

Brisegene Care Ltd

# Brisegene Care Ltd

## Inspection report

200 Brook Drive  
Green Park  
Reading  
Berkshire  
RG2 6UB

Tel: 07863970564  
Website: [www.brisegene.com](http://www.brisegene.com)

Date of inspection visit:  
13 October 2022

Date of publication:  
23 November 2022

### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Brisegene Care Ltd is a domiciliary care agency providing personal care to people. The service provides support to older people, younger adults who may also have a physical disability or dementia. At the time of our inspection there were three people using the service who received personal care.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

The provider did not have effective systems in place to oversee the service and ensure compliance with the fundamental standards. We made a recommendation for the registered manager to review and improve information within people's 'as required' medicine protocols and people's risk assessments. We made a recommendation for the registered manager to review the services mandatory training to ensure it is in line with best practice.

The service had an open and transparent way of working to ensure the safety of the people using the service. The registered person knew people they supported well and cared about their wellbeing.

The registered manager understood their responsibilities to raise concerns and report incidents or allegations of abuse.

Relatives said people were treated with care, respect, and kindness by the staff visiting them. The service supported people to be as independent as possible. People felt involved in their care and the registered manager highlighted how care plans will be reviewed regularly in the future to meet the needs of the person.

People's communication needs were assessed, and the registered manager was aware if a person required further support with their communication. People and relatives told us they were aware of how to raise a complaint with the service. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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 3 September 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 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 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** 

### 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 not always well-led.

Details are in our well-led findings below.

**Requires Improvement** 

# Brisegene Care 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 one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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 13 October 2022 and ended on 20 October 2022. We visited the location's office on 13 October 2022.

#### What we did before the inspection

We reviewed information we held about the service including any notifications received. We sought feedback from the local authority. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

We spoke to the registered manager who is also nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with three relatives. At the time of inspection, the registered manager was the only member of staff employed. We reviewed a range of records. This included three people's care records and one medicine record. We looked at one staff file in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# 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 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.

### Using medicines safely

- At the time of inspection, one person was receiving support with their medicines.
- One person had one medicine prescribed 'when required' (PRN). Individual protocols for PRN medicines were available and included information including what the medicine was for and a pain scale for the person to point to when required. However, the protocol did not include information such as how long the medicine can be used for or how the person would communicate the medicine is required. Providing PRN protocols is good practice as it directs staff as to when, how often and for how long the medicine can be used, improves monitoring of effects and reduces the risk of misuse. Not having protocols may put people using the service at risk.

We recommend the provider reviews best practice regarding PRN medicine protocols.

- Medicine administration record (MAR) chart audits are completed on a monthly basis and reported there had been no missed medicines or medicine errors.
- The provider had policies and procedures in place, which staff followed to ensure medicines were managed safely, in accordance with current guidance and regulations.

### Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People's care plans contained specific risk assessments. These were written in partnership with people and their legally appointed representatives where appropriate.
- Care plans were informative and written from the person's perspective. However, some risk assessments were lacking information to notify staff of actions to take to mitigate risk further. For example, one person's care plan stated the person was at risk of developing pressure sores, however, did not include action to take if a pressure sore developed.
- This was discussed with the registered manager. Where further information was required, the registered manager agreed to review people risk assessments and planned to implement the updated risk assessments in the coming weeks.

We recommend the provider reviews officially recognised guidance in relation to risk assessment documentation to ensure all information required is available to staff providing care.

- There had been no incidents or accidents, the registered manager had created an incident and accident log and was able to explain the actions to be taken if one occurred and how this would be documented and shared with staff.

Systems and processes to safeguard people from the risk of abuse

- At the time of the inspection, there had been no safeguarding concerns raised.
- The registered manager had a safeguarding policy in place and was aware of how and when to raise concerns. They were able to state what action they would take in response to witnessing abuse, including contacting the local authority safeguarding team.
- The registered manager understood their responsibilities regarding safeguarding people using the service and reporting concerns to external professionals accordingly.
- People felt safe with staff in their homes and liked the staff who supported them. Relatives agreed they felt their family members were safe with staff.

Staffing and recruitment

- At the time of inspection, the registered manager, who is also the nominated individual was the only member of staff employed.
- The staff file contained all the necessary evidence including employment history and relevant qualifications and were in line with legal requirements. This included Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People and their relatives told us the registered manager arrived on time and at a time that suited their needs.

Preventing and controlling infection

- The registered manager used personal protective equipment (PPE) at all visits to people to prevent the spread of infection.
- The registered manager trained in infection control and followed the provider's policies and procedures in this area.



# 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.

Staff support: induction, training, skills and experience

- The registered manager reported they would oversee staff training and carry out spot checks to monitor staff member's practice and performance once further staff had been recruited.
- When new staff start, the registered manager explained the planned induction which includes mandatory training and a period of shadowing experienced staff before working on their own.
- The registered manager advised us staff will receive supervision on a 3 monthly basis and appraisals annually.
- The registered manager was up to date with the provider required mandatory training however, did not include training in relation to supporting people with a learning disability and autistic people or oral care. This was discussed with the registered manager who advised this would be reviewed and updated.

We recommend the provider reviews best practice guidance in relation to core and mandatory training.

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

- People's likes, dislikes and preferences for care and support were recorded and respected by the registered manager.
- Prior to care being provided, people's opinions were considered when an assessment took place. These were clearly recorded in the assessment documentation.
- Staff knew people well, and regularly documented in the persons daily records evidence of asking for people's preference during the visit, for example for drinks and activities.

