

Bright Star Care Service Ltd

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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

This inspection took place on 22 May and 5 June 2018 and was announced. This is the first inspection for this service which was registered in June 2017.

This service 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 who have dementia, a sensory impairment and/or a physical disability. Not everyone using Bright Star receives a regulated activity; 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.

The service had a registered manager at the time of the inspection. 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 provider had been delivering services to people for just under a year and during that time had established good practices and procedures which would help as the service expanded.

People were safe in their homes. Staff could explain to us how to keep people safe from abuse and neglect. People had suitable risk assessments in place. The provider managed risks associated with people's homes, to help keep people and staff safe. Recruitment practices were safe. Staff were trained in medicine administration and the checks we made confirmed that people were receiving their medicines as prescribed by staff qualified to administer medicines.

People were supported by staff who received appropriate training and support. Staff had the skills, experience and a good understanding of how to meet people's needs. Staff were providing support in line with the Mental Capacity Act 2005. When required people were supported to eat and drink sufficient amounts to meet their needs. When required staff worked with people's GP and other healthcare professional to ensure they stayed well and comfortable.

People and relatives told us staff were caring, kind and efficient and staff respected their privacy and treated them with dignity. People's needs were assessed before they started to use the service and care was planned and delivered in response to their needs. The provider had arrangements in place to respond appropriately to people's concerns and complaints.

Systems were in place to monitor and improve the quality of the service. The provider had effective quality assurance systems to monitor the scheme's processes. These systems helped ensure people received the care they needed as detailed in their support plans.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe.

Staff were knowledgeable in recognising signs of potential abuse and the action they needed to take.

People had individual risk assessments and where risks had been identified risk management plans were in place.

The recruitment practices ensured staff employed by the provider were suitable for their roles.

The provider had systems in place to protect people against risks associated with the management of medicines.

Is the service effective?

Good 

The service was effective.

Staff received regular training and support to keep them updated with best practice.

The registered manager was aware of what was required if people were not able to give consent and of their duties under the Mental Capacity Act (2005).

The provider had arrangements in place to make sure people's general health needs were met.

Peoples ' nutritional and hydration needs were met.

Is the service caring?

Good 

The service was caring.

Staff told us how they ensured people's rights to privacy and dignity were maintained while supporting them.

The service endeavoured to provide the same care staff to promote consistency and continuity of care.

Is the service responsive?

Good 

The service was responsive.

The care plans outlining people's care and support needs were detailed so that peoples' individual support needs were identified.

The service had a complaints policy and procedure, so that people knew what to do if they had a complaint.

Is the service well-led?

Good ●

The service was well-led.

The provider had effective quality monitoring systems in place.

The manager had a clear understanding of their roles and responsibilities with regard to the requirements for submission of notifications of relevant events and changes to CQC.

The provider had systems in place to gather the views of people and relatives to help improve the quality of the service

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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 checked 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 took place on 22 May and 5 June 2018 and was announced. The provider was given two days' notice because the location provides a domiciliary care service and the registered manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that the registered manager would be available to speak with us on the day of our inspection.

The inspection was carried out by one inspector. An expert by experience phoned users of the service after the inspection to gain their views on the service they received. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we reviewed information we held about the service. This included statutory notifications received from the provider since they were registered and the Provider Information Return (PIR). The PIR is a form we asked the provider to complete prior to our visit which gives us some key information about the service, including what the service does well, what the service could do better and improvements they plan to make. CQC sent out 55 questionnaires to people, relatives and staff before the inspection and a total of 10 were returned completed. We have included any statistics and comments in our report. We emailed two local authority commissioners of service to receive their views of the service their clients received.

During the inspection we went to the provider's head office and spoke with the registered manager, the deputy manager, an independent compliance consultant working with Bright Star, the administrator and two staff, one of whom was a field supervisor. We reviewed the care records of four people who used the service, and looked at the records of three staff and other records relating to the management of the service. We returned to the provider's head office on 5 June to meet and speak with another five staff one of whom was again a field supervisor.

After the inspection we telephoned and spoke with four people and six relatives of people who used the service.

Is the service safe?

Our findings

The people and relatives we spoke with said they felt safe with the service they received. Comments we received included, "Yes I feel safe [staff] are more like friends now, they always knock on the door they don't barge in and take over they include me in everything. They are careful and they will move things to make sure I am safe." "[My relative] is safe as she knows her carers well, she doesn't have many carers and she can communicate with them, they are quite caring" and "Yes, [staff] are very alert to changes of [my relative's] condition, good with technical things and they are approachable".

Results we received from our survey sent out before the inspection also indicated people felt safe from abuse and or harm from their care staff.

