

Care Worldwide (Carlton) Limited Brookfield

Inspection report

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West Yorkshire
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place on 15 and 16 January 2018 and was announced. Brookfield is a 'care home' without nursing. The service is registered to provide accommodation for up to three people younger people with learning disabilities. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Brookfield accommodates up to three people in a semi detached house on a residential street.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

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

Premises were appropriately maintained to ensure people's safety.

The provider ensured appropriate recruitment checks were completed. The provider's recruitment policy stated satisfactory references must be obtained before staff start work. This was not adhered to for one member of staff, although they shadowed until references were received. We made a recommendation that the provider ensures they follow their own policies.

We observed there were sufficient staff to meet people's needs. We made a recommendation the provider ensured a named member of staff was allocated on the rota to provide 1:1 hours.

Staff were provided with appropriate support to ensure the safe administration of medicines. They had undertaken training in medicines management and their competency was assessed.

The home was clean and tidy although some areas did require maintenance and updating. Staff used appropriate Personal Protective Equipment (PPE). A cleaning schedule was being introduced which including tasks for night staff.

Although staff received an induction they did not receive appropriate training as is necessary to enable them to carry out the duties they are employed to perform. We concluded this demonstrated a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were supported to have maximum choice and control of their lives and staff supported them in the

least restrictive way possible; the policies and systems in the service supported this practice.

People were supported to plan their meals and buy their food. People had access to other healthcare professionals.

People's care records were up to date and recorded what support people required. People's activity planners were detailed and provided a good picture about each individual.

People were involved in the running of their home through resident meetings.

Staff told us how they respected people's privacy and dignity. For example, by listening to people, knocking on doors and asking permission if they wanted to enter their room. We observed one incident which impacted on a person's dignity when they left their home with large stains on the front of their top.

Staff were passionate about encouraging people to be as independent as possible. For example, ensuring they were involved in cleaning, preparing meals and choosing activities.

The provider had a complaints policy and procedure in place. The home had not received any complaints.

Audits were completed in areas such as, medicines, finances, and infection control. The registered manager or deputy completed a monthly report log looking at incident records. The report logs did not analysis patterns and trends and what action could be taken to prevent behaviour escalating.

The CQC had been notified of a number of safeguarding incidents between two service users. We also liaised with other health and social care professionals regarding this. The provider had not analysed the information to ensure patterns and trends were picked up at the earliest opportunity.

A policy and procedures file provided on inspection contained out of date policies without review dates. Some of the policies were not relevant to the service for example, prevention and early detection of depression in older people and the safe use of bedrails.

We concluded the issues identified collectively constituted a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us on the whole they felt supported and listened to. Team meetings took place which included feedback from inspections at the provider's other care homes to share learning.

You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

The provider had not conducted a timely and robust analysis of safeguarding incidents to ensure patterns and trends were picked up at the earliest opportunity.

The provider carried out recruitment checks although they did not follow their own policy in relation to obtaining references.

People had appropriate risk assessments in place.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff did not receive appropriate training necessary to enable them to carry out their caring role.

The provider was meeting the requirements of the MCA and DoLS.

Is the service caring?

Requires Improvement ●

The service was not always caring.

People were treated with dignity and respect. However, we observed one incident which impacted on a person's dignity when they left their home with large stains on the front of their top.

People's independence was promoted and they were involved about matters relating to their care and support.

Is the service responsive?

Good ●

The service was responsive.

People and their relatives were involved in the care planning process.

People's care records were up to date and recorded what

support people required.

There were systems in place to respond to complaints.

Is the service well-led?

The service was not always well-led.

A policy and procedures file provided on inspection contained out of date policies without review dates.

We found the provider did not operate effective systems and processes to make sure they assessed, monitored and mitigated the risks relating to the health, safety and welfare of service users.

Staff told us on the whole they felt supported and listened to.

Requires Improvement 

Brookfield

Detailed findings

Background to this inspection

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

This was a comprehensive inspection which took place on 15 and 16 January 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

The inspection team consisted of one adult social care inspector and an 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. The expert by experience for this inspection was a family carer of a person with a learning disability.

We reviewed information we held about the service, such as; notifications, information from the local authority, other healthcare professionals and from Healthwatch. Healthwatch is an independent consumer champion which gathers information about people's experiences of using health and social care in England.

The registered provider had been asked to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with two people who used the service and one person's relative. We also spoke with three members of care staff, the registered manager and the quality manager.

