

Brightwater Care & Support Ltd

# Brightwater Care & Support 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

Brightwater Care & Support Ltd. is a domiciliary care service providing the regulated activity personal care, which is help with tasks related to personal hygiene and eating, in people's own homes. At the time of our inspection there was 1 person receiving personal care using the service.

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

The person received safe care and support. Risk assessments were in place and reviewed regularly with the person. The registered manager understood safeguarding procedures. Policies and procedures were in place to support safe practices, which included staff recruitment, infection prevention and medicine management. The person received support with their medicine consistent with their assessed needs. The person received a reliable service and any changes were agreed with them.

The person had been involved in the assessment of their needs and had signed their care and support plans. The person told us both their physical and mental health had improved with the support and encouragement of the registered manager, which included their liaising with health care professionals on their behalf.

The person was supported to have maximum choice and control of their lives and was supported in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The person was treated with respect and kindness by the registered manager.

The person told us they were involved in all decisions about their care and support, and the service they received had a positive impact on their life. The provider had a complaint policy and procedure. The person told us they had no concerns about the service they received.

The nominated individual and the registered manager monitored the quality of the service, which included a range of audits to monitor the delivery and recording of care. Surveys were used to seek feedback about the service. The registered manager was committed to the delivery of good quality care, and the continuous development of the service.

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

This service was registered with us on 29 November 2021 and this is the first inspection.

### 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 ●

# Brightwater Care & Support 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 1 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

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

#### 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.

Inspection activity started on 19 January 2023 and ended on 20 January 2023. We visited the location's office on 19 January 2023.

#### What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service,

what they do well, and improvements they plan to make. We used all this information to plan our inspection.

We used information gathered as part of a monitoring activity that took place on 8 November 2022 to help plan the inspection and inform our judgements.

During the inspection

We spoke with 1 person about their experience of the care provided. We spoke with the registered manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included the person's care records and some of the providers policies and procedures. We looked at records relating to the quality monitoring of the service, which included the person's views about the service they received.

# Is the service safe?

## Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to protect people from abuse.
- The registered manager was aware of the duty to report any safeguarding concerns to the local authority safeguarding team and to the Care Quality Commission. To date, there had not been a need to do this.

Assessing risk, safety monitoring and management

- The person was protected from risks associated with their care and support.
- Potential risks were considered as part of the assessment process. The person had been involved in any decisions to minimise potential risk, which included environmental risks linked to their home.
- Safe evacuation routes in case of emergency had been assessed and recorded in the person's records.

Staffing and recruitment

- The registered manager provided the person's care and support, which meant staff had not been recruited at the time of our inspection by the provider.
- The provider had a policy for the recruitment of staff. The nominated individual (the nominated individual is responsible for supervising the management of the service on behalf of the provider) and the registered manager were aware of the importance of robust recruitment practices.
- The person who used the service told us the service was reliable, and the registered manager agreed any changes to the day or time of care visits with them.

Using medicines safely

- The person told us the registered manager encouraged and reminded them to take their medicine.
- The registered manager collected the person's medicine from the pharmacy as part of their care and support package.
- The provider had a policy for the management of people's medicine. This included information about staff training and the ongoing assessment of their competence to support people's safety and promotion of their health and wellbeing.
- The person's care records showed the person's medicines were considered as part of the assessment process, to confirm what role staff took in medicines administration and support.

Preventing and controlling infection

- There were sufficient stocks of personal protective equipment (PPE) available which included gloves and aprons. This ensured care was provided which reduced the risk of infection spreading.
- The provider had an infection control policy and procedure.

## Learning lessons when things go wrong

- The provider had systems in place for the recording of accidents and incidents. The provider held a meeting following an incident as part of their approach to lessons learnt. The meeting considered the incident and whether they would manage the situation differently if something similar happened again.



# Is the service effective?

## Our findings

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

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

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

- The person's needs were assessed comprehensively before any care was agreed. The person told us, "The [registered manager] and [nominated individual] visited at the beginning, sat down with me and went through everything and assessed my needs."
- Care and support plans were developed based on the person's assessed needs, which included personal care, food and drink and mobility.
- The assessment process was holistic and considered the person's equality, diversity and human rights. For example, religious, cultural, spiritual and other protected characteristics and preferences.

