

# Brisca Recruitment and Domiciliary Care Ltd

## Room 8B

### Inspection report

Room 8B, Elms House  
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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

The inspection took place on 3 February 2017 and was announced. Brisca recruitment provides personal care to people in Essex and Havering. At the time of our visit there were three people using the service. Another two people had recently used the service prior to our inspection on a short-term basis.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and their relatives told us they felt safe and that they were treated with dignity and respect. They were supported by a consistent set of staff and told us they were always kept informed if staff were running late. There were no missed visits since October 2016.

Staff were aware of the procedures in place to safeguard people from avoidable harm and had attended safeguarding adults training. They were able to explain how they identified and reported any allegations of abuse.

Medicines were managed safely by staff who had received appropriate training and were aware of the potential side effects of the medicines people received.

People were supported to eat a balanced diet which incorporated their individual or cultural preferences.

Before people started to use the service, assessments took place and care plans were developed with people and their relatives. Care plans were reviewed and reflected people's social, emotional and physical needs as well as their individual preferences.

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 received mandatory training and underwent a comprehensive induction program when they first started. This included shadowing experienced staff to ensure they knew people's needs and how to support them effectively. Although spot checks and supervisions were in place, these were not always documented. We made a recommendation about best practice guidelines. There was an appraisal system in place which was yet to be implemented as none of the staff had been with the service for year.

People and their relatives told us they were able to make complaints when required and felt their requests were listened to.

There were effective systems in place to ensure the quality of care delivered was monitored and improved.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe. People and their relatives told us they felt safe. Staff had undergone safeguarding training and were able to recognise abuse and the procedures in place to report any allegations of abuse.

Risks to people were managed safely with clear steps to mitigate identified risks documented.

Medicines were managed safely.

There were enough staff to meet people's needs. Recruitment procedures were robust and ensured on staff that had undergone the appropriate checks were recruited.

### Is the service effective?

Good ●

The service was effective. Although supervision and spot checks were in place, these were not always recorded. We made a recommendation about recording spot checks and supervision in order to keep track of identified learning.

There was a comprehensive induction program which included shadowing. Staff received training to enable them to keep up to date with practice.

Staff were aware of the Mental Capacity Act 2005 (MCA) and how they applied it in their daily role.

People were supported to maintain a balanced diet by staff that was aware of their individual dietary requirements.

### Is the service caring?

Good ●

The service was caring. People and their relatives thought staff were caring and supportive.

People were supported to be pain free and comfortable by staff who understood their individual needs.

Relatives told us people were treated with dignity and respect

and addressed by their preferred names.

### Is the service responsive?

Good ●

The service was responsive. People and their relatives told us they were kept informed of visit times and that they could change these when required.

A comprehensive assessment took place when people started to use the service with people and their relatives' involvement. Care plans were person centred and included people's likes and dislikes.

People and their relatives were aware of the complaints process. There was a system in place to monitor complaints and compliments received.

### Is the service well-led?

Good ●

The service was well-led. People and their relatives told us they saw the registered manager regularly and were able to express any issues or concerns openly.

Staff told us they were supported by management and had regular contact with them as the director was currently part of the care team providing care alongside staff.

There were systems in place to effectively monitor the quality of care delivered. These included an initial check when people first started to use the service to ensure they were happy with the service provided. Regular feedback was sought from people and their relatives and staff.

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## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

This inspection took place on 3 February 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service. We needed to be sure that someone would be in. The inspection was completed by one inspector.

Before the inspection we reviewed information we held about the service. We contacted the local authority and the local Healthwatch to obtain feedback about the service.

During the inspection we spoke with the registered manager and the director. After our visit to the office we spoke with one person who used the service over the telephone and the other two people were not able to speak to us. We spoke with one member of staff over the phone and another staff completed a CQC feedback questionnaire via email. We received feedback from two relatives via the phone and another relative via email. We looked at three people's care records, three staff files, two medicine administration records and records relating to the management of the service.

# Is the service safe?

## Our findings

People and their relatives told us they felt safe and that staff always left their door secure. One relative told us, "So far they are all trustworthy. We have had no concerns at all about safety." Staff announced when they arrived so as to ensure people were aware they had gained access to their home. Staff were aware of the importance of keeping key safe codes private (codes used to gain access into people's homes who cannot come to the door to let staff in). The service had developed a secondary coding system for the key code numbers which was only known by staff in order to protect people from risks of key codes being misused.

The provider ensured people were protected from avoidable harm or abuse. Staff told us they had attended safeguarding adults training and were able to recognise potential signs of abuse. We saw evidence that staff were up to date with safeguarding training. They had a good understanding of their duty to report and notify in accordance with safeguarding policies and procedures. There were no safeguarding concerns involving the service reported since October 2016. The management were aware of the procedures to be followed to report and investigate any allegations of abuse. Appropriate procedures were in place to protect people from abuse.

Staff told us they were able to raise any concerns about the care delivered or working conditions without any fear that they would be discriminated. They were aware of where to locate the whistleblowing policy should they need to report any concerns.

