

Brisen Company Limited

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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: Brisen Company Limited is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a personal service to both older adults and younger disabled adults. At the time of our inspection, five people were using the service.

People's experience of using this service:

- Staff understood signs to recognise abuse and how to report suspected abuse. Staff knew actions to take to protect people from abuse.
- Risks to people were assessed and plans put in place to reduce identified risk.
- Staff were sufficient and adequately deployed to support people with their needs.
- The service had a policy and procedure on the safe management of medicines. No one was receiving support with their medicines when we visited.
- Staff were trained to reduce the risk of infection.
- The service had systems in place to report incidents and accidents and staff knew about these procedures.

- The registered manager involved people and their relatives in the assessment of their needs. They planned people's care based on their assessed needs and preferences.
- Staff were supported through training and supervision to provide effective care to people.
- Where required, people received support from staff to meet their nutritional needs.
- People were supported to access the health care services they needed to maintain their health. The registered manager liaised effectively with other services to ensure people received well-coordinated care.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff and the registered manager understood their roles and responsibilities under the Mental Capacity Act (MCA) 2005. Staff involved people in their care delivery and ensured people consented before they delivered care.
- People told us that staff treated them with kindness and respected them as individuals.
- Staff respected people's dignity and privacy. People were encouraged to maintain their independence as much as possible.
- People and their relatives told us that they were involved in their care and their choices and preferences were respected.

- Staff supported people in a way which met their individual needs. Staff respected people's diversity. The service considered people's language needs and communicated with them in the way they understood.
- People knew how to report their concerns or complaints about the service.
- The registered manager had experience in providing end of life care. At the time of our visit no one was receiving end of life care.

- The registered manager assessed and monitored the quality of service delivered through spot checks, monitoring visits and audits.
- The service ensured that the service delivered to people met their needs.
- The registered manager understood their role and responsibilities in line with their registration requirements.
- People, relatives and staff were involved and engaged in planning and delivering the service.
- The registered manager worked in partnership with the local authority to develop the service and meet people's needs.

Rating at last inspection: This was the first inspection of the service since they registered with the CQC in January 2018.

Why we inspected: This was a planned inspection based on our guidance about newly registered services.

Follow up: We will continue to review information we receive about the service until we return to visit as part of our re-inspection programme. If any concerning information is received 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 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 ●

Brisen Company 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. 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 undertaken by one inspector.

Service and service type: Brisen is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a personal service to both older adults and younger adults living with a disability. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: We gave the service 48 hours' notice of the inspection because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

The Inspection site visit activity took place on 15 January 2019. We visited the office location to see the manager and office staff; and to review care records, policies and procedures.

What we did: Prior to the inspection we reviewed the information we held about service including notifications we had received. Notifications are information about important events the provider is required to tell us about by law. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used this information to help inform our inspection planning.

During the inspection we spoke with registered manager and reviewed three people's care records and three staff files which included recruitment checks, training records and supervision notes. We also reviewed other records relating to the management and running of the service such as the provider's quality assurance

systems.

After the inspection, we spoke to one person using the service, one relative and two care staff to obtain their feedback about the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from abuse. One person told us, "I do not have any problems with the care workers. I feel safe with them." A relative commented, "Since we have been using Brisen we have not encountered any problems. I believe my family members are safe with them."
- Staff working with people had completed training in safeguarding people from abuse. Staff knew how to recognise abuse and the actions they needed to take. They told us they would report any concerns to the registered manager and if no action was taken they would whistleblow to relevant authorities.
- The registered manager understood their responsibilities to address any safeguarding concerns, including notifying the local authority safeguarding team and CQC, conducting an investigation, and cooperating with relevant agencies.
- There had not been any safeguarding concerns since the service started in 2018.

Assessing risk, safety monitoring and management

- The risk of avoidable harm to people was minimised. The registered manager assessed risks to people covering mental and physical health, skin integrity, moving and handling, mobility, falls and the environment.
- Management plans were developed to reduce risks identified. There were management plans to guide staff on how to perform safe transfer of people. Where required to ensure people's safety, two staff members performed moving and handling tasks and they used equipment provided. Staff were trained on moving and handling procedures.
- Risks management plans were reviewed regularly to reflect any changes in people's needs.