The provider took appropriate steps to protect people from abuse, neglect or harm. Staff were able to explain what it meant to them to keep people safe and what constituted abuse and the action they would take to protect people if they had a concern about a person. The provider kept people and staff safe through individual personal risk assessments and risk assessments of the home environment.

The personal risk assessments had been developed with the person, in order to agree ways of keeping people safe whilst enabling them to have choices about how they were cared for. These were individual to the person and covered a range of daily activities and possible risks including moving and handling, mobility, skin integrity and medicines administration.

Risk assessments of the home environment included any equipment used to help a person remain independent, such as walking frames or wheelchairs as well as the physical environment such as carpets and rugs, heaters and lighting. These measures helped to ensure staff were working and caring for people in a safe environment.

People's finances were kept safe. Where staff helped people with their shopping we saw that records were kept and signed by the person and staff as to the correct monetary amount being given and returned. One person told us "They are quite good at helping me out food wise, they go shopping for me, and they bring me my change and receipts and write it down in the book."

Effective measures were taken to help prevent and control infection, for example, by using hand gels, gloves and aprons. A member of the office staff regularly took these items out to the staff to help ensure they and the people they worked with were safe from the spread of infections. Staff had received appropriate training in infection control.

Recruitment practices were safe. We looked at the personnel files of three staff and saw the necessary recruitment steps had been carried out before they were employed. This included a completed application form, references and criminal record checks. These checks helped to ensure that people were cared for by staff suitable for the role.

The service had a data base system in place for the investigation and monitoring of incidents and accidents. The system was new and the amount of information kept on it was limited, although the registered manager was able to explain the processes they used to investigate any incidents or accidents and the steps they would take to keep people safe and avoid a reoccurrence of the accident. They also told us as they became more used to the system they would be able to add more information and investigate trends in any accidents or incidents.

Medicines were administered safely. Not everyone who received personal care also received help with taking their medicine. Some people were able to administer their own medicine and for others their family member undertook this task. The medicine administration records (MAR) we did look at had been completed correctly, as to when and what medicine they had administered. We did see that where prescribed creams were required by people the provider did not have a body map showing which part of the body the cream should be administered to. The registered manager said they would ensure where necessary this was included in a person's MAR record. The MARs were audited when they were brought back to the office or when management conducted a 'spot check' on staff practice in the person's home. Staff had received training in medicines administration. The checks we made confirmed that people were receiving their medicines as prescribed by staff qualified to administer medicines.

Is the service effective?

Our findings

Results we received from our survey sent out before the inspection showed that all of the people and relatives who returned our survey would recommend this service to another person and relatives agreed that the staff had the right skills and knowledge needed to give the required care and support to their relative.

During our phone calls to people and relatives we had a mixed response to our question about staff being appropriately trained. Comments we received included "They [staff] vary a lot, some are quite caring and others not so good," "It is difficult some definitely are [well trained] and some less so. There are more good than bad carers."

One person told us "No not particularly, I have a medical device and they don't know how to operate it, as they are not medically trained." The person explained to us what this was and it was within the realms of a care at home agency to manage with proper staff training. We asked one of the field supervisors about this and they said the person had been nervous when new staff were adjusting the device and had asked for the field supervisor to attend. They did attend and reassured the person the staff knew what they were doing. The action taken by staff reassured the person and gave them confidence in the staff's ability to manage their condition.

On a positive note people and relatives commented, "Yes I do [think they are well trained], it is just their whole manner they know what they are doing, I was there when they came to shower my relative and they did it nicely and quickly and professionally", "Yes I would say so, I check they are washing her very well and creaming her and they are doing a good job" and "I think they are, they got me a hospital bed and the staff knows how to use it and she always enquires about my legs."

Another relative commented "Yes there is one staff that has the best knowledge and she imparts it to the others and gradually they all come on board. It just takes a while for a new person to learn the ropes and she is always showing them things if they haven't done it before."

Bright Star had developed a comprehensive induction programme for staff, which included all staff completing the Care Certificate. The Care Certificate is an identified set of 15 standards that health and social support workers adhere to in their daily working life. It is the minimum standards that should be covered as part of induction training of new support workers and was developed jointly by Skills for Care, Health Education England and Skills for Health.

We saw recent staff training certificates which included safeguarding adults, manual handling and health and safety. The majority of training was class room style learning or training in the client's home with the assistance of the District Nurse. This helped to ensure staff received the specialist training they needed to support people appropriately. The provider also encouraged staff to complete the Qualifications and Credit Framework in Health and Social Care. Their aim was to provide a service to people by fully qualified staff. Staff spoke positively about their induction, the support they received and their on-going training. They felt

there was sufficient training to enable them to do their job effectively.

