

Brisca Healthcare Ltd

Brisca Healthcare Ltd

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 Healthcare Ltd is a domiciliary care agency that provides personal care to people 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 80 people at the time of the inspection.

The provider has also registered a supported living service with us under this registration, but there were no people using it at the time of this inspection.

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

Staff recruitment was robust and there were enough staff to support people's needs; however, we have made a recommendation about following best practice with respect to employing people who disclose a criminal history.

There were systems in place to safeguard people from abuse. Risks to people were recorded and mitigated. Medicines were managed safely. Staff were trained on infection prevention control and there were systems in place around this to keep people safe. Incidents and accidents were recorded so the provider could learn from these events when they occurred.

People's needs were assessed so the service was able to understand and meet people's needs. Staff received inductions, were trained and provided with management supervision. Staff worked with other health and social care professionals to provide people with effective care. People were supported to eat and drink where required. 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's consent was sought when care was provided, and they were given appropriate choices by staff.

People and relatives told us they were treated well by staff. People's equality and diversity characteristics were respected as was their privacy and dignity. People and relatives were able to express their views about the care provided. People were encouraged to be independent.

People's care needs were recorded and reviewed through regular care planning. People's communication needs were met by staff and their communication needs and preferences recorded in care plans. People and relatives were able to complain, and the service responded to complaints appropriately. The service supported people effectively who were at the end of their lives.

The service promoted person-centred care and the management were highly regarded by people, relatives and staff. The registered manager and staff were clear about their roles and the provider understood and fulfilled their regulatory requirements. People and staff could engage with the service and provide feedback

about how the care was managed. The provider had quality assurance systems in place which provided a means to continuously learn and improve care. The service worked in partnership with other agencies to support people with their needs.

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 rating for this service was good (published 15 October 2019).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Recommendations

We have made a recommendation about following best practice with respect to recruiting people who disclose a criminal history.

Follow up

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 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 Healthcare 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 one 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. As 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

This inspection was unannounced. Inspection activity started on 17 January 2023 and ended on 02 February 2023. We visited the location's office on 17 January 2023.

What we did before inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who worked with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took

this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection

We spoke with 5 people and 8 family members about their experience of the care provided. We spoke with 12 members of staff including 9 care staff, a compliance manager, the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included 8 people's care and or medicine administration records. We looked at 5 staff files in relation to recruitment and staff management. We also viewed 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.

At our last inspection we rated this key question Good. The rating for this key question has remained Good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- Recruitment processes were robust; however, we have made a recommendation to the provider. The provider had made checks on employees to ensure they were suitable to work with vulnerable people. These included checks to staff member's criminal records, their identities and their employment histories.
- One member of staff had made disclosures about their criminal record, which were subsequently shown as removed from their Disclosure Barring Service (criminal record check) certificate following inspection. The provider had discussed their disclosures with them; however, it wasn't initially clear how risks to people were mitigated as the discussions held were not detailed on the documentation we reviewed. We discussed this with the provider who subsequently provided risk assessments relating to positive disclosures.

We recommend the service follow best practice with respect to recruiting staff who disclose criminal history.

- People told us they had little concern with staff punctuality. One person told, "They are usually on time and they have never missed a visit." Another person said, "They let us know if they are late." We analysed Electronic Call Monitoring data for this service for previous one month and found the service had managed to maintain a good standard of staffing to meet people's needs.

Systems and processes to safeguard people from the risk of abuse

- There were systems and processes in place to safeguard people from risk of abuse. The provider had a safeguarding policy and procedure for staff to follow. The policy focused on empowering people to have control of their own lives and preventing abuse. Staff had received safeguarding training which was in line with the policy. One staff member said, "We make sure we protect the individual from harm. They are vulnerable adults and they are not in a position to protect themselves sometimes, so we want to safeguard them from harm."
- People told us they felt safe. One person said, "Yes, I feel safe with them. I have no problem with their attitude. They all know me well and they respect my property."
- The registered manager knew how raise safeguarding alerts with the local authority and notified CQC if there was a safeguarding concern or allegation of abuse.

