Brockwell Gate Ltd

Brockwell Gate

Inspection report

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Date of inspection visit:
11 February 2019

Date of publication:
15 March 2019

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service:
● Brockwell Gate is a domiciliary care service providing care and support to people in their own homes. At the time of the inspection there were two people using the service, both were young adults with complex care needs.

People's experience of using this service:
● Relatives of people using the service told us that care workers were friendly and cared for their family members in a positive way. They said they had no concerns about the safety or well-being of their family members in the presence of care workers.
● People received a consistent level of care from a team of regular care workers. There were enough staff employed to meet people's needs
● Risks to people were managed in a way that kept them as safe as possible. Risk management guidelines were in place to help care workers when supporting people.
● Relatives did not raise any concerns about food, hydration or general health support.
● Staff were trained to administer medicines and they did so in a safe manner, completing appropriate records which were checked.
● The provider arranged training for staff that met the needs of people using the service. They were assessed for their competency which helped to ensure they were safe to work with people.
● Care plans were individual and met the needs of people using the service. They included people's preferences and those of their relatives and met the needs of people. They were person centred and included ways in which staff could support people emotionally and the activities they enjoyed.
● No formal complaints had been received from people or their relatives. People were issued with a service user guide that told them how to make a complaint if they were unhappy.
● Feedback from relatives and staff was that the service was well-led. They told us the managers were always available to speak with.
● Quality assurance checks such as audits of medicines records and other records were carried out. The managers kept in regular contact with relatives to ensure they were happy with the care provided.
● The service met the characteristics for a rating of "Good" in all the key questions we inspected. Therefore, our overall rating for the service after this inspection was "Good".
● More information is in our full report.

Rating at last inspection:
● At our last inspection, the service was rated "Good". Our last report was published on 5 October 2016. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns.

Why we inspected:
● This inspection was part of our scheduled plan of visiting services to check the safety and quality of care

people received.

Follow up:
● We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned for future dates a per our re-inspection plan.

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.

Brockwell Gate

Detailed findings

Background to this inspection

The inspection:

● We carried out our inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. Our inspection checked whether the provider was 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.

Inspection team:

● Our inspection was completed by one inspector.

Service and service type:

● This service is a domiciliary care agency. It provides personal care to people living in their own homes.

● 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:

● Our inspection was announced.

● We gave the service 24 hours' notice of the inspection visit because staff were often out of the office supporting staff or providing care. We needed to be sure that they would be in. Inspection site visit activity started on 11 February 2019 and ended on 14 February 2019. We visited the office location on 11 February 2019 to see the registered manager and office staff; and to review care records and policies and procedures. Between the 11 and 14 February 2019, we contacted relatives, care workers and health professionals.

What we did:

● Before the inspection, we reviewed the information we held about the service. This included notifications sent to us by the provider and other information we held on our database about the service. Statutory notifications include information about important events which the provider is required to send us by law. We used this information to plan the inspection.

● People using the service were not able to communicate verbally. We spoke with relatives of two people who used the service.

● We spoke with the nominated individual, the care co-ordinator, two care workers and two health care professionals.
● We reviewed two people's care records, three staff personnel files, audits and other records about the management of the service.
● We requested additional evidence to be sent to us after our inspection. This was received and the information was used as part of our inspection.

Good

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Staffing and recruitment:
- The provider followed appropriate procedures when recruiting staff.
- Staff files included completed application forms, written references from previous employers, proof of ID, address and a signed contract.
- All staff had completed a Disclosure and Barring service (DBS) disclosure form. A DBS is a criminal record check that employers undertake to make safer recruitment decisions.
- There were enough staff employed to meet the needs of people using the service. Comments from relatives included, "Yes we get regular carers" and "They are always on time, I get regular carers."
- Due to the size of the service, there was no electronic call monitoring system in place. Care workers completed timesheets which relatives signed to agree to their accuracy. Each person had a regular team of care workers that worked off a fixed rota.

Systems and processes to safeguard people from the risk of abuse:
- Relatives did not raise any concerns about the wellbeing of their family members.
- Care workers demonstrated an understanding of what abuse was, how they would identify signs of abuse and what action they would take if they had concerns about people's wellbeing. One care worker said, "Safeguarding is everyone's responsibility, everyone has the right to be safeguarded.
There are ways of identifying abuse if people are not verbal, they may become withdrawn or may not be acting as they usually do, flinching, unexplained bruising. I would address concerns with my manager."
- Records showed that safeguarding training was delivered to care workers on a regular basis.
- There had been no safeguarding concerns raised against the provider.

