Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Bright Yellow Bracknell (t/a Lifecarers)

The Braccans, London Road, Bracknell, RG12 2XH

Tel: 01344988433

Date of Inspection: 12 September 2013

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We inspected the following standards as part of a routine inspection. This is what we found:

Care and welfare of people who use services	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard
Records	✓ Met this standard

Details about this location

Registered Provider	Bright Yellow Group plc
Registered Manager	Mrs. Elizabeth Dean
Overview of the service	Bright Yellow Bracknell (t/a Lifecarers) provides a service to people in their own homes.
Type of service	Domiciliary care service
Regulated activity	Personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an announced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 12 September 2013, talked with people who use the service and talked with carers and / or family members. We talked with staff, reviewed information given to us by the provider and talked with commissioners of services.

We carried out a home visit to people who use services.

What people told us and what we found

We spoke with 17 people who use the service and their relatives. They were complimentary about the care received. One person who uses the service told us the care given was "very, very good. I would recommend this service to others."

Care was planned with the involvement of the people who use the service and their relatives, and reflected their individual needs. People who use the service told us they were involved in discussions about any changes to their care. We found people were provided with appropriate care to meet their needs.

A system of staff supervision and appraisal was in place to support workers. Staff received appropriate training and professional development to enable them to deliver care and treatment to people safely and to an appropriate standard.

There were systems for monitoring the quality and safety of services provided to people. These included recording and investigating complaints, collecting feedback from people using the service, their relatives and staff. Spot checks by management were in place to monitor the quality and safety of services provided to people in their own homes.

People's records and other records relevant to the management of the service were accurate and fit for purpose. People's care documentation was stored securely in the office and accessible only by care workers and management.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and support was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

We looked at the records of nine people who use the service. These included an initial assessment with the person and their relatives. Individual needs were then identified and detailed plans of care and associated risk assessments completed. Care plans we looked at were individualised and person centred. They provided staff with details of where assistance, prompting or support for the person was needed. Staff we spoke with gave detailed examples of care they provided to people. This demonstrated their knowledge of people's needs and the appropriate support required. This was confirmed by people we spoke with.

Care and support was planned and delivered in a way that was intended to ensure people's safety and welfare. The risk assessments and risk reduction measures, included in the care plans, were specific to the needs of the individual. These were in place to help staff minimise risk and protect people and staff from harm. These covered specific events and circumstances such as access to people's homes, internal home environment, falls and moving and handling.

Care plans and risk assessments were reviewed every six months, or sooner following changes in their personal care needs. This was confirmed in people's records we looked at. For example, one person's needs were reassessed and a revised care plan and risk assessments completed by the manager following feedback from the occupational therapist. One member of staff told us when they reported changes to a person's health to the manager this had resulted in them being allocated more time for assistance with their personal care.

The daily notes showed care and support were delivered in line with people's individual care plans. The written records provided detail of what care had been provided and who had provided the care. There were copies of completed contact sheets on file for each person receiving a service recording the times and dates staff visited to provide care for that person. Records had been completed each time staff visited.

The manager told us they communicated any changes in people's care, health and support to staff in weekly written memos. Immediate changes were communicated to staff by telephone calls. This was confirmed by all staff we spoke with and in the memos we looked at. Where changes had been identified, appropriate actions had been taken, for example, consultation with, or referral to, an external health professionals such as the occupational therapist and district nursing team. This was confirmed by people and relatives we spoke with and district nurse consultation notes we looked at. During our inspection we observed the manager contacting the local authority to request a review for a person using the service following feedback from the district nurse.

There were procedures in place for dealing with emergencies that may impact on people's care, such as extreme staff shortages due to a pandemic situation. Procedures were in place to manage any disruption to transport in relation to the ability of staff to cover visits caused by adverse weather conditions.

Supporting workers ✓ Met this standard

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and support safely and to an appropriate standard.

Reasons for our judgement

Staff told us they had individual supervision and annual appraisal meetings with their manager. We saw documentary evidence of this. In the staff supervision timetable for 2013 we saw all staff had received supervision meetings and more were scheduled for the year. The provider had a system for recording dates that supervision and appraisal meetings took place.

We reviewed a sample of supervision meeting notes and found they were up to date. They identified training needs and discussed issues from day to day practice and relevant policies and guidelines. Staff we spoke with told us they found their supervision meetings beneficial and worthwhile. This meant staff were supported by a system of supervision to deliver safe and appropriate care and support to people using the service.

Staff told us they felt supported by managers and there were plenty of opportunities for day to day guidance. Staff said they felt comfortable raising concerns with their manager. They told us they had good access to training and they could request additional training when necessary, for example, if the needs of the people who use the service changed. This was confirmed in the notes of staff supervision meetings and staff training records we looked at. For example, staff requesting training in dementia awareness and multiple sclerosis attended training in July 2013.

