

Bright Opportunities Enabling Services Limited

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Enabling Services Limited

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### About the service

Bright Opportunities Enabling Service is a supported living service providing personal care to four people at the time of this inspection. The service supports people in their own homes. There is also a day centre section to the business. CQC do not regulate day centres so this was not looked at as part of this inspection.

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

#### Right Support

There were times when a person had restrictions on their liberty without the appropriate lawful authorisation. The service did not always support people to have maximum possible choice, control and independence. People did not always have control over their own lives. There was not always a process of best interest decision making and staff did not always know what decisions people could make for themselves.

#### Right Care

People received compassionate care from staff who were kind. However, people's dignity was not always promoted when people displayed behaviours that were normal for them. There were always enough staff to make sure people received the support they required. People took part in activities they enjoyed. Staff knew people well and were committed to ensuring people achieved good outcomes from their support.

#### Right Culture

The governance processes were not always effective and had not identified where best practice was not followed. Relatives and professionals told us there was a culture of openness and support. Staff turnover was very low, which supported people to receive consistent care from staff who knew them well.

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

#### Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right Support, Right Care, Right Culture.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards

of quality and safety. We will work alongside the provider and local authority to monitor progress. We will meet with the provider after this report has been published to discuss how improvements have been implemented and imbedded. We will 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?

The service was exceptionally not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# 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 (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 Care Act 2014.

#### Inspection team

This inspection was carried out by one inspector.

#### Service and service type

This service provides care and support to people living in two 'supported living' settings, 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 had a manager registered with the Care Quality Commission. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service two hours' notice of the inspection. This was because the service is small, and people are often out. We wanted to be sure there would be people available to speak with us.

Inspection activity started on 28 February 2022 and ended on 5 March 2022. We visited the office location on 3 March 2022.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals 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.

#### During the inspection

We spent time with two people who used the service and spoke with three relatives about their experience of the care provided. We spoke with six members of staff including the registered manager and care staff. We reviewed a range of records. This included four people's care records and their medicine records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who are connected with the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- The provider had not recognised that some restrictions were placed on a person's liberty without lawful authorisation. Although staff believed they were doing this in the person's best interest the provider had not applied for the appropriate lawful authorisation or ensured there was an assessment to demonstrate how this benefitted the person.
- We saw records that showed a person had their belongings confiscated in response to their behaviour and were told they would not be allowed to do their normal activities if they behaved in a certain way. We raised this with the staff and registered manager and referred this to the local safeguarding authority for investigation.

The provider had not always ensured people were protected from unlawful deprivations on their liberty. This was a breach of regulation 13 (Safeguarding Service Users from Abuse and Improper Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Where safeguarding concerns had been raised there were investigations and actions taken to prevent the same thing happening again.

Assessing risk, safety monitoring and management

- Risks to people's safety were assessed. However, there was not always clear guidance for staff about how to reduce risks to people's safety.
- One person was documented as being at risk of running into the road, the information in the risk assessment did not guide staff how to support this person safely and in the least restrictive way if this happened.
- Where risk assessments were in place they were not always reviewed in response to incidents that happened.
- Relatives told us they felt their relation was kept safe from harm. One relative said, "[Name] is very safe, the staff there know how to look after them."

Learning lessons when things go wrong

- There was not always a process to ensure lessons were learned when things had gone wrong.
- Staff documented when incidents had happened with people, but there was no process to ensure these were reviewed or responded to.
- During the inspection the registered manager took our feedback on board and implemented a system of

incident reporting. This required a management review of incidents and recorded outcomes to ensure lessons could be learned.

- Relatives told us they were always informed when anything happened and felt they played an active role in supporting their relations to stay safe. One relative said, "Yes, I always know what happens, I can log on and see it on the system and the staff always phone me."

#### Using medicines safely

- People received their medicines as prescribed. However, when people took medicines on an as and when basis (PRN) there were not always protocols to guide staff as to how to recognise when these may be required.
- There were clear Medicine Administration Records (MAR) and an up to date medicines policy in place.

#### Staffing and recruitment

- Staff were safely recruited. The provider ensured there were pre-employment checks such as criminal records history and references from previous employers.
- There were enough staff on duty deployed effectively. This meant people received support from staff on a one to one basis as required.
- There was a low staff turnover. Most staff had worked with people for a long time. This meant people benefitted from a consistent staff team and developed close bonds with the staff.

#### Preventing and controlling infection

- The service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them. The service had good arrangements for keep premises clean and hygienic.
- Staff used Personal Protective Equipment (PPE) effectively and safely.
- People were supported to follow shielding and social distancing guidelines safely.