Assessing risk, safety monitoring and management:
- The provider took appropriate steps to identify and manage risks to people using the service.
- Care records included a section where risks to people were assessed, these included environmental risk, any risk in relation to personal hygiene, mobilisation, medicines, skin care.
- Steps to manage or minimise risks to people were included. For example, safe moving and handling techniques and repositioning guidelines to reduce the risk of pressure sores.
- Care workers received training in moving and handling.
- Some people were at risk of epileptic seizures. There were clear guidelines in place for care works to follow for the management of seizures. Epilepsy protocols for the management of seizures included potential triggers, how they presented, steps to follow in the event of a seizure and post seizure care.

Using medicines safely:
- People were supported to take their medicines in a safe manner. Care workers were trained in medicines

administration and were assessed as being competent.
● People were assessed for the medicines support needs. This included a list of the medicines they were prescribed, how they took their medicines and any support needed.
● Care workers completed medicine administration record (MAR) charts when they supported people with medicines.

Preventing and controlling infection:
● Care plans included details of good infection control practice that care workers were expected to follow. For example, when supporting people with personal care, medicines support or eating and drinking, care workers were reminded of the importance of adhere to the infection risk protocols and the appropriate practice.
● Care workers received regular training in infection prevention and control.

Learning lessons when things go wrong:
● Incidents and accidents that had occurred were documented and action taken in response to find out why things had gone wrong. These were used as learning to try and prevent similar incidents occurring in future.

Good

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 outcomes were good, and people's feedback confirmed this.

Staff induction, training, skills and experience:
- Care workers said they were happy with the training and support on offer. Comments included, "I feel well supported, we get regular training." On the day of the inspection, care workers were receiving training in tracheostomy. Relatives told us that care workers were competent in carrying out their duties. Comments included, "Yes they are fully trained" and "They are all medication trained."
- Newly employed care workers received an induction to the service and training which helped them to carry out their roles effectively. Regular training was given to care workers that was relevant to supporting people, this included role of the health and social care worker, health and safety, epilepsy, basic life support, Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and food hygiene amongst others. Although training records were seen in individual staff files, the training matrix was not up to date with the latest information. We spoke with the nominated individual and the care co-ordinator about the importance of keeping their training records up to date.□After the inspection, the provider submitted a more up to date training matrix reflecting the current training.□□□□□□□□□□
- A staff handbook was issued to all employees, providing them with information they were likely to need in relation to their employment. It gave an overview of the terms and conditions of their employment, and outlined the expectations of the provider as their employer.
- New care workers were assessed as being competent in practical aspects of their role such as PEG feeding and medicines administration before they were allowed to support people.
- Care workers received supervision during which they were able to discuss their work performance, training needs and any other issues.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:
- The provider completed an assessment of people's support needs before they started to support people. This gave people, their relatives to have an input into the care provided and for the provider the opportunity to provide care based on their individual needs and choices.
- The assessment included people's preferences and details about their health and their level of independence in relation to their activities of daily living.

Supporting people to eat and drink enough to maintain a balanced diet:
- Relatives told us that care workers provide adequate nutrition and hydration support.
- Dietary requirements and preferences were included in care plans.
- Care workers were aware of people's preferences in relation to what they liked to eat and drink.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support:

● We saw correspondence with community teams which demonstrated the provider was open to working with health and social care professionals to provide effective care to people. One person had a shared care plan in place. A shared care plan is a care record designed to facilitate communication amongst different care providers and people using the service.

● Feedback from health professionals about the working relationship they had with the service was positive.

● Care records included details of GP's and other relevant health professionals involved in people's care.

● Care records included details of relevant medical history and how care workers could support people to manage their health. This included guidelines for the effective management of seizures and correct use of a nebuliser for the treatment of respiratory diseases and percutaneous endoscopic gastrostomy (PEG) feed. PEG is a procedure to place a feeding tube directly into people's stomach to give them sufficient nutrients and fluids.

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 with appropriate legal authority. We checked whether the service was working within the principles of the MCA.

● People using the service were not able to consent to their care records, so the provider followed good practice and developed care records in their best interests by involving their next of kin. One care worker said, "We go by the care plan and follow [relative's] direction."

Good

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 supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity:
- Relatives told us they were happy with how their family members were cared for and said that care workers were kind and showed empathy to their needs.
- Staff received training in dignity and respect, equality, diversity and inclusion. During our conversations with them, they demonstrated how they promoted and supported people's right to life their life how they wanted. People's religious and cultural needs were included in care records.
- Care workers were able to build meaningful relationships with people due to fixed rotas and assigning a team providing regular care to people. One relative said, "We get regular carers so they know [family member] really well."

