

Bright Almond Care Ltd

# Bright Almond Care 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 Almond Care Ltd is a domiciliary care agency providing personal care and support to people in their own homes. 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 there were four people using the service.

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

Systems and processes were in place to support people's safety. People's needs, including their safety were assessed and monitored. Staff recruitment practices needed to be improved. There were sufficient staff to meet people's needs and people and family members spoke of the reliability of the service. People received the support they required with their medicines. Staff worked consistent with the providers policy and procedure for infection prevention and control and followed government guidance related to COVID-19.

People's needs were assessed and kept under review and reflected all aspects of people's care. People, and family members contributed to the assessment process. People's health care needs were documented. Staff had the required experience, knowledge and training to meet people's needs.

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 spoke of the support they received from the registered manager, which included formal meetings, and spot checks to ensure they were working consistent with people's care plans and applied the knowledge they had gained through training.

People spoke of the kind and caring approach of staff, and the supportive relationships that had developed through having a small team of staff caring for them. People told us they were involved in decisions about their care, and that their views were respected by staff. People were involved in the development and reviewing of their care and support.

People spoke positively of the service and told us they would recommend it to others. People had regular contact with the registered manager, which included meetings to seek their views about the quality of care. The registered manager had planned improvements, which included moving from paper-based records to an electronic monitoring and record system.

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

The service was previously inspected (published on 16 August 2017). A quality rating was not awarded as the

service supported one person for a short period of time, which meant there was insufficient evidence to make a judgement as to the quality of care at that time.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 ●

# Bright Almond Care Ltd

## 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 Health and Social Care Act 2008.

#### 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 homes.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was announced. 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.

Inspection activity started on 16 May 2022 and ended on 23 May 2022. We visited the location's office on 17 May 2022.

#### What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well

and improvements they plan to make.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used this information to plan our inspection.

During the inspection

We spoke with two people who used the service and one family member about their experience of the care provided. We spoke with the registered manager and two care staff.

We reviewed a range of records. This included two people's care records and one person's medication record. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service and quality monitoring

After the inspection

We continued to seek clarification from the provider, which included staff training and assessment of their competency, policies and procedures and minutes of staff meetings.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question was unrated. At this inspection the rating has changed to Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place, which were communicated to staff and outlined everyone's responsibilities in reporting safeguarding concerns.
- Staff had been trained in safeguarding procedures and knew what action to take to protect people from harm and abuse. This included knowledge in who to report concerns to, both internally and to external agencies.

Assessing risk, safety monitoring and management

- Environmental risk linked to people's homes were considered as part of the assessment process. For example, potential trip hazards, lighting, home appliances and the storage of cleaning products.
- Potential risks were considered as part of the assessment process. The person or their representative were involved in any decisions to minimise potential risk. For example, by identifying any equipment, and how it was to be used safely to support people with their mobility.
- Areas of risk were kept under review by staff who documented within people's records their observations. For example, people who were at risk of developing pressure sores were monitored to ensure their skin remained intact and any areas of concern were documented and reported.

Staffing and recruitment

- Recruitment processes required improvement. We found one person's application form had not been fully completed and the person had only one reference. Documents were in place to confirm people's identity. A Disclosure and Barring Service check (DBS) had been undertaken. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were sufficient staff to meet people's needs. Staff had a weekly rota which provided information as to the client, and the time and duration of the care visit.
- People and family members told us staff were usually on time, on the rare occasion they were running late, they were informed. A person told us. "They [staff] are usually on time, but always apologise if occasionally late, its usually due to traffic."

Using medicines safely

- People's needs around medicine were considered as part of the assessment process. People were encouraged to maintain independence in managing their own medicine. Where support was required, people's records clearly identified the name of the medicine, the dosage and time it was to be given.
- Staff who administered medication undertook medicines training, and had their competency regularly

checked to ensure they were supporting people consistent with their training and the policy of the provider.

#### Preventing and controlling infection

- Staff had received training for infection prevention measures, which included the correct procedure for the putting on and taking off, of personal protective equipment (PPE).
- People told us staff wore PPE, which included masks, aprons and gloves. They told us staff frequently washed their hands and/or used hand sanitising gel.
- Staff were tested for COVID-19, consistent with government guidance.

#### Learning lessons when things go wrong

- Staff meetings were used to share information so lessons could be learnt to promote good practice.

# 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 our last inspection we rated this key question as unrated. At this inspection the rating has changed to 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

- People's needs were initially assessed when they started using the service and were regularly reviewed. Care documents were updated to reflect any changes in people's care needs.
- People and their family members spoke positively of the assessment process, which included a discussion about all aspects of care and support. A person told us, "The assessment process was great, they went through everything I need, and how I needed to be supported."

Staff support: induction, training, skills and experience

- Staff undertook training in key areas to promote people's safety, health and well-being, which was regularly updated to ensure staff had the appropriate knowledge.
- People spoke of their confidence in staff when providing their care. A person told us, "I feel safe, comfortable and confident."
- Staff were supervised through 'spot checks' where their interactions with people were observed by the registered manager.

