

Bricket Wood Care Limited

Bricket Wood Care Limited

Inspection report

9 The Uplands
Bricket Wood
St Albans
Hertfordshire
AL2 3UW

Tel: 07429410822

Website: www.deesgroup.co.uk

Date of inspection visit:

31 March 2022

07 April 2022

Date of publication:

20 June 2022

Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and 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 and autistic people and providers must have regard to it.

About the service

Bricket Wood Care Limited is a residential care home which was providing personal care to four people at the time of the inspection. The service can support up to six people.

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

Right Support

Staff were aware of people's strengths and what they could do, however they did not always ensure this was promoted. Due to staffing restrictions there were times where people could not have a fulfilling and meaningful everyday life.

The service was focusing on improvements to the environment people lived in to ensure it was clean, well maintained and appropriate equipment was in place. People were able to personalise their rooms.

Staff did not adhere to safe practices when wearing personal protective equipment (PPE). This meant that staff were at risk of spreading infection.

Staff supported people to play an active role in maintaining their own health and wellbeing.

Right Care

People were not always supported by a service that had systems in place to report and respond to accidents and incidents. Staff did not always understand how to protect people from poor care and abuse. Staff had training on how to recognise and report abuse, however staff knowledge and actions did not show they understood this.

There was fluctuation of staffing within the service. Although this was actioned and improved during the inspection, people and staff shared there were times where they were short staffed, and this affected people's care.

We observed staff interacting with people in a kind and compassionate way. Staff protected and respected people's privacy.

Right culture

People did not always have risk assessments in place, to identify risks people faced and how staff should

manage these. Staff were not always knowledgeable about the content of these risk assessments. When risks to people were identified actions to mitigate the risks were not always resolved in a timely manner which put people at risk of harm.

People were not always supported by the provider to ensure all staff had the correct employment records present upon commencing employment.

People were supported by staff who understood best practice in relation to supporting people with a learning disability, however there were areas of improvement needed in relation to training and ensuring staff had the right skills.

The service had a recent change in management. Staff acknowledged this had helped improve the service and the support they received.

People's quality of support was not always enhanced by the providers quality assurance system the provider had in place. Actions were not always documented, and it was unclear if actions were completed. This had an impact on people's care.

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 25 February 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 the provider remained in breach of regulations.

Why we inspected

This inspection was prompted by a review of the information we held about this service. We undertook this inspection to assess that the service was 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

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 the safe employment of people, mitigating risks, people receiving care that is person centred and overall governance and culture of the service at this inspection.

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 return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our well-led findings below.

Bricket Wood Care Limited

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 completed by one Inspector.

Service and service type

Bricket Wood Care Limited is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Bricket Wood Care Limited is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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 not a registered manager in post, however the manager was starting to go through the process of registering to become a registered manager.

Notice of inspection

This inspection was unannounced

What we did before inspection

We reviewed information we had received about the service since the last inspection. 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. We used all this information to plan our inspection.

During the inspection

We spoke with four people who used the service and one relative about their experience of the care provided. People were able to verbally talk to us. During the inspection we used talking mats. We are improving how we hear people's experience and views on services, when they have limited verbal communication. We have trained some CQC team members to use a symbol-based communication tool. We checked that this was a suitable communication method and that people were happy to use it with us. We did this by reading their care and communication plans and speaking to staff or relatives and the person themselves. In this report, we used this communication tool with one person to tell us their experience. We spoke with five members of staff including the registered manager and support workers.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has deteriorated to inadequate. This meant aspects of the service were not safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- Staff recruitment processes were not conducted safely, this included reference checks, gaps in applications forms and a lack of full employment history. This meant people may be supported by staff without the right skills and qualifications required.
- The service did not always have enough staff to support people safely. For example, we were told on one occasion, a person had fallen ill, and the staff member had to attend to them which meant there was no additional staff member to support the other people living there. During the inspection the manager put in additional staff. Staff confirmed this had improved the opportunities to spend one to one time with people.
- People were at risk of harm where staffing levels were not always sufficient. Accident and incidents occurred where people and staff were put at risk of harm and this risk could have been mitigated. For example, when a person became physically aggressive towards staff or another person there was not always enough staff to manage the situation.
- We were informed, there were times where people did not receive their commissioned hours. This meant people were not able to take part in doing things they enjoyed when they wanted.