Staffing and recruitment

- People and relatives told us that they received support from staff when they needed it. One person said, "The care workers come to help me with what I need." One relative said, "They [care staff] come at the scheduled time. They complete the tasks agreed."
- Care staff told us the time allocated to them for a care visit was enough. One staff said, "I'm able to complete my job without problem."
- The registered manager told us they planned the rota in advance and informed staff of their schedule.
- There were staff members available to cover shortfalls or emergencies. The registered manager was also able to cover in emergencies.
- There had not been any missed visits recorded and people confirmed this.
- Recruitment checks were conducted before staff started working with people. These included a completed application form, employment references, criminal record check and proof of right to work and identification.

Using medicines safely

- The service had a safe medicines management procedure and staff had been trained on safe administration of medicines.
- At the time of our inspection the service was not supporting anyone with their medicines as either people were doing this themselves, or their relatives on their behalf.
- The registered manager told us they would assess staff competence to administer medicine before they would allow staff carry out this duty, should anyone require support with managing their medicines in the future.

Preventing and controlling infection

- Staff had been trained on infection control and knew procedures to follow to reduce the risk of infection. Staff told us they used personal protective equipment (PPE) as necessary, washed their hands effectively, and disposed clinical waste appropriately.
- The registered manager told us they checked how staff followed infection control procedure during spot checks and care observations.

Learning lessons when things go wrong

- There were systems available to report of incidents and accidents; and staff knew what to do if an incident arose.
- There had not been any incidents recorded. The registered manager knew their responsibilities to review incidents and, accidents and take necessary actions to prevent reoccurrence and to learn from them.

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. 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 registered manager carried out an assessment of people's needs looking at their medical conditions, physical and mental health; personal care, nutrition, mobility and the environment.
- The registered manager involved professionals like occupational therapists and district nurses to assess people's needs and develop care plans.
- The registered manager told us they reassessed people's needs when their circumstances or situations changed.

Staff support: induction, training, skills and experience

- One relative told us, "The care workers are experienced. They carry out their caring duties very well and with professionalism too."
- Record showed and staff confirmed they were inducted into their roles when they first started. One member of staff told us, "I have many years of care experience but when I started with this company [Brisen] they also gave me induction and training."
- The registered manager supported staff through practice observation, spot checks and supervision meetings.

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

- People's nutritional needs and the support they needed to eat and drink were included in their care plans.
- Staff assisted people to do food shopping, prepare their meals and support them to eat.
- Staff knew to report any concerns they may have about a person's eating and drinking to the registered manager.

Staff working with other agencies to provide consistent, effective, timely care

- The service had a system to ensure people's care and support was well coordinated. Each person had a personal profile sheet which contained information about their health conditions, medicines, GP and next of kin details; and care required. People were encouraged to take a copy of this with them when they visited the hospital.
- The registered manager told us they gave and had regular updates from other services providing support to people. For example, where a person moved from one department or service to another, the registered manager liaised with both services to ensure people had a smooth transition and they continued to receive the support they needed.

Supporting people to live healthier lives, access healthcare services and support

- Staff supported people to access healthcare services they needed to maintain their health. Staff told us if

people were unwell they contacted their GP for advice and to arrange appointments.

- Records showed that the registered manager liaised a range of professionals on behalf of people including GPs, occupational therapists (OTs), and district nurses.

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 with appropriate legal authority. We checked whether the service was working within the principles of the MCA.

- People told us their consent was sought before care was delivered to them. One relative said, "We [relatives] represent [family members receiving care] as their next of kin. The registered manager always involves us in any decision."
- Staff knew to obtain consent from people before they delivered care. They told us they respected people's decisions about their care and if they had any concerns about a person's decision they would inform the registered manager.
- The registered manager understood their responsibilities under the MCA. They told us they involved relatives and other professionals if they had doubts about a person's capacity to make 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. 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

- People and their relatives told us that staff were kind and treated them in caring manner. One person said, "They [staff] respect me and treat me with care." A relative told us, "The care workers are respectful and kind. They are attentive to the needs of my family members that they support."
- Care plans included information about people's background, family history and cultural and religious needs and staff met people's needs accordingly
- Records showed staff supported people in the way they preferred. Staff were matched to work with people in consideration of people's language and cultural needs.
- Staff understood the need to respect people's diversity and to treat people as individuals.
- Regular staff members visited people to ensure continuity and consistency.