We looked at a variety of documentation including; care documentation for two people, two staff recruitment files, meeting minutes, documents relating to the management of medicines and quality monitoring records. We also observed care practices.

Is the service safe?

Our findings

One person told us, "I have a laugh with the staff and some banter and stuff like that." One relative said, "I think they do a really good job, I've got no concerns at all about [my relative's] support here. They meet all [my relative's] needs and I feel very confident that [my relative] is well taken care of and that [my relative] is safe.

Staff told us they had received safeguarding training and knew how to report any concerns. The CQC had been notified of a number of safeguarding incidents between two service users. We also liaised with other health and social care professionals regarding this. The provider had not conducted a timely and robust analysis to ensure patterns and trends were picked up at the earliest opportunity. Although staff hours were eventually changed to ensure one person had 1:1 support at peak times when behaviour escalated; this response could have been timelier.

People had up to date risk assessments in place in relation to areas such as; going into the community, managing behaviour, weight, nutrition and falls.

Premises and equipment safety was overseen by a maintenance person who was responsible for the provider's three care homes. We saw evidence to show that the premises were appropriately maintained to ensure people's safety.

The provider had recently recruited a number of new care staff. References were obtained and Disclosure and Barring Service (DBS) checks completed. The DBS helps employers make safer recruitment decisions and reduces the risk of unsuitable people from working with vulnerable groups. The provider's recruitment policy dated November 2017 stated, 'If the new staff member will be care centre based, satisfactory references must be obtained before he/she starts work.' We noted this was not adhered to for one member of staff. However we saw evidence to demonstrate this member of staff shadowed until references were received. We recommend the provider ensures they follow their own policies.

We observed there were sufficient staff to meet people's needs. Staff told us there were enough staff. However, one member of staff said, "[Name] sometimes doesn't get their 21 hours." The rotas allocated these 1:1 hours but did not always record which member of staff was providing support. We saw evidence to show that the person did not receive their 1:1 hours on one occasion because they choose not to. These hours were rescheduled for the following week. We recommend the provider ensures a named member of staff is allocated on the rota to show who will provide the person's 1:1 hours. This will ensure the person knows which member of staff will be providing support.

The registered manager told us she would keep staffing levels under review when the number of people within the home increases or people's needs change.

Staff were provided with appropriate support to ensure the safe administration of medicines. They had undertaken training in medicines management and their competency was assessed. Protocols were in place

for 'when required' medicines. Medicine audits were completed by the deputy or registered manager. Most issues we identified on inspection had been documented in the medicines audits. For example gaps in the topical medication administration records. This helped ensure any issues with medicines management were identified and addressed. However, we noted the temperature of the cupboard where medicines were stored was recorded at being below 8 degrees on numerous occasions and it was not clear what action had been taken to address this. We raised this with the registered manager who told us they would address this issue.

One person had their prescription creams stored in the 'Control of Substances Hazardous to Health' (COSHH) cupboard. The reason was to prevent the creams affecting the other medicines. This was not a person centred approach and we did not see any evidence to demonstrate consideration had been given to the person storing their medicines in a locked cabinet within their room to help involve them in their treatment. We raised this with the registered manager who told us they had identified this and was taking steps to resolve the issue of prescription creams being stored in the COSHH cupboard.

The home was clean and tidy although some areas did require maintenance and updating. For example, some of the shower seals had black mould on them. The registered manager provided a maintenance schedule which showed these issues would be addressed. We saw staff used appropriate Personal Protective Equipment (PPE). A cleaning schedule was being introduced which including tasks for night staff. We saw infection control audits took place and identified action that required taking. For example, these included the replacement of chopping boards and a new fridge.

Is the service effective?

Our findings

Staff completed an induction which included shadowing more experienced members of staff. Staff commented most training was to be completed online but they had recently completed a 'break away' technique course which was face to face. This provided guidance on how behaviour that challenges could be effectively managed. The training matrix showed that most staff who worked at Brookfield had not completed core skills training in areas such as; health and safety, fire safety, food safety and infection control. This included four members of staff who worked alone at Brookfield without direct supervision. We saw team meeting minutes which raised the issue of staff not completing e-learning but no action or supervision had taken place with any individual.

