

Bright Opportunities Enabling Services Limited

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Enabling Services Limited

## Inspection report

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Date of inspection visit:  
15 October 2019

Date of publication:  
27 November 2019

## 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

Bright Opportunities Enabling Services Limited provides personal care to younger adults with a learning disability or autistic spectrum disorder. People receive personal care in their own shared occupancy living accommodation via individual private tenancy agreements. At the time of our inspection there were two people using the service, living within a supported livings setting.

The service is developed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This aims to ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence.

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

The service met the characteristics of Good in all areas.

The provider arrangements for people's care helped to ensure their safety and protection from avoidable harm, abuse or an acquired health infection. Staff were safely recruited and deployed to provide people's care. People were supported to take their medicines safely, when they should. The provider acted to ensure people's safety when things went wrong at the service and to prevent any further reoccurrence.

People received effective, consistent and informed care that met with their needs and choices. Staff were trained and supported to provide people's care. Staff supported people to maintain and improve their health, through effective communication and information sharing with relevant external health professionals when needed. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible, in line with the law and guidance.

People received care from kind, caring and compassionate staff; who treated people with respect and ensured their dignity, equality, rights and best interests. Staff had good relationships with people and their representatives and knew what was important to people for their care. People were informed, involved and supported to understand and make ongoing decisions about their care as far as possible.

People received timely, individualised care, tailored to their individual needs and wishes. Care was provided in a way that helped to optimise people's choice, independence, autonomy and inclusion. Complaints and concerns were effectively accounted for and used to improve people's care quality experience when needed. Arrangements could be made to provide people with personal support to enable their choices and access to relevant health professionals in the event of a life limiting illness.

The providers arrangements for the oversight and management of the service were effective to ensure the quality and safety of people's care, continuous learning and ongoing service improvement. The registered manager met with the legal requirements of their registration. People received individualised, high quality

care, from staff who understood their role and responsibilities. The provider's engagement and partnership working strategies took account of people's equality and rights. This helped to ensure the right care outcomes for people and optimise their care experience.

More information is in the full report.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

This service was registered with us on 24 August 2018 and this is the first inspection.

#### Why we inspected

This was a planned inspection to provide a rating for the service.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well led.

Details are in our responsive findings below.

# Bright Opportunities Enabling Services Limited

## **Detailed findings**

### Background to this inspection

**The 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 was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

**Inspection team:** The inspection was completed by a single inspector.

**Service and service type:** Bright Opportunities Enabling Services Limited provides personal care and support to people living in a 'supported living' setting', so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. The service is also domiciliary care agency, which may provide personal care to people living in their own houses, flats or specialist housing. The provider was not delivering this service to people at this inspection.

There was a registered manager for the service. A registered manager is legally responsible for how the service is run and for the quality and safety of the care provided.

**Notice of inspection:** The inspection was announced. We gave the service initial three working days notice of the inspection site visit. This was because it is a small service and we needed to be sure the registered manager would be in the office to support the inspection; care staff were available to speak with us; and people's consent was obtained, for us to speak with them or their relative about their care experience.

**What we did:** We looked at information we held about the service to help us plan the inspection. This included checking written notifications the provider had sent to us about any important events that happened at the service. On this occasion we did not ask the provider to complete a Provider Information Return (PIR) before our inspection. This is information we may ask the provider to send us, usually at least

once annually to give some key information about the service, what the service does well and any improvements they plan to make. However, we gave the registered manager opportunity during the inspection, to give us any information from this.

The inspection was carried out in one day. We used a range of different methods to help us understand people's experiences. We visited one person in their own supported living setting and also spoke with two relatives, to help us understand people's care experience. We spoke with the registered manager, five care staff and two administrative support staff. At the provider's office, we reviewed two people's care records to check whether they were accurately maintained. We checked a range of records relating to the management of the service and the provider's checks of the quality and safety of people's care. This included staffing, medicines, complaints and incident records. We also took account of feedback we received from an adult social care professional involved in people's care at the service.

# 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 for 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

- The provider's arrangements for people's care helped to protect them from the risk of harm or abuse.
- People, relatives and staff were informed and supported to report any safeguarding concerns relating to people's care, if they needed to.
- The provider had notified us and acted in line with national and locally recognised safeguarding procedures, to ensure people's safety when a safeguarding incident happened within their service.

Assessing risk, safety monitoring and management

- Risks to people's safety associated with their health condition and environment were effectively accounted for and mitigated.
- Potential risks to people's safety were assessed before they received care and regularly reviewed. For example, risks associated with people's health conditions or from their environment.
- Staff understood the care steps to follow, to reduce any related risks to people's safety, which were recorded in people's written care plans. For example, to help people to access their local community or take their medicines safely when they needed to.
- A relative said, "I am confident [person] is completely safe; they [staff] understand how to ensure this."
- Staff understood the provider's operational safety procedures, if they needed to follow them to ensure people's safety. Such as in the event of any health incidents or emergencies. This included related communication, record keeping and reporting procedures.

