

Bright Future Care Ltd

# Bright Future Care Ltd - (BFC LTD)

## 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 Future Care is a domiciliary care service providing personal care to four people at the time of the inspection. People using the service had varying needs. The provider gave personal care to one child, one person with Autism and Learning Disabilities who was unable to communicate with us and two people with dementia who could not communicate in English.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

### People's experience of using this service

The provider ensured people took part in activities they enjoyed. Staff produced, clear plans of people's care and communicated effectively with them. There was a clear complaints policy and procedure in place and people's relatives told us they would contact the registered manager if needed. The registered manager took reasonable action to determine people's end of life care needs.

People's privacy and dignity, was maintained. Staff ensured people's equality and diversity was respected and promoted. People were involved in decisions about their care and encouraged people to be as independent as they wanted to be.

People were protected from the risk of abuse and risks to people's health and safety were assessed and mitigated. There were enough staff available to provide people with safe care. Pre-employment checks were conducted with candidates to ensure they were safe to work with people. The provider had an appropriate medicines and accident and incident policies and procedure in place.

People's needs were assessed before they started using the service and care was delivered in line with current standards and professional advice. People's health and nutritional needs were met and they had access to healthcare services.

People, their relatives and staff were consulted in relation to their care needs. The registered manager understood their duty of candour responsibilities. The registered manager and care workers understood and fulfilled their roles. The provider assessed the quality of the service and took appropriate action to improve the quality of care.

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.

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:

At our last inspection in March 2019 we were unable to rate the service as the provider had not been providing care to enough people over a sufficient period of time.

#### Why we inspected

This was a planned inspection based on our inspection guidelines.

#### 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 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 ●

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## **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

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with the registered manager and owner of the service.

We reviewed a range of records. This included three people's care records and two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including quality monitoring documents.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and policies and procedures. We spoke with two relatives of people using the service and two care workers. We were unable to speak to people using the service, because due to their varying health needs, they were unable to communicate with us.

# Is the service safe?

## Our findings

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

At the last inspection we were unable to rate this service. This was because enough people had not used the service for a sustained period of time for us to be able to give a rating. At this inspection 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

- The provider had clear systems in place to safeguard people from abuse. People's relatives told us they felt care workers were safe. One relative told us "I do trust them. They are good people."
- Care workers had received training in safeguarding adults and understood their obligation to safeguard people from abuse and gave us examples of the signs of abuse they were expected to look out for and report. One care worker told us "We will report things to the manager or I would call the police if I was worried."
- At the time of our inspection, the provider had not had any safeguarding referrals. However, there was a clear safeguarding policy and procedure in place which clarified the provider's responsibilities in safeguarding people from abuse.

Assessing risk, safety monitoring and management

- The provider took reasonable action to mitigate risks to people's health and safety. Risk assessments were conducted in numerous areas of people's care. These included their risk of sustaining a pressure sore or their risk of going outside on their own. Risk assessments clearly stated the level of risk and included risk management guidelines for care workers to minimise these.
- Care workers understood the risks to people's care and told us they read people's risk assessments before they started providing people with care. They gave us examples of risks as well as the actions they took to minimise the risk of these happening.
- Risks relating to people's home environments were assessed before people were provided with care. This included a check of the inside and outside of people's properties. The assessments we reviewed did not indicate any issues.

Staffing and recruitment

- The provider ensured there were enough staff provided to care for people. We reviewed the rotas for the week of our inspection and found enough people were sent for enough time to support people. People's relatives confirmed their family members were given enough support and that care workers arrived on time.
- The provider conducted appropriate pre-employment checks to ensure new care workers could support people safely. We reviewed two staff files and found these included evidence of criminal record checks, a full employment history, two references as well as their right to work in the UK.

Using medicines safely

- The provider took reasonable action to manage people's medicines safely. At the time of our inspection, the provider was not supporting anyone with their medicine. However, care workers had received training in

administering people's medicines and demonstrated an understanding of their duties should they be required to administer medicine to people in the future.

- The provider had a clear medicines administration policy and procedure in place which stipulated care workers responsibilities.

#### Preventing and controlling infection

- Care workers took reasonable action to prevent the risk of infection. People's relatives told us care workers conducted their tasks in a hygienic way. One relative told us "They keep everything clean and tidy."
- Care workers gave us examples of how they supported people in a hygienic way. This included the use of personal protective equipment (PPE) and through regularly washing their hands. People's care records also included reminders to staff about how to support people hygienically. For example, staff were told to remind people to conduct their personal care and provide prompts when needed.