We concluded this demonstrates a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff had received recent training regarding managing challenging behaviour. It was clear staff knew people well and what signs to look for to show a person may be becoming agitated. This helped them de-escalate the issue before there was an incident. For example one member of staff told us, "I would look for distraction opportunities, if possible remove the person from the situation and speak in a calm, clear voice. I would make sure they are safe and other people around are safe. I would give them some space but not enough to put them in danger and would offer support and comfort."

As a new staff group had been put in place not all supervisions had had the opportunity of taking place. The registered manager told us the supervision matrix would be put in place following staff completing their probation. Staff told us they could approach the management team if they had any issues.

People were supported to plan their meals and buy their food. People helped to complete a weekly food planner. Staff explained how the menu was chosen by people and the importance of giving choice. One staff member told us, "If people don't fancy it, they can choose something else." Another staff member said, "There's always a well stocked fridge." One person told us, "I just love food, and there's always food here you can eat what you want. Me and staff do it together, I like stir things and stuff, and help with things, and we do it as a team. I sometimes help with making up the shopping list for the food."

People had access to other healthcare professionals. For example, GPs, social workers, physiotherapist and psychiatrist. One healthcare professional told us, "Staff encouraged this person to carry out their exercises and supported them to all appointments."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We found the provider was meeting the requirements of the MCA and DoLS. Staff told us people were supported to make decisions. One person told us they were involved in creating their care plan. They said,

"Me and [my relative] helped them do plan, and they asked me some questions about things I liked to do." Staff told us how they involved people in their care. For example giving choices around food and activities. They also explained consequences of decisions to help people make an informed choice.

One person's care record referred to a family member having a Lasting Power of Attorney (LPA) for the person's finances. A LPA is a legal document that appoints one or more people (known as 'attorneys') to help a person make decisions or to make decisions on a person's behalf. However, there was no copy on the person's file to confirm this was the case. The registered manager told us they would ensure this was obtained.

Is the service caring?

Our findings

We found evidence people were involved in making decisions about their care, support and treatment as far as possible. People had access to advocates when required.

Staff told us they always tried to give people choices such as involving people in choosing activities, clothes and food. Staff were clear they could not force people to do something they did not want to. Staff told us they would try and negotiate by offering different choices giving guidance to making a better choice. If it was something that impacted on a person's safety, staff would seek guidance and advice.

Staff told us how they respected people's privacy and dignity. For example, by listening to people, knocking on doors and asking permission if they wanted to enter their room. One member of staff said, "I always knock on a door if I'm needed and wait for [name] to invite me in. This also applies to other residents as that is their own personal space and I'm mindful that I need to be respectful as it is their room as well as their home."

We observed one person left their home with large stains on the front of their top. The person's care plan stated they were likely to wear clothes that were stained and did not always make good choices about their appearance. The daily notes stated the person had been checked and staff had made sure the person was appropriately dressed to go out. There was no record that the person had chosen to wear a stained top and that staff had attempted to discuss this with the person. We raised this with the registered manager who said what action staff should take was covered within the person's care plan. We looked at the person's 'personal' care plan and saw it referred to the person getting confused and not always putting clean clothes on. The care plan further stated, 'I have a support and risk plan for this.' Neither the registered manager or inspector could locate this support or risk plan at the time of inspection.

Staff were passionate about encouraging people to be as independent as possible. For example, ensuring they were involved in cleaning, preparing meals and choosing activities. One member of staff told us, "It's amazing, being able to give support and promote confidence to other people is really rewarding." Another member of staff said, "We encourage people to be as independent as they can be, I will actively encourage them both to do things for themselves so make their own packed lunch, make their own drinks, keep the rooms as tidy as possible."

People's care records highlighted what people could do for themselves. For example, that they were able to brush their teeth and rub shampoo into their hair. One person told us, "I help in the kitchen, I do some dusting and things and help staff keep my room clean. I put my washing into the machine, and the tumble dryer."

Is the service responsive?

Our findings

People's care plans had been recently rewritten and updated to reflect their current needs. For example, the behaviour support plans detailed how you could tell the person was happy and what signs to look out for that may indicate they were becoming anxious and what action to take. People had hospital passports in place. The aim of the hospital passport is to assist hospital staff with key information about people with learning disabilities if they are admitted to hospital. One person had an 'about me' profile which provided an insight into the person and their preferences. Another person did not have this in place. The registered manager told us this would be completed soon as part of staff development along with communication passports.

The registered manager explained the pre admission assessments that took place ensured the service was suitable for the person and for the existing people who lived at the home. They told us they liaised with the person's social worker to ensure the compatibility of the service. One person who was considering moving into the home had visited the home and met the other people. The registered manager told us they were planning an overnight stay for this person.

