

Care Worldwide (Carlton) Limited Brookfield

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

We expect Health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability or autistic people

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

The service was able to show how they met the principles of Right support, right care, right culture.

Right support:

The model of care and setting maximised people's choice, control and independence.

People were encouraged and empowered to make their own decisions. Care staff ensured that people were supported and gave people daily choices which were appropriate to their needs and level of understanding and ability. People lived in an ordinary, semi-detached family home which integrated well within the community.

Right care:

Care was person-centred and promoted people's dignity, privacy and human rights.

Staff knew people well and established positive relationships with them. People's dignity, privacy and human rights were maintained. People were treated and supported as an individual, and we saw that the service had made improvements around providing individual stimulating activities.

Right culture:

The ethos, values, attitudes and behaviour of leaders and care staff ensure people using the service lead confident, inclusive and empowered lives.

People were involved in the community and taking part in a wide range of community-based activities.

People were put first, and the service had made good progress with building activities and facilities around people, following lockdown.

The new leadership team were open, honest and easy to talk to. They listened to people, staff and visitors to discuss concerns and improve the service for people.

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 care and support was provided in a safe, clean, well equipped, well-furnished and well-maintained environment which met people's sensory and physical needs. People told us they loved their home. A lot of resources had been put into making sure the decoration reflected people's tastes and was comfortable and safe.

- People were protected from abuse and poor care. The service had enough appropriately skilled staff to meet people's needs and keep them safe.
- People were supported to be independent and had control over their own lives. Their human rights were upheld.
- People received kind and compassionate care from staff who protected and respected their privacy and dignity and understood each person's individual needs. People had their communication needs met and information was shared in a way that enabled them to understand and engage.
- People's risks were assessed regularly in a person-centred way; people had opportunities for positive risk taking. People were involved in managing their own risks whenever possible.
- People who expressed distress in ways that could challenge others had proactive plans in place to reduce the need for restrictive practices. Systems were in place to report and learn from any incidents where restrictive practices were used.
- People made choices and took part in meaningful activities which were part of their planned care and support. Staff supported them to achieve their aspirations and goals. The service had started to design and build a sensory garden together with people and sought activities which were of specific interest for them.
- People's care, treatment and support plans, reflected their sensory, cognitive and functioning needs.
- People received support that met their needs and aspirations. Support focused on people's quality of life and followed best practice. Staff regularly evaluated the quality of support given involving the person, their families, and other professionals as appropriate.
- People received care, support and treatment from trained staff and specialists able to meet their needs and wishes. Managers ensured that staff had relevant training, regular supervision and appraisal.
- People and those important to them, including advocates, were actively involved in planning their care. Where needed a multidisciplinary team worked well together to provide the planned care.
- Staff understood their roles and responsibilities under the Human Rights Act 1998, Equality Act 2010, Mental Health Act 1983 and the Mental Capacity Act 2005.
- People were supported by staff who understood best practice in relation to learning disability and/or autism. Governance systems ensured people were kept safe and received a high quality of care and support in line with their personal needs. People and those important to them worked with leaders to develop and improve the service.

Why we inspected

This was a planned inspection based on the previous rating.

We undertook this inspection to provide assurance that the service is applying the principles of Right support, right care, right culture.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well led.

Details are in our well led findings below.

Brookfield

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 three inspectors, 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

Brookfield is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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 short notice of the inspection. This was because the service is small, and people are often out. We wanted to be sure there would be people at home to speak with us.

What we did before the 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 this information to plan our inspection.

During the inspection

During the inspection visits we talked with the three people who used the service and observed their interaction with the staff supporting them. People used a range of communication methods to tell us about their experience of using the service, including verbal communication and Makaton.

We spoke with the registered manager and four members of care staff. We reviewed a range of records. This included assessments, care plans and care records for the three people using the service.

We reviewed the medicines administration records and care plans for two people and recent medicines audits. We reviewed medicine error incident forms and subsequent learning from these. We spoke with the registered manager, service manager and one staff member who administers medicines. We looked at three staff files in relation to recruitment and staff supervision.

