

Brisca Recruitment and Domiciliary Care Ltd

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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

Brisca Recruitment and Domiciliary Care Ltd is a domiciliary care agency that provides personal care to older people and younger disabled adults in their own homes. 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. They were providing personal care to 45 people at the time of the inspection.

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

Sometimes staff were late for calls, however people were happy with the service they received. The service management were working on ways to address timeliness. Recruitment processes were robust. There were safeguarding systems and processes to keep people safe. Risks to people were monitored and mitigated against. People's medicines were managed safely. Staff understood the need for infection prevention. The service sought to learn lessons when there were incidents and accidents.

People's needs were assessed before they used the service. Staff were supported through induction, training, and supervision. People were supported appropriately to eat healthily. Staff worked with other agencies, including health professionals, to provide effective care. 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.

People were well treated and thought highly of staff. Policies and procedures at the service supported equality and human rights. People expressed their views and had input into their care. People's privacy and dignity were respected. People were encouraged to be independent.

People's care plans were personalised and provided instruction so staff could provide them with care in a way they preferred. People's communication needs were met. People knew how to make complaints and the service responded appropriately when complaints were made. The service could support people at end of life.

People thought highly of the service management. The service management focused on being person centred. Staff knew their roles and responsibilities. People and staff were able to feedback about the service and be involved with decision making about their care.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last and only previous rating for this service was good (published 17 March 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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?

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 ●

Brisca Recruitment and Domiciliary 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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

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

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 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

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. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with three members of staff who were based at the office; an administrator, the registered manager and one of the directors.

We reviewed a range of records. This included three people's care records and multiple medicine administration records. We looked at three staff files in relation to recruitment and staff supervision. We also viewed a variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We spoke with five people who used the service and five relatives about their experience of the care provided. We also spoke with a further six members of staff; two senior carers and four carers. We also continued to seek clarification from the provider to validate evidence found.

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 remained the same. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- There were mixed views about staff attending calls on time. Generally, people were happy with staff timeliness and understood traffic could impact on call times. One person said, "The scheduling of calls is erratic; however, they are a five-star service." A relative said, "Yes they do arrive on time - I do appreciate the problems with time of calls."
- We discussed call times with the service management who had recognised it as one of the largest challenges facing their service. They had recently invested in a new call logging system and hoped to be able to schedule and monitor calls more effectively with a view to improving timeliness. They were able to show there were no missed calls as there were systems in place to ensure this did not happen.
- The service had robust recruitment practices. All staff had completed pre-employment checks to ensure their suitability for the roles and there were various systems to monitor ongoing checks were completed.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe with staff. One person said, "Yes they do [make me feel safe]." There was a safeguarding policy which provided information on what to do if abuse was suspected. Staff members received training and knew what to do if they suspected abuse. One staff member said, "When you feel like a client is at risk of any harm you report abuse - make sure they are safe and not at risk from anyone, carers family."
- The service kept records of safeguarding concerns raised with the local authority. We saw that where concerns had been raised the service had acted appropriately.

Assessing risk, safety monitoring and management;

- The service completed assessments with people to monitor risk of harm to them. These assessments were personalised to people's needs and preferences and included areas such as specific medical conditions like diabetes or areas where there might be heightened risk to people such as choking. They identified the risks to people and mitigated against their occurrence.

Using medicines safely

- People were supported safely with their medicines. One person said, "Yes they give me a glass of water when they give me my tablets." Staff confirmed their knowledge of medicines administration. One staff member said, "I wash my hands, then put gloves on. Look at MAR [Medicine Administration Record], then blister pack, then administer with a glass of water, then write the notes afterwards." There was a medicines policy in place. Staff were trained how to administer medicines and were spot checked to assess their competency.
- Staff completed MAR charts to record medicines administered and these charts were audited by

management. MAR charts and care plans contained specific information about the risks to individuals regarding the medicines being taken.

Preventing and controlling infection

- People and relatives told us staff wore protective equipment when providing care. One relative said, "Yes they do wear gloves and aprons." Staff confirmed their understanding of infection prevention. One staff member said, "make sure you wash your hands, wear shoe covers, use PPE [personal protective equipment]." Staff were trained on infection control and we saw that staff were provided with this equipment to do their job.