People's activity planners were detailed and provided a good picture about each individual. It described their likes, dislikes and things they enjoy doing. For example, one person enjoyed going to museums and line dancing. Another person's plan described how best to motivate the person to choose activities. One person said, "We get some shopping like smellies and things, then maybe we will go to the pub for a couple of pints, we might go somewhere for some food or a meal." One relative said, "There is lots of opportunities that the staff give [my relative] to do different things. They are always suggesting things, trying to involve [my relative] in things."

Staff told us they completed activity planners with each person on a weekly basis, which gave people the opportunity to choose what they wanted to do. Staff said people could change their minds and they completed a daily log about this. Staff said a person's support plan would be reviewed if a person wanted to make significant changes to their activities.

The provider had information such as, the complaints procedure and service user guide in an accessible format. The registered manager acknowledged improvements could be made and that they had identified one person would benefit from pictorial communications for activities.

The home had not received any complaints. Staff were clear they would record complaints and speak with either the deputy or registered manager. The provider's complaints policy and suggestions book were displayed in the home.

People had chosen not to create an end of life care plan at this stage. However, the registered manager would ensure this was kept under review.

Is the service well-led?

Our findings

There was a registered manager in post at the time of inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was aware of their responsibilities in relation to notifying the CQC.

The registered manager completed monthly reports for the three services they were registered manager for. They told us from January 2018 these reports would be separated for each service to make it easier to identify any patterns and trends. Audits were completed in areas such as; medicines, finances, and infection control. The registered manager or deputy completed a monthly report log looking at incident charts. These charts recorded behavioural concerns regarding a person. The report logs did not analyse patterns and trends and what action could be taken to prevent behaviour escalating.

The CQC had been notified of a number of safeguarding incidents between two service users. We also liaised with other health and social care professionals regarding this. The provider had not conducted a timely and robust analysis to ensure patterns and trends were picked up at the earliest opportunity.

The quality manager completed quarterly reports. These looked at areas such as; care records, supervisions, training, infection control and medicines. Action plans were created following each audit. However, some issues identified from the audit in April 2017 were still not in place at the time of inspection. For example communication passports and picture exchange communication cards. Despite the number of safeguarding incidents being documented on the audit, there was no reference or analysis of the incidents to demonstrate they had been looked at to identify whether any patterns or trends existed or whether any learning could take place. The registered manager told us this had been done but accepted this was not recorded. The audits also did not prompt accidents/incidents and complaints, to be analysed. Following inspection the registered manager told us that the audit forms would be amended to ensure full analysis was included on the audits.

A policy and procedures file provided on inspection contained out of date policies without review dates. For example, the obsolete Criminal Records Bureau was referenced and outdated legislation was referred to; The Care Standards Act 2000. Some of the policies were not relevant to the service for example, prevention and early detection of depression in older people or the safe use of bedrails. The policies were not tailored to the service. For example there were references within the restraint policy to older people and within the medicines policy to a clinical/treatment room and a medicines trolley. A staff folder had been created which contained policies for staff to read and sign. However the safeguarding policy was an April 2017 version but the most recent one the provider sent to the CQC was dated November 2017. This meant there was a risk outdated legislation or practice would be followed.

We concluded the issues identified collectively constituted a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following inspection the registered manager told us that the provider had purchased a laptop for the home so that staff were able to access up to date policies electronically.

Staff told us on the whole they felt supported and listened to. One member of staff said, "I enjoy Brookfield." Another member of staff told us, "It's got better. The care plans and paperwork has improved." The registered manager acknowledged, "We've got a new staff team in place." Once the team had been established they would complete staff questionnaires.

Team meetings took place which included feedback from inspections at the provider's other care homes to share learning.

People were involved in the running of their home through resident meetings. The meetings covered regular everyday situations within the setting that may need some discussion. For example, staying up late to watch the TV in the communal lounge. This was then followed by a solution. People agreed to stay in the communal areas no later than 11pm, and then they could go to their own room if they still wanted to TV. Other issues such as the running of the home were discussed. New carpets were discussed and samples of colours had been obtained for people to look at and help them make a choice.

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	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not operate effective systems and processes to make sure they assessed, monitored and mitigated the risks relating to the health, safety and welfare of service users.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff did not receive appropriate training as is necessary to enable them to carry out the duties they are employed to perform.