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

- People and or their relatives told us they were involved in planning their care and support. One person said, "I tell staff what I want and what I do not want and they do as I say. The [registered manager] calls and sometimes visit me to discuss any changes." A relative said, "They [registered manager] involves us in decisions about our family members care."
- Care plans showed people and their relatives or representatives, where appropriate, were involved in planning their care.
- People were given a choice about their care delivery, including times of care visits and who attended to them.

Respecting and promoting people's privacy, dignity and independence:

- People and relatives, we spoke with told us staff promoted their privacy and dignity. One relative said, "From my observation so far, I have no concerns about dignity. They maintain my family member's dignity."
- Staff had completed training in dignity in care as part their induction.
- Staff told us the steps they took to ensure people's dignity, privacy and independence were maintained.
- Care plans documented what people could do for themselves and people were encouraged to do the things they could for themselves.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs. People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- People told us they received the care they required to meet their needs. One person said, "I'm satisfied with support I receive from the carers." A relative commented, "They help my family members to maintain their personal care and other areas they need assistance with. I believe my family member receives the support they need."
- Care plans contained information about people's background, their likes and dislikes and what support they needed from staff.
- Care records showed staff supported people with their personal care, helped prepare their meals, and provided support with domestic tasks.
- Care plans were regularly reviewed to ensure they were up to date and reflected people's current care needs.
- The registered manager told us that they would make information available in different formats and languages if people required this, in line with Accessible Information Standard. The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information they can easily read or understand to support them to communicate effectively.

Improving care quality in response to complaints or concerns

- People and relatives knew how to raise their concerns if they were unhappy about the service. One person said, "I will call the registered manager and tell them what the problem is. They call me back or visit me to discuss it." A relative said, "Yes, we do know how to complain. The registered manager is responsive. Anytime we have any queries or concerns, they always respond professionally and get back to us with answers. If we need to take our concerns further, we will go to the local authority."
- People were given a guide about the service when they started using the service which included information on how to complain.
- The registered manager understood their responsibilities to investigate and respond to complaints appropriately.
- The registered manager told us and records showed there had not been any complaints since the service registered with CQC.

End of life care and support

- At the time of our inspection, the service was not delivering end of life care.
- The registered manager told us that they would train staff as required to meet the needs of people if needed.

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. The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People and relatives told us that they were satisfied with the care and support they received. One person said, "I am satisfied with the service." A relative commented, "I do not have any concerns about the agency. The registered manager is very good and professional."
- There were policies and procedures available to support the effective management of the service and guide staff to deliver responsive and safe care to people.
- The registered manager demonstrated they understood how to run an effective care service in line with legal requirements.

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

- The registered manager understood their role and responsibilities in line with their CQC registration requirements. This included including notifications of significant incidents and displaying their inspection rating appropriately.
- Staff understood their roles and responsibilities to deliver safe and effective care to people. Staff knew to report incidents, accidents and safeguarding concerns appropriately; and their rights to whistleblow to protect people.
- Staff told us they felt supported and received the guidance they needed from the registered manager. Staff had access to the registered manager anytime they required support or advice from them.

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

- People and relatives told us they were involved in designing their care; and they were given updates about the service. One relative said, "The registered manager keeps us informed of any changes in my family members care or changes generally."
- The registered manager used care review meetings and monitoring visits to discuss and obtain feedback about the service delivered.
- The registered manager told us they considered appropriate ways to engage people by looking at their communication and language needs.

Continuous learning and improving care

- The registered manager carried out quality audits and checks of care records and staff files in order to identify areas for improvement. Satisfaction questionnaires were also used to obtain feedback from people and where required action plans were developed to address areas for improvement in the service.

- The registered manager told us they were a member of the local authority's provider forum and received updates from them. The registered manager subscribed to Skills for Care which shares good practice information, and learning resources to improve the skills and knowledge of health and social care workers and care providers. The registered manager also maintained their professional registration as a qualified social worker. They attended workshops and training to keep their knowledge up to date and to improve care provided people.

Working in partnership with others

- The service worked closely with local service commissioners, health and social care professionals and training agencies to improve the care delivered to people.