

Red Brick Care Ltd

Citibase Slough

Inspection report

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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

Citibase Slough is a domiciliary care agency providing care and support to people living 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. At the time of our inspection, nine people were receiving support with personal care.

The agency was the only location for Redbrick Care Limited, a private company.

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

Whilst the provider had assessed and planned for some risks relating to the health and care of people using the service, they had not assessed other risks. Where people had a healthcare condition, there was not always enough detail about this to ensure staff knew how to identify and reduce risks relating to these.

The provider had not always ensured risks were mitigated because they did not have detailed records in place regarding all aspects of managing the service.

People using the service and their relatives were happy with the care and support they received. They liked the staff who supported them and felt their needs were met. They were able to make decisions about their care.

The staff were well supported and had the training and information they needed to care for people safely.

The provider had made improvements throughout the service. These included better quality monitoring, improved record keeping and developing best practice. There were appropriate systems for dealing with and learning from complaints, incidents, accidents and safeguarding alerts.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 28 August 2021).

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made. However, the provider remained in breach of some regulations where further improvements were still needed.

At our last inspection we recommended that the provider improve staff training and support, improve staff understanding of privacy, dignity and duty of candour and follow government guidance around preventing COVID-19 infections. At this inspection we found the provider had made improvements in all these areas.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to safe care and treatment and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

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 ●

Citibase Slough

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 conducted 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.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

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 we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 26 September 2022 and ended on 27 September 2022. We visited the location's office on 27 September 2022.

What we did before the inspection

We looked at all the information we held about the provider, including notifications of significant events. We

used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

During the inspection

We spoke with one person who used the service and the relatives of two other people. We met the registered manager. We looked at a range of records used by the provider for managing the service. These included the care and medicines records for four people, records for four members of staff, audits, checks and quality monitoring information and meeting minutes.



Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained 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.

Assessing risk, safety monitoring and management

At our last inspection, we found that systems were not robust enough to demonstrate risks were effectively identified and managed. This was a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found improvements had been made, but further improvements were needed, and the provider was still breaching Regulation 12.

- Two care plans we viewed stated the person could be verbally aggressive. With one care plan stating the person could become anxious or stressed when 'under pressure' and could shout at staff. The provider had carried out an assessment regarding the risks for one person, although the risk management plan gave only basic guidance which did not include proactive strategies. There was no assessment or guidance for managing the risks for the other person.
- People's care plans included a list of healthcare conditions. The provider had assessed and planned for some, but not all, of these. There was no information for staff on risks associated with some of these and therefore they may not be able to make a judgement about whether someone was becoming unwell or needed additional support.

We found no evidence people were being harmed, although failure to effectively assess and plan for risks was a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had developed risk assessments for other identified risks. These included plans to guide staff on how to respond to these risks and how to keep people safe.
- The provider had assessed the risks within people's home environment and gave guidance for staff on how to keep people and themselves safe.

Using medicines safely

At our last inspection, we found medicines were not always safely managed. This was a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found improvements had been made and the provider was no longer breaching this

part of Regulation 12.

- People were supported to receive their medicines safely and as prescribed. The provider had improved medicines records and there was clear information about the medicines people were prescribed and when they needed to take these.
- The staff received training to understand about the safe handling of medicines. The registered manager also tested their knowledge and observed them supporting people with medicines to make sure they did this safely.
- The provider carried out monthly audits of medicines administration records and acted when concerns were identified. They also undertook general audits of all aspects of medicines management at regular intervals.
- The provider had liaised with people's GPs and the pharmacists to discuss changes in people's prescribed medicines.

Staffing and recruitment

At our last inspection, we found the provider did not always ensure safe recruitment of staff. This was a breach of Regulation 19 (fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, enough improvement had been made and the provider was no longer breaching Regulation 19.

- The provider undertook checks on staff suitability before they started working at the service. They kept a record of these checks and carried out further assessments of staff knowledge, skills and competencies as part of their induction to the service.
- There were enough staff to meet people's needs and keep them safe. The provider did not take on new care packages unless they could support people. People using the service and their relatives told us the staff arrived on time and stayed for the agreed length of time.

Preventing and controlling infection

At our last inspection, we recommended that the provider improve systems around managing the risk of COVID-19.

At this inspection, we found enough improvement had been made.

- The provider had systems to help prevent and control infection. The staff completed training to understand this and there were a range of policies and procedures.
- The registered manager carried out checks on staff when they were caring for people. These checks included looking at good infection control practices.
- Staff had enough personal protective equipment (PPE). People using the service and their relatives told us staff used this and followed good hygiene practices.
- The provider had updated their policies and procedures in line with government guidance for managing COVID-19.

