treatment.
- Staff spoke with enthusiasm about their role, the agency and the care provided. One staff member said, "We treat everyone as individuals. It's not just a job; we are part of their lives and personal relationships are built up. We spend quality time with clients, make them feel really safe in their own home and offer companionship as well." A second told us, "The best thing is the continuity of care we provide in terms of care routines and carers. We provide bespoke care because we are a small team."

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 service had had no incidents, accidents or complaints. However, the registered manager told us a family member wished to speak with the senior manager about changing the agencies policy around care calls. The CEO met with the relative and as a result they were tailoring a care package specifically around their family member's needs.

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

- There was a wide range of audits carried out by the service. Daily notes were checked regularly by office staff and any actions addressed. For example, when a staff member wrote they had taken someone's medicines to them, despite this not being part of the care package, the staff member was spoken with and advised.
- People's MAR charts were checked for completeness and risk assessments and care plans reviewed and updated regularly. Action plans were developed following the review of a care package.
- The registered manager told us, "As the service grows, we will divide care packages up between managers, this will enable them to pick up trends and themes within their own portfolio."
- Field supervisions took place on staff to check all aspects of a care call.

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

- People were contacted for their views on the service provided and the outcome formally recorded. We noted one which read, '[Person's name] could not have been more complimentary of her team (of staff). She repeatedly spoke about how wonderful the three in her team are'.
- The registered manager told us questionnaires were sent to people on their one-year anniversary of receiving a care package. They also encouraged people to leave reviews online.
- Staff told us they felt supported and valued. One staff member said, "I felt immediately welcomed by everyone." A second staff member told us, "It's really good. Everyone is just so friendly; you can just be yourself. I feel very comfortable."
- The company recognised staff through a Carer Award Scheme with commendations given to staff who lived out the values of the company or had made an exceptional contribution. In addition, staff at the academy gave feedback on staff following their training. The registered manager told us, "I am very fussy in who I recruit, and they have to go through a rigorous interview process."
- Staff were encouraged to progress, with the deputy telling us, "Supervisions are used to discuss a staff's direction of travel." A staff member told us, "One staff member likes taking new staff under their wing and another has expressed an interest in helping out in the academy. There is a passion in the staff."

Continuous learning and improving care; Working in partnership with others

- The registered manager had a vision for the future of the service. They said, "We have a big, continuous development plan for the company and one for individual branches too. We wish to build up the software system and open more branches in the South. The academy wants to go onto a new e-learning platform and personalise care certificate books more. I want the branch to grow and have a bigger team."
- Staff engaged with the local community, participating in events being held. The registered manager told us, "We have a stall this Saturday and Sunday at the 'Cranleigh Bounces Back' event and we put flowers outside the office for 'Cranleigh in Bloom'. There were also plans to run a joint event with a local care home."
- The provider was a Surrey Care Association member.