We spoke with four relatives on the telephone about their experience of the care provided to their loved ones.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with the registered manager by telephone and reviewed a range of records in relation to the management of the service, which were provided to us via e-mail. This included quality and safety systems processes, quality and safety records and audits, meeting minutes and staff training and supervision records. We also undertook on-line meeting with the registered manager to discuss our findings.

Following up breaches of regulation

During our last inspection in April 2019 we found that the service was in breach of regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014, good governance. Systems and processes were not established and operated effectively to assess, monitor and improve the quality and safety of the service or to mitigate the risks relating to the health, safety and welfare of people who used the service and others.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17. There had been improvements made in the way the provider monitored the quality and safety of the service. Improvements had been made in the culture of the service. People were enabled to communicate their views, which were respected and acted upon. There was evidence that this had led to people being happier and more relaxed in their home, along with improvements in their health and confidence.

Is the service safe?

Our findings

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

- People's care and support was provided in a safe, clean, well equipped and well-furnished environment. The environment met people's sensory and physical needs.
- People were kept safe from avoidable harm. The service had enough staff who knew people and had received relevant training to keep them safe.
- People were safe from abuse. Staff understood how to protect people from abuse and the service worked well with other agencies to do so. The three people who used the service all told us they felt happy and safe with the staff. People's relatives felt they were safe and well looked after.
- People were involved in managing their own risks whenever possible. Staff anticipated and managed risk in a person-centred way and there was a culture of positive risk taking. For instance, we saw staff supporting people to develop new skills in the kitchen, to help develop their independence.
- Staff had a good understanding of people's needs. People's care and support was provided in line with their care plans. There was a need for risk assessments for the use of paraffin based emollient creams for one person and this was addressed at the time of the inspection.
- Staff had received approved training in how to respond positively and proactively if people expressed anxiety or distress.
- The service recorded all incidents, including where restrictive interventions had been needed. The management team reviewed all incidents and debriefs were offered to the person and staff involved. Learning was actively used to reduce the likelihood of recurrences.
- Incidents had reduced significantly in the year prior to the inspection and no restrictive interventions had been used during this period. The registered manager told us people were happier and more confident in expressing their feelings because of the positive and empathetic approach of the new staff team.
- People's assessments, care plans and care records had been reviewed and updated since our last inspection. We saw they were detailed and person-centred. One person was relatively new to the service and their assessments and plans were being developed as they settled.
- People were supported to make decisions about their medicines. The three people using the service required support with taking their medicines. People's medicines were regularly reviewed to monitor the effects on their health and wellbeing. Staff followed systems and processes to safely order, receive, administer, record and store. Overall, people received the correct medicines at the right time. There was a need for staff to seek guidance from one person's GP. This was in relation to gaps between doses for one medicine, and the use of two topical creams. This was addressed at the time of the inspection.
- Leaders understand and implement the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensure that people's medicine is reviewed by prescribers in line with these principles.
- The service kept people and staff safe. The service had made improvements in the area of safety and managed accidents and incidents well. Staff recognised incidents and reported them appropriately. Managers maintained people's safety, investigated incidents and shared lessons learned with the whole team and the wider service.

- We looked at how infection prevention and control was implemented. We were assured the provider was facilitating visits for people living in the service in accordance with the current guidance.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- One person told us they liked to be involved in making sure visitors followed guidance on wearing PPE and their temperatures were taken on arrival.

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.