The provider failed to ensure appropriate documentation and checks were in place when recruiting staff members. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management; Learning lessons when things go wrong; Preventing and controlling infection

- People were not always kept safe from avoidable harm because staff were not always confident on what to look out for or recognise where people were put at risk of abuse. For example, during the inspection we identified possible abuse that had not been recognised by the staff team or management.
- People's risk assessments were not clear or coordinated with the information stated in the care plans. There were several examples where we saw risks had been identified but were not clear or did not indicate how to support people. One example being where someone had been diagnosed with epilepsy and there was no clear risk assessment in place to inform staff how to ensure the person's safety if a seizure was to occur. Another example was where a person became anxious or agitated, there was no clear details in how to manage this risk to ensure themselves or others were put at risk.
- Staff could recognise signs when people experienced emotional distress, however, did not always know how to support them to minimise the risk to them and other people to keep them safe.
- Staff did not always manage the safety of the living environment. Fire drills and tests were not completed consistently. This meant the evacuation of people in an emergency could be delayed.

- There was a lack of shared lessons learnt with the whole team and the wider service. Where safeguarding's and risks emerged, the manager gathered the information relating to accident and incidents, however, did not effectively look at the overall trends and themes. This meant the manager and staff team were not able to learn from these.
- The service did not use effective infection, prevention and control measures to keep people safe, and staff did not follow government guidance. We observed staff not following government guidance when using personal protective equipment (PPE). On the two occasions we visited the service we found staff were not wearing masks. This put people at risk of cross infection.
- The service did not always have procedures in place to ensure they maintain a good level of cleanliness within the home and grounds. For example, in one of the bathrooms we found the shower tray to have water damage as well as a build-up of dirt. One person spoke about how it was not fit for use so they would use the other shower room. It was noted the service had to call out pest control due to overflow of rubbish outside the property. At the time of the inspection this had been cleared and the problem resolved.

The provider failed to ensure they had systems in place to ensure risks were managed safely. This was a breach in regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Despite this when speaking with people they said they felt safe. One person said, "I have no complaints, I feel safe here, I get on with everyone."
- The providers approach to visiting aligned to the government guidance. People were able to see their relatives or friends if they wanted to and there were no restrictions on this.

Using medicines safely

- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines and ensured that people's medicines were reviewed by prescribers in line with these principles.
- People received support from staff to make their own decisions about medicines wherever possible.
- People were supported by staff who followed systems and processes to administer, record and store medicines safely.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Care and support plans did not always reflect people's needs and aspirations. Support did not always focus on people's quality of life outcomes. We found examples where care plans did not triangulate which meant staff would not be clear on how to support people how they wanted to be supported.
- Staff interactions with people showed kindness. We noted in one person's care plan the goal to move into more independent living. The person confirmed they wanted to do this however, needed to build their independent skills. However, we observed staff completing tasks for the person and not encouraging independence.
- Some people said they wanted to be more involved in the development of the care plans and what is written about them daily. One person said, "Staff will write about it, but sometimes I would like to know what they are saying about me." Another person said, "I do not need to know what they write about me because I trust them."
- The service offered respite for people, however we found care plans or risk assessment were not in place for people they support during their stay. In addition, the management team did not consider the people who live in the home and the impact respite might have on the individual.

The provider failed to ensure people had care that is person-centred and met their individual goals and aspirations. This was a breach of regulation 9 (Person-centre care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

- People were supported by staff who had received relevant training in evidence-based practice. This included training in learning disability and positive behaviour support. However, this was not always followed. For example, staff did not use safe infection prevention measures, or did not have clear understanding of how to provide positive behaviour support for an individual. Following the inspection, the manager said, due to the feedback from the inspection in relation to safeguarding and mental capacity act, they were putting on a refresher course for staff.
- The providers mandatory training had been completed, however there were several staff who had not completed the refresher training. In addition, we found one out of nine staff had completed the care certificate training. The manager had plans in place to ensure these were completed.
- Staff said they felt the training they received helped them complete their role and were happy that the provider and manager were looking to invest time in putting them on further education to help with their role.

- The staff team had acknowledged it had been a difficult time with staffing, management changes and the pandemic, this caused morale to fluctuate. Despite this, the staff felt it had very much improved and as a staff team they supported each other well. One staff member said, "There has not been enough staff. It was having an impact on people's support. That has improved. It was low at a point; it was really tough. I can see it has improved."

Adapting service, design, decoration to meet people's needs

- The provider and manager had plans in place to decorate and make adaptations to the property to ensure the environment was safe and well decorated. During the inspection works to the property had started to be completed. This included a ramp to access the front of the house, as well as new flooring within parts of the communal areas.
- People personalised their rooms and were included in decisions relating to the interior decoration and design of their home.