# 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 the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- The provider had not ensured staff always completed training to know how to meet people's needs effectively.
- There was a training programme in place for staff, but it was not clear what training was mandatory and what wasn't.
- We found some staff had not completed training in learning disability awareness, autism and mental capacity and were supporting people with these needs. There were other areas of mandatory training that not all staff had completed, such as first aid and food hygiene.
- Where staff had not passed the competency assessment at the end of the training course, they continued to support people without supervision.

The provider had not always ensured staff received appropriate training or supervision to carry out their role effectively. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Immediately after the inspection the provider contacted us to assure us they had taken this feedback on board and had implemented training for the staff who had not completed all the necessary modules.

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 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.

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, and whether any conditions

on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider was not always working in line with the MCA. People's capacity to make decisions was not always assessed. Decisions were made for people without lawful authority.
- Staff were guided to support people to make choices and be as independent as possible. However, where staff made decisions for people there were no records to demonstrate how this had been assessed as in people's best interest.
- The provider did not always recognise people's rights to behave in a certain way or to make decisions they may have felt were unwise. For example, one person had their belongings removed from them to prevent them breaking them and was told they would not be able to go out the next day if they displayed certain behaviours in the night.
- One person's care records noted they lacked capacity. This did not recognise that the person may have had the capacity to make some decisions even though they lacked capacity to make all decisions about their care needs.
- The provider was not aware if a person's relative had Lasting Power of Attorney (LPA). LPA gives the appointee the legal right to make decisions for a person. The provider told us they acted on the relative's requests that restricted a person's liberty but did not know if the relation had the legal authority to make these decisions.

We recommend the provider review care records for all people and implement a process for assessment of mental capacity and recording of best interest decisions in line with the MCA. We recommend this process is completed with involvement of people, relatives, external professionals and independent advocates where appropriate.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;  
Supporting people to live healthier lives, access healthcare services and support

- The provider had not always ensured that people's care records contained clear guidance for staff about how to support people effectively.
- One person's support included the use of a reward chart. Staff told us this had been implemented to motivate the person not to display behaviours that challenged. However, there was no mention of this in the person's care plan. There was no guidance for staff about how to use this in the person's best interest and in the least restrictive way for them.
- There was not always evidence of independent professional or advocacy involvement in people's care. The registered manager told us they received verbal support from external professionals and would in future ensure this was always documented.
- After the inspection an external professional contacted us to say they would initiate a review of this person's needs and this would include a multi-disciplinary team approach.

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

- People were supported to eat and drink enough to maintain a balanced diet.
- People were involved in choosing their food, shopping and planning their meals.
- Staff encouraged people to eat a healthy and varied diet and to monitor their weight.

# 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 the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Governance processes were not always effective. The provider had not always reviewed people's care records. Therefore, they had not identified when staff were not working in line with a person's positive behaviour support plans.
- We found entries in people's care records where staff, the registered manager and company director had documented a person's behaviours and their response to these in an undignified way. This had not been identified by the audit process.
- There was no formal review of incidents and no actions recorded to demonstrate the provider had done all they could to reduce risks in future. For example, we read in people's care records about two occasions where people had assaulted staff. There was no review of people's needs in response and no updated guidance for staff about how to support people safely.
- The provider did not always have a full understanding of their regulatory requirements. For example, the registered manager had not recognised the requirement for applications to the court of protection, mental capacity assessments or best interest decision records.

The provider had not always ensured there were systems and processes to assess, monitor and improve the quality and safety of the service. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

After the inspection the registered manager assured us they had taken our feedback on board and had implemented new processes for reporting and reviewing incidents to explore and demonstrate where lessons could be learned.

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

- Relatives, professionals and staff told us there was a culture of openness, transparency and care within the service. Relatives felt their relations achieved good outcomes.
- One relative said, "The manager has done so much for us, always available and very open."
- Staff felt there was supportive culture within the service. One staff member said, "There's always help if

you need it, we all support each other, it's about what's best for the [service users] it's never about blame."

- People's relatives were given access to the on-line care plan and recording system. Relatives told us this made them feel involved and included in their relations care.

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 provider met the duty of candour. Staff gave honest information about how they supported people. Relatives and professionals told us there was a culture of openness and honesty.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Relatives told us they felt the service was well-led. One relative said, "The manager is always available for us and is very accommodating."
- Professionals told us there was good partnerships working and open communication. One professional said, "Staff do appear to work in the best interest of [Name]".

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The provider had not always ensured people were protected from unlawful deprivations on their liberty.</p>
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had not always ensured there were systems and processes in place to assess, monitor and improve the quality of the service provided. There was not always a review of incidents and times where people displayed behaviours that challenged.</p>
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider had not always ensured staff had completed training to meet the needs of the people using the service.</p>