- People's human rights were upheld by staff who supported them to be independent and have control over their own lives.
- People had access to a range of meaningful activities in line with their personal preferences. People had been helped to create a photo wall, displaying the celebrations, activities and trips they had engaged in. During our two visits people happily prepared for their chosen activities, including a planned day trip and other trips to the shops and eating out in the local community.
- Care and support plans were holistic and reflected people's needs and aspirations. These reflected a good understanding of people's needs with the relevant assessments in place, such as communication and sensory assessments.
- People, those important to them and staff developed individualised care and support plans. Care plans were personalised, holistic, strengths based and updated regularly.
- People were enabled to choose their food, and plan and shop for their meals. Staff supported them to be involved in preparing and cooking their meals. People could access drinks and snacks at any time. People had menus, which had been discussed with them. Where needed pictures and symbols were used to enable people to choose what they wanted to eat.
- People had good access to physical healthcare and were supported to live healthier lives. One person had been well supported in making healthier diet and life choices, with real improvements in their health, mood and confidence. People went out for walks during our visits and told us this was something they enjoyed.
- Staff took the time to understand people's behaviour and what may cause them anxiety or distress. The service employed a positive behaviour support trainer and other professionals were involved in the development of positive approaches in this area of people's support.
- People chose the activities they took part in. These were part of their care plan and supported people to achieve their goals and aspirations.
- People received support from staff who had received relevant training, including about learning disability, autism, mental health needs, trauma-informed care, human rights and all restrictive interventions.
- Staff had regular supervision and appraisal. Managers provided an induction programme for any new staff.
- Staff understood their roles and responsibilities under the Human Rights Act 1998, Equality Act 2010, Mental Health Act 1983 and the Mental Capacity Act 2005. This meant that people who lacked capacity or had fluctuating capacity had decisions made in line with current legislation, people had reasonable adjustments made to meet their needs and their human rights were respected.
- People were supported to make decisions about their care. For instance, people said they decided what activities they wanted to do and who with. We saw people had many opportunities to say what they wanted in their day to day lives and staff responded positively to people's choices.
- Staff understood the Mental Capacity Act 2005, including Deprivation of Liberty Standards (DoLS).
- For people the service assessed as lacking mental capacity for certain decisions, staff clearly recorded assessments and any best interest decisions.

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.

- People were enabled to make choices for themselves and staff ensured they had the information they needed. Staff ensured people understood and controlled their care and support. People were relaxed in their home, with each person following their individual interests. For instance, staff supported one person with their portable electronic device, and it was clear the person enjoyed spending time listening to their favourite music. Another person fetched their art equipment and independently settled to their hobby.
 - People and their families told us they received kind and compassionate care. For instance, everyone who used the service replied with an enthusiastic, "Yes." when asked if the staff were kind. We also saw genuine indications of affection between people and the staff supporting them.
 - Staff respected and protected people's privacy and dignity and understood people's needs. People spoke highly of staff and the care they received. The three people who lived in the service told us they liked all members of the small team who supported them. People were happy to see staff when they arrived.
 - People and those important to them, took part in making decisions and planning of their care.
 - People were empowered to feedback on their care and support. They told us they felt listened to and valued and this was confirmed in records we saw. One relative said, "We feel [person] does get listened to."
 - People had easy access to independent advocacy. Staff supported people to maintain links with those people who were important to them.
 - Staff maintained contact and shared information with those involved in supporting people, as appropriate.
- Overall, relatives told us that communication with the registered manager and staff was good. One relative said, "They [staff] are always respectful to [person] and to us and when there was a family illness, they asked if I needed shopping and offered to pick it up. They're amazing. We feel we know they're doing the best they possibly can and that makes us very happy."
- Throughout the COVID-19 restrictions, the service supported people to keep in touch with those important to them and consulted them on the care of their loved ones. Staff provided updates via phone, e-mail and a colourful newsletter. One relative told us, "They send pictures all the time by WhatsApp. I have hundreds and hundreds of pictures, at least 10 pictures a week. The smile on [person's] face says it all."

Is the service responsive?

