

Brooks Care and Nursing Services Limited

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Inspection report

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Rayleigh
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Tel: 01268761459

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21 February 2023

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Brooks Care and Nursing Services is a domiciliary care service providing personal care to people who live in their own houses and flats. At the time of our inspection care was being provided to 65 people.

Not everyone who uses domiciliary care services receives 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.

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

People experienced late care calls and staff did not always stay for the agreed length of time. The provider had not always kept people updated about delays and changes to their care.

People's medicines were not always managed safely and the provider's processes for checking the accuracy of people's medicines records were not robust.

The registered manager's governance arrangements did not always provide assurance the service was well led. Quality assurance systems were not robust and had not identified the shortfalls we found during our inspection. Limited information was available or recorded to demonstrate the registered manager had recognised where improvements were needed, and lessons learned to improve quality of care to people. We have made a recommendation about their process of recording lessons learnt.

People's relatives told us they did not always feel involved in the service and were not always confident their concerns would be responded to promptly. We received mixed feedback about the effectiveness of the culture and leadership of the service.

People were protected by the registered managers prevention and control of infection practices and arrangements. People said they felt safe and had no concerns about their safety or wellbeing. Staff stated they felt supported by the management.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published May 2018). The service is now requires improvement.

Why we inspected

This inspection was prompted in part due to concerns received about management of people's care and visits. A decision was made for us to inspect and examine those risks. We undertook a focused inspection to review the key questions of safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

Enforcement and recommendations

We have identified breaches in relation to medicines management and good governance at this inspection.

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

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we inspect next.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our safe findings below.

Requires Improvement ●

Brooks Care and Nursing Services 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 team consisted of 2 inspectors.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

The 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 were 2 registered manager's in post.

Notice of inspection

This inspection was announced. We needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 20 February 2023 and ended on 24 February 2023. We visited the office on 21 February 2023.

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 (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. We used information gathered as part of monitoring activity that took place on 25 January 2023 to help plan the inspection and inform our judgements.

During our inspection

During the office visit we met the registered managers, the office manager and spoke to 5 members of staff . We also spoke to 6 people and 4 relatives about their experience of the care provided.

We reviewed a range of records. This included 6 people's support plans. We reviewed 3 staff records in relation to training and supervision and a variety of records relating to the management of 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 good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- People's medicines were not always managed safely. We received feedback about the timing of people's care visits impacting on the safe administration of medicines. For example, visits not being spaced adequately to enable medicines to be given at the correct intervals resulting in people not receiving their medicines on time. This increased the risk of medicines not working as effectively and may impact on people's health and wellbeing.
- The registered manager told us they recorded when medicines were given on a medicines administration record (MAR). However, there were gaps identified on the MAR chart. The registered manager was unable to clarify why there were gaps.
- Additional gaps were identified on a MAR chart which was being used for a cream. The registered manager told us it was used as a medicine prescribed as required [PRN]. However, the MAR chart did not state this medication was PRN and staff had been applying this cream frequently.
- People's medicines records were not always collected regularly from people's homes and this meant the management team were not able to review them to ensure no errors had been made. During the inspection, we found recording errors on one person's administration record which had not been identified by the registered managers.
- A medication audit was completed however, this was not robust or completed regularly which meant the registered manager did not have clear oversight of the safe management of people's medicines.

We found no evidence that people had been harmed. However, systems were not robust enough to demonstrate medicines were managed safely or effectively. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff administering medication had received medication training and medication competency assessments were completed for all staff administering medication.

Staffing and recruitment

- Prior to our inspection information of concern was received by the Care Quality Commission relating to the length of service user's visits.
- Variable comments were raised relating to call times during the inspection. A relative told us, "Timing is erratic. They should be here at 9:am and it has been as late as midday". One person told us, "If they are not going to be on time someone will ring and let us know. Sometimes it is the carers and sometimes the office."
- An electronic call monitoring system was used that enabled the registered manager's to monitor people's call times. We ran an analysis of data provided by the office manager. This failed to identify 56% of calls were

less than half the planned duration. There were 608 pairs of calls where staff had logged in at 2 locations simultaneously and out of 10455 calls, 4536 had no travel time. This had not been picked up by the registered manager which suggested their current call audit is not effective.