Assessing risk, safety monitoring and management

- Risks to people were assessed and their safety monitored and managed. One staff member told risk assessments was a continuous process. They said, "They [management] told us we need to make sure when we go to [visit] clients, we do a risk assessment as we are in direct contact with them, we are the first to know what is going on and [whether there is] any reason to safeguard them." People's care plans contained risk assessments which identified risks to them and provided information about how to manage those risks.

- Risk assessments were personalised and related to people's individual needs. Risk assessments included information about medicines, falls, people's home environments and choking.
- We initially had concerns that some risk assessments were not reviewed in a timely fashion. However, the service was transferring from paper documents to a digital system and whilst some risk assessments had not appeared to have been reviewed on paper, their digital counterparts had been reviewed and were monitored regularly. The registered manager told us in future they would ask a member of staff to ensure that all paper and digital documents were synchronised and that risk assessments would be audited for quality assurance following this inspection.
- The registered manager showed us a hospital admission and discharge form they hoped would limit risk when people had to go to hospital. The form contained information to support the service meet people's needs when they went into and came out of hospital. This included reminders to update the care and risk assessments, whether a safeguarding alert needed to be raised and changes to people's medicines and or equipment they may need to use.

Using medicines safely

- Medicines were managed safely. We looked at 8 people's care plans and associated medicines documentation. The medicines people took was listed in their care plans, including the dosage. We discussed how staff might know why people took certain medicines and following the inspection, the registered manager sent us an updated medicines list which showed both why people took these medicines and their potential side effects. Staff were trained in how to access medicines information online should they require it, though there was information at the service to support with any queries.
 - Staff recorded when they administered medicines to people on Medicine Administration Record sheets (MARs). MARs were audited regularly by the service to ensure people were administered their medicines correctly. One staff member said, "We follow the policy, usually medicines are in the blister pack and we give the whole blister to them and record that they have taken it, we then give them a drink of water."
 - The service had a medicines policy which staff followed, and training records indicated staff were trained in medicine administration, with refresher training completed regularly. People and relatives told us they were content with how medicines were administered. One person told us, "They are very good with medication, they have it all worked out and make sure I take it."

Preventing and controlling infection

- The service sought to prevent and control infection. Staff followed the service's infection control policy and were trained in infection prevention and control, which included correct usage of Personal Protective Equipment [PPE]. The service had ample stock of PPE. One person said, "Yes, they still wear gloves and masks." One staff member expanded on how good their training was. They told us, "For Infection Prevention Control, they [service trainers] gave us a good example, you are working with 2 people in the same houses and you need to have a person centred approach; if you are giving personal care you must use separate creams, equipment and cleaning materials."

Learning lessons when things go wrong

- Lessons were learned when things went wrong. Incidents and accidents were recorded, and actions taken to mitigate risks to people. Management oversaw and signed off actions to seek reduction of risk of re-occurrence of incidents and ensure lessons were learned.

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 this key question was rated Good. At this inspection the rating has remained Good. This meant 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 were offered the service. This gave the service the opportunity to find out whether they were able to support people adequately or not. Assessments covered people's health needs and social circumstances and were the foundation of their care plans. One person told us, "Yes they did an assessment to find out about me."
- Assessments covered people's equality characteristics, such as their sexuality, religious preferences and or cultural backgrounds so they provider could best meet their needs. These were in line with the law.

Staff support: induction, training, skills and experience

- Staff were supported through induction, training and supervision. Staff completed specific training during their induction to assist them to be ready and prepared for their new roles. This included reviewing the provider's policies and shadowing experienced staff in the role. One staff member said, "We did training before we started working - when I came, they wouldn't let me go to work before training and we did shadowing."
- Staff received regular training to support people effectively. This training included moving and handling, safeguarding, medicines administration and infection control. One person told us, "They have a professional attitude, they know what they are doing and how to do it. They are very well trained."
- Staff received support through regular supervision. This occurred in 1 to 1 meeting, wider staff meetings and annual appraisals. Records of these showed staff were able to raise concerns and seek development.