Supporting people to express their views and be involved in making decisions about their care:
- Care records considered people's views and preferences and those of their relatives. This helped to ensure that care was delivered in a way that met the needs of people using the service.
- Care workers demonstrated that they knew how to care for people in a manner that reflected the preferences that were recorded in their care records. One care worker said, "I have been supporting [person] for a while now so I know her preferences and how she likes to be cared for"
- Care records contained person centred information, for example things that were important to people, their likes and dislikes, important people in their lives and their relationships. They also contained details about the emotional support that people needed.

Respecting and promoting people's privacy, dignity and independence:
- Relatives said that care workers respected their family members privacy and dignity when they supported them with personal care. Care workers talked about how they respected people's privacy when supporting them, telling us "We have to obtain consent before starting. I have to ensure the place is dignified, the curtains are drawn also make sure I don't over expose them. Reassure them, making sure they are comfortable."
- People's personal care needs and their daily activities timetable, along with their level of independence were included in care records. This helped staff to support them in a way that promoted their independence.

Good

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:
● People had individual care records in place which reflected their current needs. These included risk assessments and care plans.
● Care plans included areas that people needed support with, the action that care workers needed to take to support people and the intended outcomes/goals for people.
● Care plans were completed after consulting with relatives and professionals and reflected people's needs and preferences.
● People's social interests, activities they enjoyed doing both at home and in the community, were documented. Relatives told us that care workers encouraged people to take part in these activities.
● Some people using the service were not able to communicate verbally. Relatives told us that care workers communicated with their family members using appropriate techniques. One relative said, "The carers communicate with [family member] even though she is non-verbal, they know her well." Care plans included ways in which people communicated. Documents, such as how to make complaints were available in an easy read format.

Improving care quality in response to complaints or concerns:
● There had been no complaints received from people or relatives. One relative said, "No reason to complain."
● Relatives told us they knew who to speak with if they were unhappy with the service. They said due to the size of the service, they were in regular contact with the registered manger and the nominated individual.
● People were given information on how to raise concerns or complaints through a service user guide which they received when they started to receive care. There was also a complaints policy in place which reflected good complaint handling guidance.

End of life care and support:
● The service was not supporting people who were on palliative or end of life care.

Good

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.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

● Relatives told us that the service was well-led. They said, "It's a good service, no problems" and "I'm satisfied with the care they are providing." Care workers also felt the service was managed well and the managers made themselves available to provide support if needed. They said, "I enjoy working for the company" and "I feel well supported, they (the managers) are always available."
● Both the nominated individual and the registered manager were a visible presence and were always available to speak with relatives. One relative said, "I have the direct contact numbers and can call them freely."
● The managers demonstrated a good understanding of how the service was managed and their regulatory requirements. The nominated individual had attained a higher-level apprenticeship in general adult social care and a level 5 diploma in leadership for health and social care and children and young people's services in December 2018.

Engaging and involving people using the service, the public and staff:
● Due to the size of the service, no formal feedback surveys had been completed to gather the views of people or their relatives. However, relatives told us they were in regular contact with the managers. A relative told us, "I get regular phone calls from them to see how things are going."
● People were issued with a service user guide which gave them information about the service, the aims, objectives and mission statement of the service, a charter of rights and the type of service they could expect.

● Regular staff meetings were held. These were used to review previous minutes, update staff on work practice and upcoming plans.

Continuous learning and improving care:
● Quality assurance audits that were appropriate for the size of the service were in place. These included spot checks carried out by a registered nurse who was employed on a consultancy basis by the provider. One relative said, "Someone came and spoke with me about the care and
I have a copy of the care plan."
● Medicine administration records and other records such as repositioning charts, nutrition/hydration charts, gastrostomy feeding plans and sleep observation charts were checked when they returned to the office for the quality of the record keeping.

● Although other quality assurance records such as field supervisions forms were in place, we did not see any evidence of any completed ones that had been carried out. We raised this with the nominated individual on the day of the inspection who told us this was due to the size of the service and the close relationship they had with people and their relatives which meant they were in regular contact with them.

Working in partnership with others:
● There was evidence that the provider worked with external professionals. For example, a registered nurse was contacted to carry out assessments, develop care plans and carry out audits. One health care professional spoke positively about the competency and skills of the care workers.