Staff support: induction, training, skills and experience

- The registered manager did not employ any staff at the time of inspection. Plans and documentation were in place for staff induction and training when this was required. They also told us about plans for staff supervision and appraisals, monitoring of staff through competency assessments and observed practice.

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

- The person's needs in relation to eating and drinking were assessed and care records provided information as to the support required.
- The person told us how the registered manager had provided both encouragement and support, which had a positive impact on their health as they now cooked meals for themselves.

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

- The registered manager worked in partnership with the person by encouraging them to seek support from health care professionals, which included their GP. The person told us, "[Registered manager] pushes me, despite my resistance and this has improved my physical and mental health. I'm now more active indoors, and cooking."
- The registered manager liaised with health care professionals on behalf of the person, with their agreement. This included referrals to health care professionals who could provide support and guidance to assist the person with daily living activities such as personal care and cooking.

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.

- The registered manager demonstrated they understood the principles of the MCA.
- The person told us they were involved in all decisions about their care and support and had signed their care and support plans.
- Assessments of the person's needs considered their capacity to make their own decisions.

# Is the service caring?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- The person was treated with respect and kindness. The person told us, "[Registered manager] has been brilliant, gone above and beyond in trying to help me. I'm a difficult person, I didn't want care, and had half given up. Initially I was looking for help with cleaning, but they've helped me have sight of my future again. They even bought me a Christmas present and a birthday card It's a blessing seeing their face every week, a friendly and caring person."
- The registered manager knew the person well and provided good quality care, which met the person's need. This had a positive impact on their wellbeing.

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

- The person's expectations of care were recorded within their care and support plan, which had been developed with their involvement and signed by them.
- The registered manager supported the person to consider ways in which they could maximise their independence and involvement in daily activities such as cooking. For example, by taking medicine for pain management at a time to maximise the benefit of pain relief so as to enable them to undertake tasks with reduced discomfort.

Respecting and promoting people's privacy, dignity and independence

- The registered manager provided care which respected the person's privacy and dignity. For example, the person's decision not to provide the registered manager with some of their personal information.
- Care records provided information as to potential goals to support the person in achieving greater independence and increase their wellbeing.
- Personal information was kept securely at the office location. The registered manager was aware of the importance of confidentiality and keeping information safe.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The person's choices and preferences were documented in their care records. Care and support plans provided information as to the support required, which included personal care and support, and support with household tasks such as cleaning. The person told us, "They [registered manager] talked me through my care plan, they both [registered manager and nominated individual] keep in touch and ask if I need anything."
- The person's care records provided information about their physical, mental, emotional and social needs, which were linked to goals to encourage their confidence and improve their wellbeing.

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.

- Information could be made available to people in a variety of formats as needed, for example, large print or easy read.

Improving care quality in response to complaints or concerns

- The person told us they had no concerns or complaints about the service and were confident if they had any concerns these would be addressed.
- The provider had a complaints policy and procedure. At the time of the inspection the provider had not received any complaints or concerns.

End of life care and support

- The service was not providing end of life care at the time of the inspection. The registered manager was aware of what was required, including staff training, in the event this type of care was required.

# Is the service well-led?

## Our findings

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

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

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

- The registered manager was committed to delivering good quality care to people in their homes. At the time of the inspection they provided support and care to the person, alongside overseeing the running of the service.
- The registered manager put the person at the centre of the service and provided good quality care and support which provided positive outcomes for the person. The person told us, "[Registered manager] has literally saved my life, and is my guardian angel, going above and beyond in trying to help me."

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 was aware of their responsibility to keep people informed of actions taken following incidents in line with the duty of candour. They were aware of their legal duties to send notifications when appropriate to the local authority and CQC.

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

- The registered manager was clear about their roles and responsibilities to people using the service now and in the future.
- There were processes to monitor the quality and standard of the service, which included a range of audits focusing on service delivery. For example, audits of care records and topics related to health and safety.
- A comprehensive range of policies and procedures were in place to support the effective running of the service.

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

- Practices were in place to seek people's views and feedback as to the quality of the service they received. The person had completed a survey, which reflected their satisfaction with the service they received. The person had in addition sent e-mails to the registered manager expressing their gratitude and happiness of the service they received.

Continuous learning and improving care; Working in partnership with others

- The registered manager and nominated individual were supportive of the inspection process. They were

open to suggestions and reflected upon ways to continuously improve the service people received.

- The registered manager had attended provider forums led by the local authority, who provide support and guidance.