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

- The service worked with other agencies to provide effective care. These included local authorities, social services, GPs, pharmacists and other health care professionals. This meant people were supported to receive consistent timely care.
- The provider contacted and liaised with health care professionals to support people with their needs. One relative told us, "They monitor and respond to healthcare needs very well. Staff support [person] with, any appointments, such as opticians and dentists." This included referring people to services and working to support other agencies with their work. This meant occasionally keeping records of people's health care needs which were shared with other agencies as appropriate.

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

- People were supported to eat and drink as per their needs. One person said, "They prepare and cook meals, they make whatever I want, its fine. Plenty of drinks, tea and water." Care plans contained

information about people's dietary requirements and the foods they liked.

- Some people had specialist dietary needs and requirements. Where this occurred, staff had received training on how to use specialist equipment and instructions were properly recorded in their care plans. One family member said, "Everything is in place [for feeding delivered by tube]. The nutritional team were involved. Everything is in place."

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 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.

- People's consent was sought before care was provided. One person told us, "They always seek consent and ask first. I feel like part of the team." Care plans contained consent agreements to demonstrate people had given their consent to care. Where people lacked capacity, this was recorded through a capacity assessment, and advocates and or family members were involved to assist best interest decisions being made.
- Staff were trained in the MCA and understood the need to seek people's consent before providing care. One staff member told us, "When you care for someone, we enter their house and you talk to them nicely and make them comfortable and you need to ask their permission and explain what you are doing. 'Can I wash your teeth, comb your hair' etc. You need to ask for their consent."

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 this key question was rated Good. The rating for this key question has remained 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 and relatives were happy with the care they received. A relative said, "I am very happy with the carers. They are gentle sensitive with [person]. They have more patience than me!" One person told us, "I have no concerns about their attitude. They care, they are like friends. Not officious, but caring and sensitive." Spot checks, staff observations and cards the service received, all showed positive feedback about how people were cared for.
- People's equality and diversity was respected. The provider's policy stated, "Treating equally regardless of personal characteristic." People's needs and characteristics were recorded in their care plans and staff were trained in person centred care and equality and diversity. One staff member told us, "Person centred is about treating everyone as an individual; their package and care needs are different from each other. I follow the care plan and give them person centred care that meets their care needs."
- Care plans recorded people's cultural needs. The service worked with a diverse group of people from a variety of different cultural backgrounds. Their needs were recorded in their care plans. For example, we saw people's faith was recorded as well as how this may dictate their dietary requirements. One staff member said, "I have worked with a service user who was [of religious faith] and wanted [faith appropriate] food, we made sure we provided food which was correct to their needs." A relative told us, "[Person] is [religious faith]; they [carers] pray with them. This keeps them happy."

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

- People were able to express their views and be involved with decisions about their care. One person said, "I feel in control; I direct what's happening. I make all my own choices and decisions." Care plans were person-centred which were used when reviews took place. This provided people or their families and or advocates to be involved in decision making.
- Care plans were signed to document people's or relative's involvement in the care planning process and decisions made about their care. Care plan completion and reviews, spot checks and telephone monitoring provided opportunities for people to express their views.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. Staff were trained on how to respect people's privacy and dignity, with respect to personal care and cultural needs. One person told us, "The carers respect my privacy. They always knock and ring to let me know they are here."
- People's information was kept securely so that it remained confidential. Documents with people's details were stored in locked cabinets and or on password protected electronic devices which were kept in locked

offices.

- People's independence was promoted. One person told us, "They respect what I do and how I manage, I'm very independent and I think they encourage me." Staff told us they promoted people's independence and encouraged people to be as independent as possible.

Is the service responsive?