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

- People's dietary needs were considered as part of the assessment process. Where people required support in the preparation and consumption of drinks and food this was detailed within their care plan.

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

- People's care records provided information as to people's health care needs, which included current health care support. For example, for people with damaged skin there was reference to district nurse involvement.
- A family member spoke of the support the registered manager had provided in liaising with health care professionals to bring forward an assessment to support them in meeting day to day care needs.
- Staff documented the support provided to promote people's health care needs and maintain their independence, mental health and well-being. For example, by accompanying people on walks in their local area.

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 MCA 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.

- People, and where appropriate family members were involved in all decisions related to people's care.

# 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 our last inspection we rated this key question unrated. At this inspection the rating has changed to 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 were supported by a small team of staff who they had developed positive and supportive relationships with. People spoke positively about the support and care they received. A person told us. "Absolutely amazing, very dignified in their [staff] approach and understanding as to my care needs. They're kind, caring, loving and very approachable."

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

- People and their family members told us they were fully involved in all decisions related to their care, both on a day to day basis and when their care package was reviewed.
- People and where appropriate their family members had access to their care records, which provided key information about their care, including a record of the care provided for at each care visit.

Respecting and promoting people's privacy, dignity and independence

- Everyone told us staff treated them with respect and promoted their independence. A person told us. "The staff always encourage me to do what I can for myself, it's important that I stay mobile."
- Staff told us how they promoted people's dignity by ensuring curtains and internal doors in the home were closed. They spoke of how they encouraged people to do as much for themselves as they could, and how the registered manager spoke to them of the importance of promoting people's privacy and dignity.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question unrated. At this inspection the rating has changed to 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 and family members were involved in contributing too and reviewing their package of care. People's records provided an overview as to their needs, and the role of staff in promoting their independence, choices and decisions related to their day to day care.
- At the time of the inspection no one using the service was in receipt of end of life care, and nobody had any agreed advanced decisions about their health care needs, including decisions related to whether they wished to be resuscitated.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's health conditions which impacted on their ability to communicate were documented. For example, a person's records stated staff were to ask questions which a person could answer by responding yes or no.

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

- The assessment and care planning process considered people's needs in relation to social inclusion. For example, people were supported by staff to access local amenities, which included grocery shopping and taking walks in their local area.
- A person spoke of staff taking them out of their home. They told us. "They [staff] take me for a walk around, it keeps me going and I get to enjoy the fresh air."

Improving care quality in response to complaints or concerns

- People and their family members were aware of how to raise concerns or complaints. People who had raised concerns told us these had been responded to well by the management team, and any issues quickly resolved.
- A record was kept of all concerns and complaints. Records included the detail of the concern, who raised the concern and the action taken to bring about improvement, and the outcome which included feedback to the complainant.

# 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 our last inspection we rated this key question as unrated. At this inspection the rating has changed to 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 had systems and practices in place to review and support staff to promote a positive culture which delivered good outcomes for people. This was achieved through informal support sessions and formal supervision, observed practice, the assessment of staff competency and effective communication.
- People and family members told us they would recommend the service and spoke of the kind and caring approach of staff, and the services reliability. A person told us. "I think they're a great company, they [staff] don't do it just for the job, but because they care. They're part of my family, all my relatives know them by name. I think they're a great company."

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 their role and responsibilities, and a policy and procedure detailed how the provider would meet its obligations under the duty of candour. No incidents had met this criterion. The duty of candour requires providers to be open and honest with people when things go wrong with their care, giving people support, and providing truthful information and a written apology.

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

- People and their family members spoke positively of the registered manager. The registered manager also provided some personal care to people, which meant they had got to know them well.
- Staff spoke well of the registered manager. They told us they were always available for guidance and support and provided feedback about the care they provided through supervision and observed practice.
- The registered manager understood their legal obligations. CQC had been informed about events they were required to by law.
- The provider had a business continuity plan in place, which detailed how people's needs were to be met in the event of an emergency.

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

- People's views about their quality of the service, and the care they received were sought. Records collated by the registered manager showed people were satisfied with the quality of care they received and spoke well of care staff in their approach.

- People and their family members confirmed their views were sought. A person told us. [Registered manager] asks me about the care I receive, and whether I am happy, they ask me about the staff, and if I have any worries or things I would like to change."

Continuous learning and improving care; Working in partnership with others

- The registered manager worked in partnership with others to develop the service. This was achieved by liaising with other key organisations. For example, by reading CQC newsletters, and liaising with the local authorities.
- The registered manager had planned for the introduction of an electronic monitoring system to support the quality monitoring of the service. Records would no longer be paper based but would be stored electronically. For example, people's care records and staff records. The system would monitor staff arrival and departure times from people's homes.