The manager told us all new staff completed an induction programme. This included the provision of training and working shadow shifts with experienced senior members of staff until new staff felt confident to work alone. We saw evidence of recorded dates and notes of assessed shadow visits in seven staff files we looked at. Experienced staff had assessed the competencies and skills of new staff in relation to providing care for people during the shadow shifts. In the staff files we found the notes of performance and development review meetings. We noted these meetings reviewed progress and confirmed when the staff member had been assessed as competent in the skills and experience necessary for the work to be performed. Staff we spoke with confirmed their induction programme had helped to prepare them to carry out their role safely and effectively. One member of staff told us "I found the induction very helpful in preparing me for my role."

We looked at the provider's training record for all 46 care workers. We found all staff were up to date with the training identified as a requirement in the provider's own policies. Examples of training included safe handling of medications, infection control first aid and Safeguarding of Vulnerable Adults (SOVA). Where training was due for renewal we saw evidence that refresher training had been booked. We noted staff had completed training related to supporting people's care needs. For example, 25 staff had attended training in multiple sclerosis. Thirty three staff had completed training in dementia awareness and 10 in Parkinson's Disease. This meant that the provider ensured staff received appropriate training to enable them to deliver care and support to users of the service safely and to an appropriate standard.

Relatives and representatives we spoke with felt staff had the skills they needed when providing care and support to people who use the service.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

The provider had developed monitoring systems to gather feedback on the quality of service people received. These included collecting feedback from people using the service and their relatives and staff. There were spot checks by management in place to monitor the quality and safety of services provided to people in their own homes.

People told us they were regularly asked for their views about the service. Some people confirmed they had completed satisfaction questionnaires. These were sent to people once a year to monitor quality and to identify where improvements in the service could be made. We looked at 10 completed individual questionnaires and found people were happy with the quality and flexibility of the service and with the times allocated for their care delivery. No areas in need of improvement had been identified. This was confirmed by users of the service and their relatives we spoke with. People told us they were happy with the quality of care provided and the consistency of the service. One person told us "I can't fault them (staff) in any way. They are marvellous." Another person said "They (staff) make me feel very special."

Staff we spoke with told us they were regularly asked for their views about the service at their individual supervision meetings with the manager and during team meetings. Staff we spoke with were very complimentary about the service and could not identify any areas in need of improvement. They felt listened to and supported by management. This was confirmed in the notes of the Team meeting on 26 February 2013 we looked at.

Management observed staff whilst they carried out their duties and reviewed the quality of care planning and daily record documentation. These quality control checks took place to ensure staff were consistently following the agency's policies and procedures and following the individual's care plan. Staff we spoke with confirmed that these spot checks regularly took place. Results from these showed that areas in relation to care documentation and staff observations were satisfactory.

We reviewed the complaints file and saw there were no recordings. We saw all people who use the service had a complaints procedure within their files which were kept in their homes. None of the people we spoke with felt they needed to make a complaint. Relatives and representatives we spoke with told us they would feel comfortable raising concerns with any member of staff. One person said "If I have an issue I know I can ring up the manager and they will put it right. They are very approachable." Another person who uses the service told us about a concern they had raised in relation to the timing of evening visits. This had been acted upon by the provider to their satisfaction. Another person who uses the service told us that they no longer receive personal care from male care workers following their request to the provider for female carers only.

The provider had systems in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others. For example, there were risk assessments for lone working and safety in and outside the home area. Information provided by the manager showed there was a system for reporting, recording, and monitoring adverse incidents. We looked at the incident log and found for recorded incidences actions had been identified and taken to minimise the risk of recurrence.

Records ✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and support because accurate and appropriate records were maintained.

Reasons for our judgement

The provider had a policy providing guidance on the storage and disposal of records. Records were kept securely and could be located promptly when needed. We observed the record's storage in the manager's office of the service and saw people's care documentation was stored locked away and could be located when we asked. We saw people's records were accessible only by care workers and management. People's records were not left in areas that were accessible to the general public. Care workers' personnel files and other private information concerning the location was also stored securely in a locked cabinet.

People's personal records were accurate and fit for purpose. The provider had a system for recording and monitoring care plan and risk assessment review dates. This was confirmed in documentation we looked at. We saw people's personal records were kept updated and reviewed in a timely way. We saw where necessary these records were signed and dated by the management and care workers. Risk assessments and care plans were reviewed as needed or at set intervals (in accordance with the provider's guidance) by the care workers. People who use the service and their relatives confirmed they were involved in updates of their care plans and risk assessments.

Staff we spoke with understood the need for confidentiality of people's personal information. This meant the provider had taken steps to make sure people could be confident that their personal information remained secure and confidential. We saw this was in line with the principles of the Data Protection Act 1998 and the provider's own requirements.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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