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

- People had individual care plans in place in relation to eating and drinking which included individualised information on how to best meet their needs. For example, one person's care plan said, "Encourage [person] to eat foods rich in fibre" and, "[Person] likes porridge for breakfast (two sachets)".
- The level of support with eating and drinking required was also included.

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 received regular contact from the Local Authority regarding the care packages provided.
- The registered manager reviewed all information provided by the Local Authority to support with providing the care required by the person.

- We saw evidence of good communication with other agencies, including health care professionals and families where relevant. Any advice or change in care was updated in care plans and risk assessments.

#### 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 service had an MCA policy in place.
- A relative we spoke to felt that staff respected the person's decisions about the support they received.
- The registered manager stated all new staff will receive training in the Mental Capacity Act when they start with the service.

# 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

- People experienced good continuity and consistency of care from regular staff. People reported staff were focussed on caring for them and not completing tasks. A compliment the service received said, "[Registered Manager] is compassionate by nature and always positive about things which are having a beneficial effect on [person]. [Registered manager] has the utmost respect for [person]... and would go above and beyond their role should the situation arise."

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

- People and their relatives told us they were involved in decisions about people's care and support. People and their relatives told us they felt valued and that their opinion mattered.
- Care plans were created and amended with people, their relatives and relevant professionals, including the Local Authority.
- The registered manager reviewed people's care plans and risk assessments monthly or when people's needs changed. This ensured they were accurate and reflected people's current needs and preferences.

Respecting and promoting people's privacy, dignity and independence

- People's care plans included information on how people would like to receive personal care including their likes and dislikes. The information allowed staff to understand the needs of the person. Relatives told us, "They [registered manager] are kind and respectful."
- Care plan activities included requesting staff to monitor people's environments, keeping them clean and tidy prior to leaving in order to support the person to move about, supporting their independence.

# 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 care plans clearly described people's abilities, likes, dislikes and support needed. For example, one person's care plan said, "[Person] likes to have a drink available in the kitchen, sitting room and bedroom and for sandwiches to be sliced into four pieces." This provided staff with information and guidance on each person, so they could continue to meet their specific needs.
- People's needs, and support plans were reviewed on an annual basis for any changes in care and support or more often if their needs changed.
- Any changes to people's care was updated on their care plan in a timely manner. The registered manager advised in the future, staff would be notified of changes to people's care through telephone calls and staff meetings.

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.

- The registered manager identified people's information and communication needs by assessing them and recording this in their care plans to ensure staff were aware of how to support people. For example, One person's care plan said, "[Person] does not like noise...can be anxious when words are repeated... staff need to tell [person] what they are about to do."
- Risk assessments regarding people's communication needs were in place.
- There was some guidance for staff about how to communicate with people in a manner they could understand. We discussed this with the registered manager to ensure all information presented was highlighted and in a format people would be able to receive and understand. We discussed with the registered manager the inclusion of further information in care plans regarding people's communication needs to ensure people received personalised care. The registered manager agreed to review this area.

Improving care quality in response to complaints or concerns

- At the time of the inspection, the service had not received any complaints.
- People and relatives told us they knew how to raise a complaint or concern with the registered manager.
- The registered manager had a policy in place regarding how to manage complaints and was able to explain the actions they would take in order to continue to learn from complaints raised.

# 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 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

- The providers audit policy stated that audits of multiple documentation were to be undertaken, including care plans, medicine administration records (MARs), incidents and accidents and infection control.
- There was evidence MARs and care plans had been reviewed within the first month however, the audits did not document if there had been any areas of improvement identified or if any changes made. This was discussed with the registered manager and they agreed they would review and improve their documentation.
- Although the registered manager was able to explain in detail actions to take to mitigate risks to people, this was not always recorded within their care plans and risk assessments.
- People who had 'when required' (PRN) medicines, the protocols did not always include enough detail in order to protect people from harm. The registered manager was able to verbalise all of the information required however; it was not always documented.

We found no evidence that people had been harmed however, the registered person had not operated an effective system to enable them to assess, monitor and improve the quality and safety of the service provided. This was a breach of Regulation 17 (1, 2,) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The registered manager was welcoming and demonstrated an open and transparent approach.
- The registered manager advised staff supervision would provide opportunities for staff to raise concerns.
- The registered manager had a whistleblowing policy in place. They stated they had an open and honest culture where they encouraged transparency and learning from mistakes.

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 responsibilities and understood the importance of transparency when investigating circumstances where something had gone wrong.
- The registered manager had developed good relationships between people and family members and actively encouraged constructive feedback from people to help improve the service.
- The registered manager had a policy in place relating to duty of candour and they understood the

importance of being open and honest when investigating something that went wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The registered manager said they had not sent any surveys yet to people and their relatives however they are planning to implement surveys in the future. They said some compliments were received but no other form of feedback had so far been used to gather information on the quality of the service. Some relatives mentioned they had not had any surveys, but they knew they could contact the service if needed.
- Relatives were positive with their experience so far and added, " My experience of this agency is too short to have a complete knowledge of the team but thus far I am happy and more relaxed with the care being provided in comparison to the previous care agency."

Working in partnership with others

- The registered manager worked closely with the local social and health professionals.
- The registered manager was able to explain and provide evidence of collaborative working with professionals to support the needs of people.

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 17 HSCA RA Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The registered person had not operated an effective system to enable them to assess, monitor and improve the quality and safety of the service provided.</p> <p>Regulation 17 (1, 2, a, b, c)</p>