Staffing and recruitment

- Arrangements for staff recruitment and deployment were safe and sufficient for people's care.
- Staff described safe procedures for their recruitment and deployment, which the provider's related records showed. This included relevant employment, criminal and character checks, which the provider obtained before any offer of employment to staff for people's care.
- Staff deployment arrangements were effectively ensured via planned staffing rotas and an electronic care call monitoring system. This helped to ensure people received timely care calls as agreed with them.

Using medicines safely

- People were protected from risks their safety associated with the unsafe management of medicines.
- Staff were trained, informed and understood how to support people to take their medicines safely when they should. Related policy and medicines procedures for staff to follow, met with relevant nationally recognised procedures for the safe management of medicines.
- Regular management and staff competency checks helped to ensure this was followed.

### Preventing and controlling infection

- People were protected from the risk of an acquired health infection when they received care from the service.
- Staff followed safe hygiene practices when they provided their care. This included wearing personal protective clothing (PPE) such as disposable gloves and aprons when needed.
- Staff were trained and understood the universal principles of infection prevention and control for people's care. All staff we spoke with confirmed they were supplied with sufficient amounts of PPE to use when they provided people's personal care. This helped to reduce the risk to people's safety from an acquired health infection.

### Learning lessons when things go wrong

- Effective management strategies helped to ensure people's safety and prevent any reoccurrence if things went wrong at the service in relation to people's care.
- The provider had established arrangements for the ongoing monitoring and analysis of any health incidents or accidents relating to people's care. This helped to identify any trends or patterns, which could be used to inform or improve people's care relating to their safety needs, when required.
- Effective and timely management measures were taken following a safeguarding incident, to ensure people's safety and prevent any reoccurrence.



# 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

- People's health needs and related personal care choices were effectively accounted for in line with standards, guidance and the law.
- People's personal care needs and choices were assessed before they received care and regularly reviewed with relevant parties, to make sure people received the care they needed.
- People's care plans provided staff with the information they needed to follow for people's care.
- Local authority care commissioners told us, "The provider works very closely with our social workers to assess, review and put together support plans that are always tailored to the individual." One person's relative representative told us, "They make sure care is properly assessed and regularly reviewed; [Person] receives the right care from staff, which they are happy with."

Staff support: induction, training, skills and experience

- People received care from staff who were trained and supported to perform their related role and responsibilities.
- The provider's arrangements for staff training, induction and support were comprehensive, and targeted to effectively inform people's care. A range of methods were used to ensure this. Such as standardised training for relating to people's general health and safety needs; or bespoke training to support people living with complex or specialist health or behavioural needs.
- All new care staff were expected to undertake the Care Certificate. The Care Certificate promotes a national set of care standards, which non-professional care staff are expected to adhere to when they provide people's care.

People's relatives and external agencies involved in people's care, were confident of staffs skills and knowledge. Staff we spoke with said they received the training and support they needed to provide people's care. An external care professional told us, "They [manager/staff] are goal focussed and offer real expertise in working with various levels of complexity."

Supporting people to live healthier lives, access healthcare services and support; Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to maintain or improve their health and nutrition when needed.
- People's health needs were assessed and accounted in consultation with relevant external health professionals when needed. For example to ensure people's access to routine or specialist health screening, treatment or advice.
- Staff understood people's individual health conditions, how they affected them and followed people's

related personal care plans. This included any instructions from relevant external health professionals involved with people's care.

- Standardised arrangements were in place for people's health referral and information sharing with relevant external health professionals or care providers; which staff followed when needed for people's care. One person's relative told us; "They [staff] were brilliant and persisted, to get it right for [person's] health and treatment when needed."
- This helped to ensure people received consistent, timely and informed care, as agreed with them, or their representative.

Ensuring consent to care and treatment in line with law and guidance

- The service was working within the principles of the Mental Capacity Act 2005 (MCA).
- The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- 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.
- Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the Deprivation of Liberty safeguarding (DoLS) cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.
- Staff ensured people's consent to care and any individual liberty restrictions were considered was in accordance with law and guidance.

# 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; equality and diversity; Respecting and promoting people's privacy, dignity and independence

- Staff respected and ensured people's equality and diverse needs for their dignity, privacy, independence and rights.
- Staff demonstrated they understood the provider's published care values; to promote people's equality and rights in their care.
- Staff understood the importance of establishing effective relationships with people and knew how to communicate and support people in the way they understood.
- Key service information was provided for people, to help them understand what they could expect from the service. This included alternative formats, such as easy read or pictorial.
- Our observations of staff interaction with people and feedback we received, showed staff ensured people's dignity, equality, rights and inclusion in their care.