- We reviewed staff files to check the registered provider had followed safe and effective recruitment procedures. We found relevant checks had been completed before staff worked at the service. Staff files included application forms, copies of passport or driving licence, references, health checks and criminal record checks, proof of addresses and right to work in the United Kingdom.
- The registered manager had processes in place to ensure all staff received an induction and staff we spoke with told us they had an extensive induction.

Learning lessons when things go wrong

- The registered manager had systems for recording of accidents and incidents. However, there was no formal process for how the registered manager learnt from lessons following incidents to improve quality of care to people.
- The registered manager completed lessons learnt on a regular basis. However, the lessons learnt contained limited information and lacked detail. Actions taken did not include any dates and details of who needed to complete the actions.

We recommend the provider seeks advice and guidance from a reputable source about recording lessons learnt to ensure a formal process is in place to monitor and improve the quality of the service and ensure learning is shared with staff.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. People we spoke with told us they felt safe using the service.
- Staff had received training in safeguarding and knew how to raise any concerns. Staff told us, "I know how to report any form of abuse and I would take immediate action. I would know who to report to and I would continue to escalate until I needed to."
- The registered manager understood their legal responsibilities to protect people and share important information with the local authority and CQC. There were no open safeguarding incidents at the time of our inspection.

Assessing risk, safety monitoring and management

- Risk assessments had been completed to provide staff with guidance on how to keep people safe and minimise risks.
- Risk assessments were reviewed and remained up to date to meet people's needs and reduce risks.
- People's care records helped them get the support they needed. Staff kept accurate, complete, legible and up-to-date records, and stored them securely. The registered manager told us, "I involve families and health professionals when formulating and reviewing the care plans and work closely with them on a regular basis."

Preventing and controlling infection

- Staff had received training in infection prevention control and were provided with the appropriate personal protective equipment (PPE). Staff told us they had enough PPE available and what they were required to wear.
- Risk assessments were in place for people to mitigate risks from infections.

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 Good. At this inspection this key question has changed to Requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The quality assurance and governance arrangements in place were not always effective in identifying shortfalls in the service.
- Medication audits were ineffective and not reviewed regularly. Systems were not robust enough to demonstrate medicines were being managed safely or effectively.
- Call time audits were ineffective. The current system was unable to identify the shortfalls identified at this inspection.
- Lessons learnt were recorded however, there was limited information available and actions taken did not include any dates and details of who needed to complete the actions.

We found no evidence that people had been harmed however, effective systems to monitor and improve the quality of the service were not in place. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The day to day running of the service was managed by the registered manager's. There was a clear staffing structure in place which included an office manager. The registered manager's told us they had recently appointed a new member of staff who would assist with rota's and audits.

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

- People's comments relating to communication with the domiciliary care service were variable. Not all people or those acting on their behalf felt the service's communication arrangements were effective. One person told us, "I have never met her or spoken to [manager]. I have spoken to [office staff] but they get very defensive, even the carers have told me that they have the same issues with them."
- Where positive comments were recorded these included, "If they are not going to be on time someone will ring and let us know. Sometimes it is the carers and sometimes the office"
- The registered manager sent surveys to relatives and people using the service to gather feedback about the service. The results were analysed for themes and trends and a letter was sent out to all people and relatives to provide feedback from the response received.
- People's equality and diversity characteristics had been considered and integrated into their care plan.
- Staff meetings were held monthly. We reviewed minutes and saw they included updates about people who used the service as well as reminders about training.

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; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager understood their responsibility under duty of candour. Duty of candour requires providers to be open and transparent with people who use their services and other people acting lawfully on their behalf in relation to care and treatment.
- Staff were positive about working at the service and promoting good outcomes for people. Staff told us, "The manager is very supportive, and we all work well together. I like my job and I enjoy supporting people."

Continuous learning and improving care; Working in partnership with others

- We found there was a positive culture around continually learning and developing the service. The registered manager told us they are always discussing how to move forward and improve the service.
- The provider worked in partnership with a number of different health and social care professionals including the local authority and local healthcare services.
- Staff were aware of the importance of working alongside other agencies to meet people's needs and liaised with other healthcare professionals such as the GP and pharmacy when required.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>We found no evidence that people had been harmed. However, systems were not robust enough to demonstrate medicines were managed safely or effectively. This was a breach of Regulation 12 [Safe care and treatment] 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
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>We found no evidence that people had been harmed however, effective systems to monitor and improve the quality of the service were not in place. This demonstrated 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:

Warning notice served