The provider recognised the importance of providing the same staff consistently over time so they knew the people they cared for well and was working hard to achieve this aim by recruiting and training good quality staff in the areas needed. New staff could shadow other staff or a field supervisor until they felt confident to support the person by themselves. The provider was also starting a logging in system. When the staff arrived at a person's home their phone would activate when they arrived and left the house. This would help to ensure care was given at the time and for the duration requested by the person and that people received a continuity of service from staff who understood their needs.

Staff were supported through monthly team meetings, which included discussion on care plan reviews, staff development, and care standards and quality of care to be given. All staff received one to one supervision four times a year or more often if required. Annual appraisals would also be conducted for staff employed for more than a year. Because the service was new and the staff team relatively small the registered manager, deputy and field supervisors were available at any time to support staff. The systems the registered manager had put in place, induction, support and training helped to ensure people were cared for by staff suitably trained and supported to meet their needs.

Staff told us, the training was very good and were able to tell us about recent training they had attended. Staff said they were very well supported by the registered manager and the office staff.

People and relatives confirmed that staff gave them the time to make decisions about their care and support needs. Staff spoke about how they encouraged people's involvement in decision making and did not just do things for people. They gave examples of giving people time to make decisions about what they would like to do, how they needed to be supported and the level of help they needed. The registered manager said that people's capacity to decide on how their care was to be delivered was discussed at the initial assessment stage. This helped to ensure everybody was aware of the person's ability to decide on what was in their best interests.

We checked whether the service was working within the principles of the MCA and that applications must be made to the Court of Protection if appropriate. No applications had been made to the Court of Protection as this was not appropriate and the provider was not complying with any Court Order as there were none in place. Appropriate staff were aware of the Mental Capacity Act 2005 (MCA), 'Best Interests' decision-making process, when people were unable to make decisions themselves and staff had received appropriate training. The registered manager was aware that they were required to identify if people were subject to any aspect of the MCA, for example requiring someone to act for them under the Court of Protection or Office of the Public Guardian.

Where required staff supported people to eat and drink sufficient amounts to meet their needs and people's dietary requirements were detailed in their care plans. Staff had received training in food nutrition and food safety and when required prepared food for people. Staff were aware of respecting people's religious and cultural needs when preparing or serving food.

When required staff supported people to access their GP or other healthcare appointments. Each person had a communication book, which healthcare professionals could write in. This helped to ensure people received the care as prescribed by their GP or healthcare professional. This knowledge of people and the training and support staff received had helped to ensure an efficient service that was person centred.

Is the service caring?

Our findings

Results we received from our survey sent out before the inspection showed that all of the people and relatives who returned our survey were happy with the care and support they received from Bright Star and that staff were caring and kind and the support and care received helped people to be as independent as possible.

The service was caring. People and relatives commented "My relative feels Bright Star are fantastic. They come at the time she asks, they help her to get showered and dressed, they care, and they are really good. She has their mobile number and they were told that if they needed them at any time to give them a ring."

"Yes, basically they are always attentive and when they transfer my relative [from bed to chair] nothing is rushed they listen to her needs," "So far this is the best agency we've had, they send very polite staff who are caring. I am very happy with them, I can't complain about anything. I have very good staff who come to help me, I am happy with them" and "I like how they understand my culture and respect my religion."

One relative also commented "Bright Star Care Service has been better at providing the same carers consistently than other agencies we have used. For my relative this is one of the most important things in her care. We were introduced to this company as a hospital re-ablement package and my relative chose to continue with their care privately rather than returning to her previous care company."

We received a mixed response from people and relatives when we asked if the same staff came each time. People and relatives commented "No, especially at the moment I never know who is coming. I used to have one person but she has been promoted, they don't understand the importance of continuity to me."

Another relative commented "Not always, my relative has one regular care worker but she also has different ones once or twice a day. My relative prefers the regular carer and when a new one comes if their English isn't very good she finds it hard to explain what she wants for dinner and that is when problems arise."

We also received positive comments including "Yes, my relative has the same staff all day; she had three ladies [staff]. One of them was difficult to understand but the one she has now speaks excellent English. When she started with them the two owners [registered manager and deputy] came to see her to find out exactly what she wanted," "Generally they try to send the same staff but on occasions they swop around but not too much," "I get a girl [staff] from Monday to Friday and weekends another one, always the same unless they are on holiday", "It is the same staff within a pool of five," "I am happy with the fact my relative has one main carer, she is very caring and she takes initiative. I am confident my relative is well looked after. The manager will contact me if a carer can't come" and "I am happy, I know the staff, I trust them. If I didn't like the staff the manager would change them."

People and relatives we spoke with felt that their privacy and dignity were maintained by the staff when personal care was being given. Staff were able to describe to us what they did to help maintain a person's dignity at all times. People had been asked if they would prefer male or female staff to help them with

personal care and their preference was respected. Everyone we spoke with agreed that staff maintained their privacy and dignity while supporting them. Comments we received included "Yes, they make sure I am covered up and the door is closed" and "Definitely my relative feels comfortable when they are doing personal care."