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

- People were involved and supported in a way they understood, to make decisions about their care.
- People's care plans showed their choices, preferences and communication needs for their care, which staff understood.
- Bespoke information was provided, which people took with them, if they needed to transfer to another care provider for any reason. Such as in the event of hospital admission for health reasons. This helped staff at the receiving service to understand how to communicate with the person in the way they understood.
- People were could be supported to access independent or specialist advocacy services, if they needed someone to speak up on their behalf.

# 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.

- People received timely, individualised care; provided in a way which helped to maximise their autonomy and control.
- Staff understood people's individual needs, related lifestyle and daily living preferences for their care, which was shown in their written care plans.
- Staff understood and promoted the provider's published aims of care, which reflected nationally recognised voluntary care standards for supported living. The standards aim to ensure each person is able to live the life they choose with the same choices, rights and responsibilities as other citizens.
- People were supported to follow their interests and access their local community; to engage with friends and family and learn new skills for their independence.
- People's individual choice and compatibility with others in relation to shared living accommodation was ensured.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People were provided with information in an accessible format, to help them agree and understand what they could expect from their care.
- Staff knew how to communicate effectively with people in the way they understood. For example, by using simple language and gestures.
- During our inspection we saw staff communicated effectively with one person, to consistently ensure their inclusion and involvement. Another person's relative told us, "Staff are fantastic – they really know how to communicate with [person] consistently; in a way that is helpful to [person]."

Improving care quality in response to complaints or concerns

- Complaints and concerns were used to improve people's care when needed.
- There was an accessible complaints procedure and effective arrangements for the timely handling and investigation of any complaints or concerns.

End of life care and support

- The service is not a primary care provider for end of life care.

- Systems were in place to enable people's personal support in relation to their wishes, family involvement and decision making in the event of life limiting illness. This included supporting people to access relevant external lead health professionals and services concerned with end of life care.

# 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.

Continuous learning, improving care and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on their duty of candour responsibility

- The provider operated effective systems to continuously monitor, sustain and help improve the quality and safety of people's care.
- The registered manager understood the requirements of their registration and to ensure regulatory requirements were being met.
- Records relating to people's care were accurately maintained and safely stored. The provider's operational policy and ongoing management arrangements, helped ensure the safe handling and storage of people and staffs' confidential personal information in line with national guidance and legal requirements.
- The provider took regular account of management, staffing and communication arrangements at the service, to make sure these were consistent and effective for people's care.
- The provider had met the regulatory obligations for their registration and in relation to their duty of candour responsibility. The duty of candour places legal responsibilities on organisations to be open and honest when things go wrong. The provider had sent us written notifications about any important events when they happened at the service to help us check the safety of people's care when needed.
- The provider understood their legal duty to ensure the required display of this first inspection rating for public information

Managers and staff being clear about their roles, and promote person centred, high quality care and support

- The registered manager and staff understood and were positively motivated to perform their role and responsibilities for people's care.
- Staff, relatives and external partners we spoke with were highly positive about the leadership and management of the service and the quality of people's care. A relative said, "The manager is an absolute credit to care; employs the right staff with the right skills and attitude."
- The registered manager had an active, accessible profile within the service. People, staff, relatives and those with an interest in the service knew and had regular contact with the registered manager. They were also provided with relevant management and office contact details, including for outside of normal working hours.
- There were clear lines of accountability and communication established within the service for people's care, which staff understood. This included related record keeping, information handling and incident reporting for people's safety.
- Management measures concerned with staff performance, support and supervision helped to monitor and ensure staff understood and followed the requirements of their role.

- The provider had a comprehensive range of operational policy guidance for staff to follow in relation to people's care and safety. These were reviewed against nationally recognised standards, to make sure they provided up to date guidance for staff to follow.

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

- People, relatives and staff were engaged or consulted to help inform, monitor and drive service improvement. This was done in a way that ensured equality of access.
- The provider had recently sent out their first quality survey to engage peoples representative views about the service.
- Staff described an open culture where they could raise any concerns if they needed to.
- The provider had established care aims and values against nationally recognised care principles for supported living; which staff understood and followed. Management monitoring and provider oversight arrangements helped to make sure this was fully implemented and upheld for people's care.
- Where changes and improvements were needed for people's care; staff and related records confirmed this was communicated in a timely, targeted manner. For example, through electronic communications, regular staff meetings held or via individual care reviews.

Working in partnership with others

- The provider worked with relevant agencies, including educational, external health and social care partners, when needed for people's care.
- Partnership working arrangements helped to ensure the right support for people to achieve new skills and maximise their independence and life opportunities. Related comments from relevant external care professional included, "They work very closely with us to assess, review and ensure tailored support plans for people;" and "The provider is keen to be flexible to get the best service possible."