Supporting people to live healthier lives, access healthcare services and support

- People had health action plans which were used by health and social care professionals to support them in the way they needed.
- People were referred to health care professionals to support their wellbeing and help them to live healthy lives. During the inspection the manager referred one person to a health professional to provide input with the person's care plan to ensure staff are meeting the person's health needs.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- We found where people were being deprived of their liberty appropriate actions were taken to apply for the authorisation to do so.
- Staff did not always demonstrate a clear understanding of what the mental capacity act meant within their role. One staff member said, "It is always a tough one for me. I am refreshing my knowledge. It is looking at each individual. Promoting independence, but not forced to do it."
- We observed staff giving people choice of day to day decisions and staff respected people's choices.
- We noted the provider had put provision in for surveillance within the service. The provider shared information regarding the aspects of surveillance. People made an informed choice and did not want the use of surveillance. The provider respected this decision, however kept the provision in situ if for any reason

people changed their views on this.

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

- People received support to eat and drink enough to maintain a balanced diet. People were involved in choosing their food, shopping, and planning their meals. We observed people having access to food.
- Staff encouraged people to eat a healthy and varied diet to help them to stay at a healthy weight.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now deteriorated inadequate. 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.

At our last inspection the provider and registered manager failed to implement robust governance systems to ensure the quality and safety of the care provided met people's needs. The provider failed to ensure that action was taken to improve the care people received. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of Regulation 17.

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 being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The manager and provider had fail to ensure the quality assurance systems were reliable and effective. For example, they did not pick up the safeguarding we found as part of the inspection. They had not identified the gaps in the care plans and risk assessments as well as the overall improvements to the culture of the service. Issues with staff not wearing PPE or following current guidance, poor oversight of cleaning, poor recruitment processes, inadequate staffing levels and gaps in staff training needs were not identified.
- The management team did not consistently capture actions to introduce improvements. These were either not identified or lacked detail as to if these had been completed. The manager acknowledged this and as part of the start of their employment they had created an improvement plan and spoke about steps they were taking to improve the quality audits and action plans.
- The manager spoke about the need to develop their understanding on certain guidance relating to their role, such as right care, right support, right culture. The manager spoke about the need to change the overall culture of the service as they felt there was an issue with staff professional boundaries within the service. Our findings confirmed this to be the case.
- We observed staff interactions to be caring, however we found further improvements needing to be made to instil a culture of care in which staff truly promoted people's individuality, protected their rights and enabled them to develop and flourish. For example, one person expressed what they wanted to have to eat, however the staff member had said they had already started making something else and they could have that. This did not respect the persons rights or enable them to feel listened to.
- The provider and manager did not always consider the impact on people when reviewing the support they

provided. There was no consideration with how to meet people's long term-aspirations and how they would like to live their lives.

- During the inspection it was evident that the dynamics of the service user group and people's support needs, age demographic were different. When speaking with people they all said they got on well with each other, however, did identify some points that questioned the compatibility of the people living there. One person said, "Other people get more support because the staff feel they need it. It is not fair." Another person spoke about how they wanted to live with people they would share more interests and did not like it when other people in the home got angry or upset.
- The provider was in the process of moving someone new into the service. when speaking with people they did not seem to be a part of the process. One person spoke about their anxieties about this.
- The provider completed regular contact with the management team to share information, however the provider had failed to identify the failing in relation to the safety of people, staffing development and knowledge and the need to improve the overall culture of the service. The provider had reflected on this and said they had recently started looking at other CQC reports to share learning and look at way to improve the service.
- There had been a recent change in management. People and staff reflected on the changes which they felt had caused some staff to feel unsettled, however felt that recently this had changed and there was more stability and they felt happier with the support they received. One person said, "Manager is quite good, I found the other one strict." One staff member said, "I can't fault [manager]. They have been in such a short amount of time and have fixed a lot. Change in management, has been so much better. It is now second to none. Every time I have asked for something or a question it is done."
- Staff felt able to raise concerns with managers without fear of what might happen as a result.

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

- The provider had not sought feedback from people, those important to them and staff, however this was something that had been identified by the new manager and during the inspection had sent surveys out to people and staff.
- The manager had put on team meetings where they started to gain views of staff and to have discussions about the service.

The provider has failed to implement robust governance systems to ensure the quality and safety of the care provided met people's needs. The provider failed to ensure that action was taken to improve the care people received. This was a breach of Regulation 17(Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Working in partnership with others

- The manager gave examples of how they had regular input from other professions to achieve good outcomes for people.

We could not improve the rating for well-led from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

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
Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider failed ensure appropriate documentation and checks were in place to when recruiting staff members. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The provider failed to ensure people had care that is person-centred and met their individual goals and aspirations. This was a breach of regulation 9 (Person-centre care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

The enforcement action we took:

See DT and ENF record

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider failed to ensure they had systems in place to ensure risks were managed safely. This was a breach in regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

The enforcement action we took:

The provider failed to ensure they had systems in place to ensure risks were managed safely. This was a breach in regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to ensure that action was taken to improve the care people received. This was a breach of regulation 17(Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

The enforcement action we took:

Please see DT and ENF record