Learning lessons when things go wrong

- Staff understood the importance of reporting when things went wrong. One staff member said, "definitely yes - we do try and improve if something goes wrong. We admit and discuss about it." Accidents and incidents were recorded by the service. When these occurred, appropriate action took place. Staff received supervision where improvement to practice was discussed and incidents were discussed in team meetings. This helped staff learn lessons when things went wrong for people.

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 remained the same. 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 needs were assessed before they began using the service. Assessments covered different areas of people's lives where they needed support. This support covered people's health concerns and needs, their preferences, their social relationships and other information that supported the service provide care.

Staff support: induction, training, skills and experience

- Staff told us they received inductions when they started work so that they knew what they were supposed to be doing when they began working with people. One staff member said, "Induction was really good, I shadowed with experienced staff. I did three trial calls on induction with two other people, and the person I was with they went through everything." All staff shadowed experienced staff on shift to understand how to work with people correctly. Staff also completed induction training at the office and went through policies and procedures with the registered manager. Inductions were recorded in staff files.
- People and relatives told they thought staff had the skills and experience to do their jobs. One relative told us, "I would say they are [suitably skilled and knowledgeable]." Staff completed training the provider arranged; training was offered face to face and online. We saw where the staff were trained face to face and the equipment used. We were also shown the online training materials and noted these were of a good standard.
- Staff told us they received support from the management at the service. One staff member said, "Yes I certainly do [receive training]. The management will support me and give me the training they can." All staff received supervision, appraisals and had ongoing spot checks completed with them to see how they performed in their jobs.

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

- People and relatives told us people they were supported with food. One relative said, "They do, it's a difficult - they try to provide a healthy diet." Care plans contained information about people's dietary needs and preferences that staff followed.

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

- The service worked with other agencies to provide effective timely care, this included healthcare services. One relative told us, "if [family member] is unwell they'll contact the office and they'll take them to the doctors." One staff member told us, "Once we called 999, we found a person unresponsive and grey. We couldn't rouse them. We kept speaking to them to stop them going unconscious." The service communicated with and recorded relevant information from health care professionals. We saw evidence of

interaction with district nurses, GPs, occupational therapists as well as other healthcare professionals. We also saw records of contact with other professionals such as social workers which demonstrated the work the service did with other agencies.

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.

We checked whether the service was working within the principles of the MCA and found that they were.

- People told us staff sought their consent before providing care. One person said, "They ask my permission before they do things."
- Staff understood the need for consent and acting in people's best interests. One staff member told us their understanding of the MCA, "It provides a framework for mental capacity of patients and whether they're able to make decisions themselves." Care plans contained mental capacity assessments and the service communicated with those who advocated on behalf of people to ensure their best interests were met.

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.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. 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 told us they were treated well. One person told us, "They are very good, and they are very nice, and they do care - all of them are good." We saw numerous compliments the service had received, often from relatives happy with the care their family members received.
- Policies at the service supported people's human rights. We saw equal opportunities and human rights policies. These policies cited relevant law and sought to uphold people's human rights by providing staff with explicit guidance on how people should be treated. These policies were reflected in the service user guide given to all people who used the service.
- Staff told us they were happy working with people who had diverse needs. One staff member talking about people who were Lesbian, Gay, Bisexual or Transgender (LGBT) told us, "the care would be the same we're all human."

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

- People and relatives told us they were involved in creating their care plans. One relative told us, "oh yes, [registered manager] and [staff] came round." Staff told us they involve people in decisions about their care. One staff member said, "Yes we do [involve people]. For those that can talk we speak to them, that is aside from the care plan. We also build a relationship with those that can't talk. We get information from the care plan and from families."
- Care plans were personalised and held information about people's preferences. They were signed by people or their relatives. This meant that people were involved in deciding their care and staff knew how best to support them.