Staff were aware of the procedures to follow in an emergency in order to get help for people and told us they would stay with the person until help came. They said they would call the office who would notify the next of kin and arrange for the rest of the visits to be completed. There was a lone worker policy in place and staff knew the procedure to follow if they had any concerns for their safety. One care worker said, "There are currently no late calls. However if I have any concerns I would call the manager before arriving and call them after the visit so they know I am ok."

Medicines were managed safely by staff that had undergone the necessary training. We looked at medicine administration records and found them completed properly. Medicine risk assessments were in place as well as regular audits to ensure medicines were prompted as prescribed. Where relatives managed the medicines, care plans were clear as to who administered the medicines. Staff were aware of the potential side effects of the medicines before they prompted people and were able to explain the steps they would take should people refuse their medicines.

We saw that risks to people's home environment were assessed and updated when people's conditions changed or deteriorated. Risks assessed were dependent on the individual and included choking, infection control, reduced mobility, falls, and skin integrity. Staff were aware of the risk assessments in place and took the necessary steps to minimise harm. Body maps were used to indicate any skin breaks and turn charts were in place for people who needed regular repositioning in order to reduce the risk of developing pressure sores.

People told us they were supported by the same staff most of the time for continuity of care. There were enough staff to support people. People and staff told us that a weekly rota was made available to people and staff. We reviewed a sample of the rotas since October 2016 and found people were matched with the same staff. There had been no missed visits since October 2016. Staff were aware of the need to call if they were running late for a visit. People and their relatives confirmed that staff always rang if they were running late. One relative told us, "They are usually punctual. They will always ring if their running late like in the severe weather conditions we have had recently." Another relative told us, "It is usually the same staff at roughly the same times. [The manager] calls if there are any changes or delays."

The service ensured there were systems in place to manage and prevent the spread of infections. Staff were aware of the infection control policies in place and had attended infection control training. They told us that they had access to personal protective clothing and used them during their visits and disposed them in the appropriate waste disposal bags. Moving and handling equipment such as sliding sheets were kept clean. People and their relatives confirmed staff washed their hands, wore clean uniforms and used gloves and aprons appropriately. One relative said, "They respect our home by wearing the plastic overshoes to keep our place clean."

Recruitment practices were comprehensive as necessary checks were carried out, so that only staff that were risk assessed as suitable for working with people in their homes were employed. These checks included disclosure and barring checks (checks made to ensure staff were suitable to work in the care industry) and right to work in the UK. Two verifiable references were on file for each staff, copies of their qualifications and a copy of their Identity in order to ensure they had the necessarily skills required to care for people.

## Is the service effective?

### Our findings

People and their relatives told us staff were attentive and understood their needs. One relative said, "Staff listen, and seem to understand [person's] needs." Another relative said, "They know what they're doing and make very helpful suggestions." People told us that staff knew what to do, and how to best support them

Staff received a comprehensive induction including shadowing more experienced staff until they were confident and able to deliver care safely. There was an appraisal system in place with appraisals starting towards the end of 2017 as none of the staff had been working at the service for a year. Although supervisions (discussions with staff to check how they were getting on in their role) took place they were not always documented. Similarly spot checks to check care was being delivered according to the care plan were completed but not always documented appropriately. We recommend that best practice record keeping guidelines are sought and implemented in order to keep track of learning and development of staff.

Training consisted of theory and practical training provided by external companies. There was a training matrix being developed to enable management to book staff onto refresher training as soon as they were due. Training included basic life support, epilepsy, equality and diversity, fire safety, food hygiene, handling violence, aggression and complaints. Falls prevention, information governance, moving and handling and all other training were also completed annually. Staff told us they were happy with the training and felt it gave them enough knowledge to effectively support people. They felt able to ask for more training when needed in order to expand their knowledge and enable them to support people appropriately.

People were supported to maintain a healthy lifestyle where this was part of the care plan. They were enabled to maintain a balanced diet that included their individual preferences. Staff were aware of people on special diets and people with swallowing difficulties. They told us they prepared breakfast or warmed up food for people according to their needs and preferences. Cultural and religious dietary preferences were catered for where required and were clearly stated within the support plans and updated regularly. Staff told us that they always encouraged people to eat as much as they could and would notify the manager should they notice reduced or increased appetite.

People told us that staff always asked for their consent before care and support was delivered. Staff told us and gave examples of how they sought people's consent before delivering personal care. They were aware of the Mental Capacity Act 2005 (MCA) and how they applied it in their current role. They were aware of the need to involve other health care professionals where best interests decisions were required in order to ensure people's human and legal rights were respected. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.



## Is the service caring?

### Our findings

People and their relatives told us staff were caring and compassionate. One relative said, "Staff are very caring and very good." Another relative said, "We have only been using Brisca for a short while. So far so good, staff are very compassionate and considerate." People and relatives described staff as "very good", "excellent", and "friendly". Staff spoke of people and their relatives addressing them by their preferred names and were aware of people's likes and dislikes.

Care plans we reviewed demonstrated involvement of people and their relatives. These were reviewed regularly via telephone monitoring and at care reviews. In addition we saw several emails between people and the service relating to discussions about the support needs required and where people had requested changes to visit times or length of visits and how the requested changes were implemented.