Is the service responsive?

Our findings

The service was responsive to people's needs. Where people were referred from the local authority for support they would have an assessment of needs done by the local authority. The registered manager and deputy then conduct a separate assessment to ensure they fully understood a person's support needs. They used this information to plan the care and support a person received.

Each person had a person-centred plan in place, identifying their personal and health care needs, as well as guidelines for providing care for them in an individual way. The people who used the service were involved in the development and review of their care plan. The care plans we looked at evidenced that the people had signed their plans and a copy was kept in their home and in the office.

People's care records were well written and informative, giving details of people's support needs and daily activities. Care plans were reviewed regularly and the opinions of people taken into account during these reviews.

Staff told us as they got to know a person and if their support needs changed; this information would be fed back to the registered manager, so that appropriate changes, with the person's agreement could be made to the person's care plan. This could also include recommending social activities that the person may like to attend, such as the local day centre.

People were able to contribute their views and preferences to the process and to the reviews of their care. People and relatives commented "I have their list of what they said they would do, we are in the process of looking at it again" and "I have had a care plan review and I sent it back for rewriting as several things were incorrect and it was changed." Other people told us that they had not had a review yet as they had only been with the service a short time.

The staff told us that they enjoyed caring for people. "We are often the first and last person they see each day and it's good to talk with people, hear their stories and make them smile," "It's so rewarding, helping people to get better, to regain their strength" and "The key is to keep calm and be patient with people and give them time to do as much for themselves as possible."

Results we received from our survey sent out before the inspection showed that all of the people and relatives who returned our survey felt Bright Star and their staff responded well to any complaints or concerns that they had raised.

The provider had a complaints process. The information given to people explained the complaints process and what they could do if they were not happy with the quality of service they received.

People and relatives commented "There is a booklet here telling me how to complain and an emergency number if I need them," "Not off the top of my head but I know we have documentation if we needed to but we haven't had to. If I had a complaint I would go to them first and give them a chance to put things right"

and "I would call the manager immediately if anything was wrong she understands and she checks and takes action." The registered manager explained that any complaints or concerns received would be reviewed, investigated and responded to in a timely manner.

Is the service well-led?

Our findings

People and relatives commented about the staff and management saying, "Very good services in every respect. The manager in particular is impressive for her dedication and compassion, her practical skills and knowing how to cope with complex and difficult situations, and this ethos is transmitted by her to the staff" and "Yes we have a good relationship with the manager." One relative said about the registered manager "I speak to her, she came and gave me her number and told me to call if I had any problems and the [field] supervisor comes every month to do an assessment and update the care plan."

Staff told us communication with the registered manager and deputy was excellent. They commented "Someone is always available by phone to answer your questions," "They sort out any problems quickly" and "This is a very good company to work for."

People we spoke with also commented on the communication between themselves and the staff. People told us staff sometimes spoke to one another in a language other than English, which they were unable to understand. People also said it got annoying having to ask staff several times to repeat what they said. Two people said "You just have to take your time to understand one another, it is a case of being patient" and "If I can't understand them I just ask them to repeat what they said or reiterate what I think they said."

We spoke with the registered manager about the difficulties some people were experiencing with communication and she said "Staff sometimes used their home language to explain a word or process that cannot be easily translated into English, but when they do this they should explain to the person what they have said. I will address the issue of our staff speaking foreign languages while on duty. This issue will be taken very seriously and we will hold a staff meeting as soon as possible in which we shall address the issues raised followed by a communication skills workshop. In the meantime, staff will be reminded not to speak languages besides English in order to respect our service users' wishes."

From our discussions with the registered manager, who was also the owner it was clear they had an understanding of their management role and responsibilities and the provider's legal obligations with regard to CQC including the requirements for submission of notifications of relevant events and changes.

The provider had quality assurance systems in place to monitor the scheme's processes. This included monitoring staff training and future training needs and auditing of peoples' support plans to ensure they were relevant and up to date. These systems helped ensure people received the care they needed as detailed in their support plans and delivered by appropriately trained staff.

The provider asked for people's views of the service and of all staff to monitor and improve the quality of the service. The registered manager called people one week after the support had started to ensure they were happy with the service they were receiving. The field supervisors also conducted 'spot check' calls to people's home. 'Spot checks' were unannounced visits by the provider to a person's home to ensure the care being given by the staff was of a standard and quality the provider and person required. After three months the registered manager would send out a quality check survey to clients so that they could ensure

people continued to receive the service that met their needs. This information would help to ensure staff cared for people appropriately. People we spoke with were very happy with all the staff that supported them.