#### Learning lessons when things go wrong

- The provider had systems in place to learn lessons when things went wrong. At the time of our inspection there had been no accidents or incidents during care delivery, however, there was a clear accident and incident policy and procedure in place which stipulated the provider's responsibility to investigate and report all incidents when needed.
- Care workers understood their obligation to report accidents and incidents and to take appropriate action in response to these. Care workers confirmed they had not needed to call an ambulance during the course of their work for the provider, but they would do so if needed.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection we were unable to rate this service. This was because enough people had not used the service for a sustained period of time for us to be able to give a rating. At this inspection this key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The provider conducted assessments before delivering care to assess people's needs and choices. The registered manager confirmed assessments were conducted both with the people using the service and their family members so they had information about people's specific preferences. They also contacted existing health practitioners so they had enough information about people's particular health needs.
- Care was delivered in line with standards and law. The provider had policies and procedures in place which were reviewed every year to ensure they were up to date. They also provided annual training to care workers to ensure they were delivering care in line with current standards.

Staff support: induction, training, skills and experience

- Care workers received appropriate support to provide people with care. New staff were given an induction that followed the principles of the Care Certificate. This is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. Care workers told us they found their induction useful. One care worker said "It was very good."
- Care workers received appropriate ongoing training which was repeated every year in mandatory subjects. This included safeguarding adults, moving and handling and infection control among others.
- The provider gave ongoing supervisions and appraisals with staff. Supervision sessions were repeated every four months and appraisals were conducted every year. Records showed care workers were given an opportunity to discuss their progress and any issues they were having. The registered manager confirmed that if extra training was needed, this would be arranged.

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

- The provider took reasonable action to support people with their nutritional needs. At the time of our inspection, nobody was having their meals prepared for them as this was done by people's relatives. However, people's records included information about allergies and diets in case they were required to provide this support.
- Care workers understood people's needs and told us they were willing to provide meal support if needed.

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

- The provider worked with other agencies to provide consistent and timely care. We saw correspondence with other professionals about people's needs included within their care records along with updates from health professionals about people's current health conditions. For example, we read correspondence from

the provider with wheelchair services, reminding them to assess one person for a wheelchair they needed.

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

- The provider had a good understanding of people's health conditions and provided them with the appropriate support they needed in accordance with these. We saw people's care records included information about their current health conditions as well as how these affected their care needs. For example, we read one example of a person's particular behaviours that could challenge others and there was clear guidance for care staff in how to manage these appropriately. Another person's care record included information about the typical progression of one person's illness in order to prepare the care worker for the person's likely needs in the future.
- Care workers understood the conditions people suffered from and gave us examples of how these affected their care needs. They told us they would monitor people during care calls and if there was a progression in their condition, they would discuss this with their manager.

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA and found the provider was working within the principles of the MCA.

- The provider assessed people's capacity to ensure care was being provided in line with their valid consent. Two people using the service had legally appointed representatives in place who consented to their receipt of care. The registered manager confirmed that if people lacked capacity and did not have appointed representatives in place, they would conduct a best interest assessment to determine whether care should be provided in their best interest.
- Care workers told us they sought people's permission before they provided care at each visit. One care worker told us "If someone didn't want me there or didn't want me to do anything, I wouldn't do it. I do what people say."

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection we were unable to rate this service. This was because enough people had not used the service for a sustained period of time for us to be able to give a rating. At this inspection 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's relatives told us their family members were well treated and supported. One relative told us "They treat us all very well." Care workers also demonstrated a good approach to how they provided care for people and gave us examples of how they conducted their work. One care worker told us "We want to help people do whatever they want."
- People's equality and diversity was respected and promoted. Care records contained information about people's religious and cultural needs and care workers gave us examples of how they met these. People's relatives told us their family member's religious requirements were respected. One relative told us "This was a big deal for us as a family and they understand our religion."

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

- People were supported to express their views and to be involved in making decisions about their care. The registered manager told us they made efforts to ensure people were as involved as they could be in decisions about their care despite not having capacity.
- People's relatives told us their family members were involved in making decisions about their care. One relative told us "They always ask what my [family member] would like. They never make decisions for [them]."

Respecting and promoting people's privacy, dignity and independence

- The provider respected and promoted people's privacy and dignity. People's relatives told us their family members were treated in a dignified way. They gave us examples of how care workers supported them and this included knocking on people's doors. One care worker told us during personal care "I make sure nobody else is around and speak to them to say what I will be doing."
- People were supported to be as independent as they wanted to be. People's care records included information about what they were able to do and the level of support they needed. Care workers also gave us examples of how they supported people to be more independent. One care worker told us "I help people as much as they need."