Our findings

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

At our last inspection this key question was rated Good. The rating for this key question has remained 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

- People received personalised care. A relative told us, "There is a file with a care plan. It's all documented, what they should do and when they have done it." People had choices and control in how they received care. People's needs and preferences were recorded in their care plans. Care plans contained personalised information about people, what care they required and how they would like to receive it.
- Care plans were reviewed regularly or as and when necessary, such as when people's needs changed. Areas covered included people's health conditions, potential risks to them, how people wanted to receive care and how they liked to spend their time.

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 worked to meet people's communication needs. One relative told us, "We have created a communication folder, which includes photographs of hand symbols etc. for staff to follow." Care plans contained information about people's communication needs and preferences. Where people had differing communication needs, there was information for staff about how to communicate with them.
- The provider told us they were able to provide larger text documents to assist people with sight needs and able to source training for staff to assist people if specialist requirements around communication arose.

Improving care quality in response to complaints or concerns

- People and relatives told us they were able to raise complaints and concerns. One relative said, "I did raise concerns about one staff, they came again so I spoke to the manager and they sorted it in a good way. If there was anything, I would feel confident in letting them know."
- Complaints were recorded and dealt with by the provider in line with their policy. The registered manager and or the nominated individual investigated complaints appropriately and sought to improve their care as a result of investigation outcomes.

End of life care and support

- The service was able to support people who were at the end of their life. The nominated individual was recognised as an end of life champion by a local authority hospice and understood what good end of life care was. There were end of life care plans which provided opportunity to gather information about people's

end of life wishes. These care plans followed the provider's end of life policies. A number of staff were trained in end of life care and further training was available for other staff as and when required.

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 Good. The rating for this key question has remained Good. 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 and staff thought highly of the service and management. One person said, "They are a good service for me and reassurance for my family." A relative said, "They have been excellent, I'm very satisfied." One staff member told us, "Yes, the work culture is very good and pleasant. They are flexible, if I am unhappy, I can talk with the on call manager or my line manager."
- Documentation at the service, such as their policies and or their care plans, were person centred and promoted the empowerment of people. Staff were trained in person centred care and placed people's care needs at the forefront of the service they delivered. One staff member told us, "I remember working with someone in [area] and they didn't want you wearing shoes in their house due to their culture, we had shoe covers, you listen to what they say and wear what they what you want. This is person centred care - this is how they want it. We can't provide care the same way to everyone."
- People's equality and diversity were recorded appropriately in documentation, being recognised as their cultural needs as well as having their characteristics recorded. Staff told us they supported people with cultural needs, including their faith and sexuality.

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

- Managers and staff were clear about their roles and understood quality performance, risk and regulatory requirements. Staff had job descriptions for their roles and there was a clear line management structure with registered manager and nominated individual supporting a staff team including care staff and administration staff.
- The registered manager and nominated individual were owners of the service and had been in position since the service began working with people. They understood the law with regards to managing a health and social care business and knew there were requirements placed upon them such as the need to notify CQC about certain events. When things had gone wrong, they were transparent with their understanding of matters sought to be honest in their dealings with people and relatives and admitted culpability with candour.

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

- People were able to be involved and engage in their care. People were able to provide feedback on the

service through spot checks, reviews and telephone monitoring. The service also sought feedback through survey questionnaires. One person told us, "There was an online satisfaction survey a couple of months ago." The provider told us they sought to learn from feedback and improve care as a result.

- The provider held meetings with staff, both in group and 1 to 1 format, so they could be involved and provide input into care decisions the service made. One staff member told us, "At Brisca, they gather feedback in two ways, during meetings they ask for feedback and also in 1:1. I can give feedback about issues I want addressed and anything like suggestions or concerns. There is also questionnaire review form you can fill." Meeting minutes we reviewed focused on people using the service, systems at use at the service and training as well as numerous other topics.
- The provider had systems and process in place to continuously learn and improve care. The service completed spot checks and multiple audits such as care plan audits, staff file audits and medicine audits which were completed to assure quality at the service.

Working in partnership with others

- The service worked in partnership with others. The provider worked with other health and social care professionals to support people using the service. This included local authorities and health care services, all of whom sought to ensure people received the care they needed.