Systems and processes to safeguard people from the risk of abuse

- There were systems and processes designed to safeguard people from the risk of abuse. The provider had clear procedures for dealing with suspected abuse and the staff were trained to understand these.
- The provider had worked with the local authority to investigate any concerns and to help protect people.

Learning lessons when things go wrong

- There were procedures to learn when things went wrong. The registered manager had regular meetings with the staff to discuss any concerns, accidents and incidents. They recorded and investigated these, with recorded outcomes for improving the service.
- The registered manager was part of a network of other registered managers where they discussed good practice and lessons learnt. They shared any learning from this network with staff and used it to help improve the service.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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.

At our last inspection, we found that the provider had not always obtained consent in line with the Mental Capacity Act 2005(MCA). This was a breach of Regulation 11 (consent to care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found enough improvement had been made and the provider was no longer breaching Regulation 11.

- The provider had assessed people's mental capacity to consent and obtained this consent in line with the principles of the MCA. For people who lacked the mental capacity to consent, decisions were made in their best interests with their representatives. This was recorded.
- People and their relatives told us the staff offered choices and obtained their consent before providing care.

Staff support: induction, training, skills and experience

At our last inspection we made recommendations that the provider source staff training from a reputable training provider and that they ensure staff had access to regular supervision.

At this inspection, we found enough improvement had been made.

- People were cared for by staff who were well trained and supported. The provider sources and external training company who provided staff with basic training in line with the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- The provider also arranged individual and team meetings where they discussed different areas of the role and staff were given the opportunity for learning together.
- The staff were well supported. The registered manager regularly met with them to discuss their work and give them opportunities to ask questions. They also carried out assessments of their knowledge and skills as well as observations to make sure staff were following best practice.

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

- The provider assessed people's needs and choices before they started using the service. The assessments included asking people about their health and personal care needs, as well as information about their nutritional needs, skin care, mobility and assessing their home environment.
- People's views were reflected in the assessments, which were used to develop care plans. The plans were regularly reviewed and updated when needed.

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

- People were supported to have enough to eat and drink where this was part of their care plan. Most people had their meals prepared by family members, although staff sometimes supported with this. People were happy with this support.
- The provider had recorded when there were risks associated with people's dietary needs, for example because of related healthcare conditions and/or reduced appetite. They worked with the person and families to create plans to meet people's needs and reduce the associated risks.

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

- Staff worked with other professionals to make sure people's needs were assessed, monitored and met. They had referred people for additional support when they identified a need, for example mobility and equipment needs. They had also liaised with the GPs and district nurses when they were concerned about people's health or skin condition.
- Staff had responded appropriately during medical emergencies and when people had become unwell.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to 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

At our last inspection, we recommended that the provider develop their approach to ensure people were treated with dignity, respect and kindness during all interactions with staff.

At this inspection, we found enough improvement had been made.

- People were well treated and supported. They, and their relatives, told us this and said they were happy with the individual care workers and the agency. Feedback given directly to the provider through their quality monitoring also reflected this.
- Some of the comments from people and their relatives included, "They are excellent, doing a great job. I am so happy with them", "They are respectful to [person] and they are like family to me now", "They are polite, caring and have a good relationship with [person]" and "They do a difficult job with good humour."
- The staff respected people's diverse needs and supported them with these. For example, supporting people to access places of worship and helping people prepare for prayers.

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

- People were able to make decisions about their care. They were involved in care planning and regular reviews. They had contact with the provider and told us they were able to request changes when they wanted them.
- People and their relatives told us the care workers offered choices and respected what people wanted.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected. They confirmed this and told us care was provided in private and respectfully. The staff had completed training to understand about the importance of maintaining privacy and dignity.
- People were supported to be independent. Care plans recorded what people could do for themselves and how staff could encourage them to be independent. For example, when washing, getting dressed and with mobility.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good.

This meant people's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

At our last inspection, we found systems for informing people about complaints were not operated effectively. This was a breach of Regulation 16 (receiving and acting on complaints) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found enough improvement had been made and the provider was no longer breaching Regulation 16.

- There was a suitable complaints procedure, and this was provided to people in packs which they kept in their homes. The registered manager told us they explained the complaints procedure during initial assessments.
- People using the service and their relatives knew how to make a complaint and told us they felt happy raising any concerns they had with the registered manager.
- The policies and systems for dealing with complaints were suitable and helped to make sure these were thoroughly investigated, acted on and the complainant was given feedback. There had not been any formal complaints since the service started operating. The provider had responded appropriately to concerns people had raised during reviews or through quality monitoring surveys.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care which met their needs and reflected their preferences. They told us they were happy with the care they received, and that the provider worked with them to make sure needs were met.
- There were personalised care plans which gave information about how to care for people. These were regularly reviewed and updated.
- The staff kept records when they had cared for people and these showed care plans were followed.