People and their relatives told us they were treated with dignity and respect and that their wishes were respected. One relative said, "They always make sure the door and curtains are closed when washing [person]." Staff completed training in dignity and were able to tell us of instances where they preserved people's dignity. Staff were careful during personal care not to expose people unnecessarily.

People were supported to maintain their independence where possible by encouraging them to do as much as they could. One relative told us, "They were very good at helping [the person] and encouraging when [they] came out of hospital. [The person] no longer requires them now but couldn't fault them for the time they assisted and helped [them] regain some of [their] confidence." Staff recalled how they encouraged people to wash their face if they could or brush their hair. They left drinks within reach for people to take later if they were able to so independently.

Staff were aware of the need to use and store documentation safely to ensure people's records were kept secure and their confidentiality maintained. They had attended information governance training and told us people's daily records were kept in an accessible but safe place. They demonstrated an understanding of how to protect people's confidentiality by not volunteering information to third parties without people's consent.

People towards the end of their life were supported to be comfortable and pain free. Staff were aware of the need to support people and their relatives and offered reassurance and a listening ear. They worked effectively with district nurses and Macmillan nurses to ensure people were enabled to pass away in their own home if they wished.

## Is the service responsive?

### Our findings

People received a reliable service from staff who knew and understood their needs. One relative told us, "The service provided for my mother by Brisca was excellent throughout and gave us great peace of mind during a difficult period. My mother also felt very re-assured under the care provided." Another relative said, "They are very flexible. All we have to do is call and rearrange care as and when needed." Staff we spoke with were knowledgeable about people's support needs as well as their past medical history and could explain how they used this knowledge to deliver care to meet individual needs.

Care plans were adjusted as people's needs changed. Where possible people and their relatives were involved in the initial assessment that was used to inform the care plans. Once the service started regular telephone calls and home visits were completed in order to ensure care delivered met people's needs. Care plans included a document entitled "About Me" which gave an overview of people's past occupations, hobbies, likes and dislikes. People's physical, emotional needs were also outlined including exact details of how people liked their bath, where they liked particular personal belongings to be left and any routines they preferred. Staff were aware of these and notified the manager if they noticed any changes. For example, on the day of inspection the manager was on the telephone organising for a sliding sheet and bed pan for a person who required the equipment in order to be moved and assisted with personal care safely.

People told us that staff listened to them. Staff gave people time to express their views and preferences about the way care was delivered. People and their relatives told us staff always stayed for the required time and would not leave until people were satisfied. People appreciated this and told us that staff always asked if anything else was needed before leaving. One relative told us, "It gave us great peace of mind to know the staff were there to meet [person's] needs."

People were aware of how to make a complaint. When their care package began, they were given a "service users' guide", which outlined how the service operated and how to make a comment or complaint. When asked if they had ever needed to make a complaint, people replied, "Yes I can call the office at any time and the manager will resolve any issues." We reviewed recent complaints and found they were acknowledged, investigated and responded to within time frames outlined in the company's policy. This showed that people were supported and encouraged to raise any issues that they were not happy about.

## Is the service well-led?

### Our findings

People and their relatives told us that the service was well managed and that they could get through to the office as and when they needed advice and information. They knew the registered manager and staff by name. One relative told us, "Yes the [manager] is very helpful. You can count on [manager] to sort things out."

The registered manager was aware of the need to notify us of all incidents that they were required by law. On call management cover was available out of hours and a 24 hour mobile line was available for people and staff to enable them to get assistance at any time. Staff told us they were supported by management and that they were enabled to do their job. One staff said, "The management are very supportive and give the tools we require to do the job."

People and their relatives told us care was delivered by a consistent set of staff who listened to people's views and suggestions and delivered care according to their wishes. One relative said, "They go out of their way to make sure [person] is comfortable." The values and vision of the service was to add value to people's lives and put their choices first. Staff were aware of this and told us they would always put people's needs first. One staff member said, "We do our best and build relationships with people and their relatives."

There were clear management structures in place with staff being aware of their roles and responsibilities. Staff meetings took place and were used to update staff on new people starting to use the service and training. There were plans to change the structures when the service expanded. The director who was currently working along staff would revert to a supervisory role in order to ensure spot checks and supervisions were completed. Staff told us that the management team were approachable and that they could contact them at any time to express any concerns or issues related to their job.

There were effective quality assurance systems in place which included a "First Response" check with people and their relatives a few days after starting to use the service to ensure that the care was being delivered according to their needs. We looked at two first response reviews and found that people and relatives' feedback was taken on board such as getting more equipment where needed and adjusting visit times to suit hospital appointments. People and their relatives were sent feedback forms regularly and gave their views on the quality of care delivered. In addition, the registered manager made telephone calls to ensure visits were on time and that care was being delivered safely.

Regular audits were completed to ensure people received care according to their needs and preferences. These included medicine administration records audits to ensure staff followed the service's guidelines and procedures and to ensure people received their medicines as prescribed. A training matrix had been put in place to ensure staff training was updated in a timely manner. The management team completed "spot checks" in people's homes to ensure documentation was completed properly and people received appropriate support as outlined in their care plans.