## Is the service responsive?

### Our findings

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

At the last inspection we were unable to rate this service. This was because enough people had not used the service for a sustained period of time for us to be able to give a rating. At this inspection 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

- The provider planned personalised care to give people choice and control. People's care records contained information about various aspects of their needs. This included their physical, emotional and recreational needs among others. We saw their care records contained personalised details about their preferences in these different areas and care workers demonstrated an understanding of these. Care workers gave us examples of people's individual preferences in how they wanted their care delivered and relatives confirmed people's preferences were met.
- People's relatives told us their family members were given choices in relation to their daily care needs and care workers confirmed this. One care worker told us "We always give people choices."

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.

- The provider understood the requirements of the AIS and confirmed that they were able to meet these if the need arose. At the time of our inspection nobody using the service had expressed a need for documentation to be provided in an alternative format.
- The provider met people's communication needs. We saw people had communication care plans in place which stated people's varying needs and care workers demonstrated an understanding of these. For example, we read one person experienced difficulty in expressing themselves, but they could understand other people clearly. Care workers were therefore advised that the person used some signs to express their needs along with some simple phrases.

Does the service provide or support activities, hobbies, community contact, employment or education support?

- The provider ensured people participated in activities they enjoyed, where this formed part of their package of care. One person was supported to go outside. We saw their care plan contained details about what they enjoyed doing and the records of their daily care showed they were assisted to go to many different places of interest at every visit.
- Care workers knew what people enjoyed doing in their free time and where people were not supported to go outside, they were supported with activities within the home. For example, one person enjoyed watching

a particular television channel and care workers knew this.

#### Improving care quality in response to complaints or concerns

- The provider had a clear system in place for responding to complaints and concerns. At the time of our inspection, the provider had not received any complaints, but they had a complaints policy and procedure that detailed the provider's responsibility to investigate and respond to complaint in a timely manner.
- People's relatives confirmed they did not have any complaints about the service, but they felt confident any complaints they had would be responded to. One relative told us "If there was a problem I would call the office right away. They appreciate feedback and they act on feedback."

#### End of life care and support

- The provider had clear systems in place to manage people's end of life care needs. At the time of our inspection, nobody using the service was at the end of their life. However, the registered manager was aware of and records included details of people's religious needs and their resuscitation status, in the event of an unexpected death.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection we were unable to rate this service. This was because enough people had not used the service for a sustained period of time for us to be able to give a rating. At this inspection 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

- The provider created a positive culture that valued all members of staff. One care worker told us "I like working here. The manager listens." Another care worker told us "The managers care about us."
- The provider empowered staff to improve their skills by encouraging them to complete courses. One care worker told us "They helped me to go to college to improve my English." The registered manager told us "We want our carers to be empowered and live better lives."
- The provider achieved good outcomes for people. People's relatives gave good feedback about the quality of care and told us their family members were well cared for. One relative told us "It's a good quality service. Between us and the carers [my family member] is doing well."

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 registered manager understood her duty of candour responsibilities and the provider had systems in place to investigate and report when something went wrong. The provider had clear policies and procedures in place to investigate and report complaints, accidents and incidents and safeguarding matters.

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

- The registered manager and other members of staff were clear about their roles. The registered manager understood her responsibility to monitor and mitigate risks to people using the service and care workers understood their responsibilities to provide safe and effective care. The provider had clear job descriptions in place which stipulated staff members responsibilities.
- Care workers gave us examples of their roles and we found their understanding matched what was written in their job descriptions.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The provider engaged both staff and people using the service and took action to improve the quality of care. The provider conducted spot checks every four months to ensure people received appropriate care. They also conducted telephone monitoring every six months and sent questionnaires to people and their

relatives to obtain feedback. At the time of our inspection, no concerns had been reported about the quality of care.

- The provider reviewed people's care plans every four months or sooner where this was needed. Due to changes in people's care needs, we found two people using the service had their care plans reviewed on a monthly basis to ensure it was still accurate.
- Care workers were required to return daily notes of care on a monthly basis and the registered manager reviewed these to ensure they were accurate when returned.

#### Working in partnership with others

- The provider worked in partnership with other organisations as needed. Care records included evidence of communications with other healthcare professionals and their advice was incorporated into people's care plans as needed.