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.

- People's communication needs were assessed and met. For people who experienced communication barriers, there were plans in place to help overcome these. For example, for one person who did not speak English, the staff had started to learn words from the person's first language so they could communicate with them.
- Information about the service was available in different formats and the registered manager had arranged for information to be translated into other languages for people who needed this.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The agency helped to support people to take part in social activities. They had supported people to attend places of worship, had singing sessions with some people, supported people to purchase items to help them pursue their hobbies, including books and football memorabilia and supported people to access community events.
- They had also helped people to stay in touch with friends and families using mobile devices and helped celebrate people's birthdays.

End of life care and support

- The service was not supporting anyone at the end of their lives at the time of our inspection. However, they discussed any specific wishes people had and recorded these in case this care was needed in the future.
- Staff had completed training to give them a better understanding of providing dignified care at the end of people's lives.

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 our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

At our last inspection, we found that systems for monitoring and improving the quality of the service were not always operated effectively. This was a breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found improvements had been made but further improvements were needed to meet Regulation 17.

- The provider's systems had not always identified, assessed or mitigated risks to people's safety and wellbeing. The provider did not have enough information about or guidance for staff relating to some healthcare conditions and when people became agitated or aggressive.
- The provider's systems did not always ensure that accurate and complete records were in place. For example, some of the information in care records was unclear and needed more detail for staff to fully understand their needs, information about the medicines people were prescribed and capacity to make choices.

We found no evidence people were being harmed. However, there was a risk because the systems and processes for monitoring risk and quality were not always being effectively implemented. This was a breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had made improvements to the way they managed and audited the service. There were regular, clear, documented audits of care and medicines management. They carried out regular spot checks to observe staff and assessed their competencies skills and knowledge.
- The provider had liaised with others to gain a better understanding about quality care provision and had learnt from things that went wrong.

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

At our last inspection, we found the provider had not always notified us of significant events and changes within their organisation. This was a breach of Regulation 18 (notifications of other incidents) of the Health

and Social Care Act 2008 (Registration) Regulations 2009.

At this inspection, we found enough improvement had been made and the provider was no longer breaching Regulation 18.

- The registered manager was appropriately qualified and experienced. The provider had policies and procedures about how to meet the Health and Social Care Act 2008 and the registered manager demonstrated an understanding about this and how to meet legal requirements and good practice.
- Since the last inspection, the provider had notified CQC of significant events and changes within their organisation as required.
- The registered manager shared learning and information about regulations and good practice with staff through training, regular meetings and supervisions.

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

At our last inspection, we recommended that the provider develop their knowledge in relation to duty of candour.

At this inspection, we found improvements had been made

- The provider had procedures to act on the duty of candour. The registered manager understood their responsibilities in this.
- The provider had liaised with people using the service and their representatives when things had gone wrong to explain what had happened and work together to improve the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was a positive culture at the service and people felt supported and their needs were met. Some of the comments from people using the service and their relatives included, "[Staff] are always smiling and cheerful. They always ask how we all are and how [person] is", "They are fantastic, very knowledgeable and they advise us if we are not sure about anything", "They are a really lovely group" and "If there are any problems [the registered manager] is really fantastic and has a lovely way of doing things."
- The provider engaged with people using the service, their representatives and staff to ask for their views and to keep them informed. There were regular review meetings to discuss people's care and staff met as a team and as individuals with the registered manager. The provider also asked people to complete satisfaction surveys about their experiences.
- The provider supported people to meet their diverse needs. For example, they had supported people to attend places of worship and supported them with prayers. They had also provided information in different languages when needed.

Working in partnership with others

- The provider worked in partnership with others. They liaised with different health and social care professionals to help make sure people's needs were assessed and met. Family members also told us the agency had advised them about who to contact when they needed help. One relative told us, "They have recommended when we need to speak with the GP about different medicines and where to give support from continence services and the chiropodist."
- The registered manager was part of a network of other registered managers where they shared ideas and

information about good practice and learning from incidents.

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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered person did not always ensure care and treatment was provided to service users in a safe way.</p> <p>Regulation 12</p>

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person did not always effectively operate systems and processes to monitor and improve the quality of the service and assessment, monitor and mitigate risks.</p> <p>Regulation 17</p>