Our findings

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

- People's privacy and dignity was promoted and respected by staff.
- The service's design, layout and furnishings supported people and met their individual needs. Care had been put into providing a comfortable and attractive home environment. People had been involved in choosing the decoration, which was homely and reflected their interests and lifestyles.
- Each person had their own bedroom which was nicely decorated and spacious and had en-suite facilities. People had personalised their rooms and were able to keep their personal belongings safe.
- People had access to quiet areas for privacy. Relatives told us there had been significant improvement made to the home in the last 18 months. One relative said, "There's been lots of home improvements over lockdown, like the garden; you can sit outside now. And they've put pictures up, redone the carpet, got a kitchen fitted."
- The service met the needs of all people using the service, including those with needs related to equality and diversity. Staff helped people with advocacy, cultural and spiritual support, including their preferred form of worship. ."
- People's communication needs were met. Staff explained how the use of Makaton, facial expression and gestures contributed to two people's engagement and self-expression. One relative told us, "To be quite honest I cannot fault them [the staff]. They're brilliant with [person]. If [person] wants to go upstairs and listen to a DVD they will dance, and staff will put [person's] music on. [Person] points when really to go downstairs." People had access to a range of activities and chose the activities they took part in. This included going for walks, shopping trips, museums and parks, going out for meals, and family visits. Support with self-care and everyday living skills was planned and provided in a person-centred way.
- People had access to information in appropriate formats. Pictures and symbols helped people to be involved in planning their care and, since our last inspection the service had reviewed and updated people's care plans with them, so they were more person-centred. Information on topics like Covid, people's right, keeping safe, speaking up and how to complain were presented in easy to read formats.
- People, and those important to them, could raise concerns and complaints easily and staff supported them to do so. The service treated all concerns and complaints seriously investigated them and learned lessons as a result. They shared the learning with the whole team and the wider service.
- The service worked in a person-centred way to meet the needs of people with a learning disability and autistic people. They were aware of best practice and the principles of right support, right care, right culture, and ensured these principles were followed.

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.

- Our findings from the other key questions showed improvements in governance processes were effective to keep people safe and provide good quality care and support. Since our last Inspection a new staff and management team had been introduced and had worked hard to improve all aspects of the service. All assessments and person-centred plans, records and guidance had been updated to ensure people received the care and support they needed and preferred. The registered manager and senior staff completed regular audits to monitor and improve the quality of service delivery. We did find some minor shortfalls in the way people's medicines and care records were audited. However, the registered manager and the team acted very quickly to address these at the time of the inspection.
- Leaders had the skills, knowledge and experience to perform their roles and understood the services they managed. They had a vision for the service and for each person who used it, and significant improvements have been made in the service people received since the last inspection. Leaders were visible in the service and approachable for people and staff. Support staff told us the registered manager was accessible, supportive and committed to the continued improvement of the service.
- The service worked well with other agencies and professionals to ensure people received individual care and support to meet their needs. For instance, where people had been assessed by external professionals, it was clear these recommendations and advice were put into practice.
- The compliments log kept by the service included feedback from staff praising the registered manager for his leadership and passion. Other staff comments included they had, "Never felt so well supported," and they loved coming to work. One person's relative fed back that since the registered manager had taken over the service had, "Strongly improved, and [people using the service] and the staff seem happy."
- Staff knew and understood the provider's vision and values and how to apply them in the work of their team. Improvement had been made in the culture of the service. Training, and discussions during team meetings helped to enhance staff understanding and application of what they had learnt. Staff told us the vision of the service was to support people's well-being and independence.
- Staff felt respected, supported and valued. The provider promoted equality and diversity in its work. They felt able to raise concerns without fear of retribution. The staff we spoke with were confident that any issues raised with senior staff and managers would be listened to and taken seriously.
- Staff had the information they needed to provide safe and effective care. They used information to make informed decisions on treatment options. Where required, information was also reported externally.
- People and those important to them, worked with managers and staff to develop and improve the service. The provider sought their feedback and used this to develop the service. Staff engaged in local and national quality improvement activities. Relatives told us they were regularly consulted about the service and the care provided.
- The service apologised to people, and those important to them, when things went wrong. Staff gave honest information and suitable support, and applied duty of candour where appropriate.