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with respect and their privacy was respected. One person told us, "definitely [treat me with respect]." A relative said, "Yes they do [respect family member's dignity and privacy]."
- Staff told us they respected people's privacy and dignity. One staff member said, "If they say they want to use the toilet we give them the space if they use the bathroom. We respect them and their choices. Treating them as individuals with past lives. They are somebody." We saw that people's confidential information was stored on password protected computers or in lockable filing cabinets. There were policies to support data protection and people's confidentiality.
- Staff sought to promote people's independence, "We do [promote people's independence] if say you're washing them in the morning you ask do they want to do things by themselves or do they need assistance. If

so, we'll assist them... we try to promote independence and what they can for themselves. Documentation, such as the service user guide and the care plan, sought to promote and encourage people's independence and choices.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. 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 service provided care that met people's needs and preferences. One relative told us, "They come and help with personal care. If [family member] has a hospital appointment [registered manager] will arrange for someone to get ready. They will do what we ask them."
- People's care was recorded in their care plans. Care plans were personalised and detailed. They contained specific information about people's needs and preferences. The registered manager had written personalised instructions in the form of a guideline care plan that stated people's medical concerns and how best to work with them. Where necessary there were procedures how to deal with specific conditions. For example, we saw one care plan contained procedures on what to do when someone had a seizure. This meant anyone reading it would know what to do in this type of situation.

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.

- The service supported people with communication needs. Communication needs were recorded in people's care plans and where necessary arrangements were made to use equipment or people who could assist meeting people's communication needs.

Supporting people to develop and maintain relationships to avoid social isolation

- The service sought to ensure people could develop relationships and avoid social restriction. We saw evidence of how the registered manager had liaised with social services to support people to attend activities or social events in the communities, such as church, so that their social needs could be met.

Improving care quality in response to complaints or concerns

- People knew how to make a complaint and told us they would feel able to do so. One person told us, "Yes I would [complain], they would definitely do something about it." There was a complaints policy and procedure evident in people's service users guides. We saw complaints the service had received and how they had been dealt with appropriately in line with their policy.

End of life care and support

- There was support for people who were at the end of their life. The service had an end of life policy and staff had received training on end of life. However, the service did not routinely capture people's end of life

wishes and the registered manager and the director told us this was something there were keen to do and would build it into their practice.

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

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

- People thought highly of the service and its management. One person said, "They're brilliant." Another person said, "They are very good." The service had a statement of purpose and a service user guide. Both these documents highlighted the aims of the service, to provide quality person-centred care to people in their own homes.
- The registered manager and director were proud of the service and were able to evidence that they were always ranked highly within a local authority's provider framework. They felt this was because "We listen to people and seek advice. We get their support." Similarly, on providing a person-centred service they said, "Every individual is different, understand that and you will provide better care. Offer choices always."

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 managers understood and acted responsibly and responsively when things went wrong. We looked at incidents and complaints and saw that the service replied to these in a professional manner and took responsibility for the care they provided.

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

- Staff understood their roles and working within regulatory requirements. Staff files held job descriptions and inductions provided new staff with an understanding of what their roles entailed. The registered manager sought quality performance through the analysis of quality assurance measures and knew their responsibility with respect to notifying the local authority and CQC when things went wrong.

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

- People told us about completing feedback on the service. One person said, "I think we have [received a survey], they are a good company." Another person said, "Yes [director] has asked us a few times for feedback, and at the review meetings too." People fed back on the quality of service they received through quality monitoring, at spot checks and at care review meetings. Feedback and monitoring we saw indicated that people felt supported by the service. For example, one we read said, "All staff have been patient with my [family member.]"
- The provider held staff meetings. Staff told us these meetings were beneficial and provided an opportunity

for them to be involved in the running of the service. One staff member said, "They are good. We discuss any issues arising, any concerns about service users and update on policies and how we can improve our service." We looked records of meetings and saw they covered numerous topics including training, complaints and activities.

Continuous learning and improving care

- The provider completed audits to monitor the safety and assure the quality of their care. Audits we saw included medicines administration audits, care plan audits and spot checks. Spot checks are when the provider observes staff completing their tasks with people, these are usually done unannounced to ensure staff are always working how they should; on time, in uniform and prepared for the call. These systems assured the provider that people using the service were receiving the care they should.

Working with others

- The service had professional relationships with a local authority and other health and social care providers. These relationships were maintained to the benefit of people using the service. We saw various examples of interactions recorded and saw they ensured people were cared for effectively.