

# Brevin Home Care

## Quality Report

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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

# Summary of findings

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### Summary of this inspection

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# Brevin Home Care

**Services we looked at**

Substance misuse

# Summary of this inspection

## Our inspection team

The team comprised two inspectors and one pharmacy inspection manager.

## Why we carried out this inspection

This was a responsive inspection due to concerns raised to the Care Quality Commission in the following areas:

### Safe Staffing

- We received information suggesting a number of staff had left the service and that the service was relying heavily on the use of agency staff.
- We received information that staff references were not being properly checked before they were confirmed in post.
- We received information that nurses were not being paid on time.

### Assessing and Managing Patient Risk

- We received information highlighting concerns that Brevin were not sharing treatment and risk information with patient's GPs.

### Medication

- We received information highlighting concerns around medication practices.

### Fit and Proper Person Requirement

- Concerns were raised regarding the role of a member of staff currently employed by the service as he had been struck off the Nursing and Midwifery register in October 2014 as a result of 28 counts of misconduct. These charges related to The Causeway service for which he was the appointed director. The Causeway was closed down.

## How we carried out this inspection

To fully understand the experience of people who use services, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

For this inspection we specifically looked at areas relating to concerns which had been raised.

During the inspection visit, the inspection team:

- Visited the Brevin Homecare Offices
- Spoke with one patient who used the service (on the day of the inspection there were three patients using the service)

- Spoke with three family members of patients who used the service
- Spoke with the registered manager/director of the service
- Spoke with four nurses, the commercial director and the service manager

We also:

- Looked at six sets of patient records (including two patients who recently left the service and one who joined the day after the inspection)
- Carried out a specific check of the medication management arrangements
- Looked at a range of policies, procedures and other documents relating to the running of the service

# Summary of this inspection

## Information about Brevin Home Care

Brevin Homecare provide care for people with mental health issues, substance dependency issues and dementia within their home. They offer an alternative to

treatment in hospital for adults and older people. The service is operated from The Belgravia Centre in Westminster, housed in the same building as The Abstinence Centre and The Stapleford Clinic.

## What people who use the service say

The people who use the service and their family members told us that they felt well supported and cared for by staff. They spoke positively about the nurses assigned to their care and felt that the service was

discrete and responsive to their needs. Patients and family members told us they found staff approachable and felt confident and issues they raised would be dealt with quickly and sympathetically.

# Summary of this inspection

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Are services safe?

The service had employed a suitable number of nurses to meet patient need. Safe recruitment practices were in place and all nursing references bar one had been obtained prior to a nurse starting work. Appropriate medicines management systems were in place. Patient risks were assessed and managed within the initial assessment and care plan however there was no live risk assessment document with corresponding risk management plan which could be updated to reflect changing levels of risk. Systems were not in place to appropriately record and review incidents.

### Are services effective?

Staff felt well supported by management and able to raise issues or concerns which were responded to quickly and helpfully. The provider did not have a system in place to ensure all staff were receiving regular supervision. The service was appropriately sharing treatment and risk information with patient GPs. Patient capacity issues were being addressed in most cases. The service was carrying out effective best interest meetings with the involvement of patients' families and GP.

### Are services caring?

Staff were kind and caring towards patients. Carers and patients found the office staff to be very responsive and supportive in the event of any queries or concerns, which they felt were handled with sensitivity and discretion.

Care plans were individualised and demonstrated patient involvement.

### Are services responsive?

The provider did not have a system in place to ensure complaints were recorded effectively. However patients and carers told us they rarely needed to make complaints, and when they had done so they were dealt with promptly.

### Are services well-led?

The service lacked systems of governance to ensure risks and were regularly reviewed. There was no system of regular clinical audit in place to ensure evaluation and improvement of services. Each individual patient's care was overseen by a registered consultant psychiatrist. The provider had systems in place to ensure that staff were appropriately qualified and validated. Medicines policy did not

# Summary of this inspection

cover any areas of governance. Nursing staff felt safe and supported although some felt isolated in their roles. The service was meeting the Health and Social Care Act 2014 Fit and Proper Persons Directors regulation.

# Detailed findings from this inspection

## **Mental Health Act responsibilities**

We did not specifically focus on this area as concerns had not been raised.

## **Mental Capacity Act and Deprivation of Liberty Safeguards**

We did not specifically focus on this area as concerns had not been raised.

# Substance misuse services

Safe

Effective

Caring

Responsive

Well-led

## Are substance misuse services safe?

### Safe staffing

On the day of the inspection there were three patients receiving care from the service.

The service was in the process of recruiting 20 nurses. All nurses are recruited via nursing agencies. 15 of the 20 nurses had all recruitment requirements in place including Disclosure and Barring Service checks, references, copies of Nursing and Midwifery Council registration, copies of nursing qualifications, indemnity insurance and evidence of mandatory training attendance.

We found one example of a nurse who had worked a shift before her written reference had been received. The service manager told us she had received a verbal reference but this was not recorded anywhere. All other nurse references were in place for those who had started work with the service

### Assessing and managing risk to patients and staff

We checked six sets of patient records from patients' homes. Each patient had an initial assessment in place which included a short risk assessment section, which had been completed for each patient. However, for two patients the information included was very limited. There were no live risk management documents which could be reviewed or updated in response to changing risk. However, all records showed where individual patient risks were identified within the initial assessment these were noted within the patient care plans and addressed within the nursing notes.

There was no record for recording handovers. Nurses told us they would conduct a verbal handover and check the nursing notes from the previous shift.

There was a medicines policy in place. Staff were aware of this policy. Medicines were not kept on site. Prescribing was collaborative and well managed. The patient's consultant psychiatrist liaised with the patient's GP regarding prescribing privileges. There were alcohol and opiate detox guidelines in place although these were authored by another organisation. Nurses knew about safe detox practices.

### Reporting incidents and learning from when things go wrong

There was no centralised incident log. We found one example of patient nursing notes referring to an incident but there was no corresponding incident report in the patient file and the incident had not been addressed in the patient's care plan. There were no forums in place for staff to discuss incidents or share learning.

## Are substance misuse services effective? (for example, treatment is effective)

### Skilled staff to deliver care

Staff we spoke with said they felt supported by management and able to raise any concerns which would be dealt with. Two of the nurses we spoke with said that did not receive any formal supervision. One nurse we spoke with confirmed she received regular supervision from the consultant psychiatrist who oversaw the care of the patient she supported. There were no supervision records held in the office.

Team meetings were held for the registered manager, commercial director and service manager only. There were no nurse team meetings, reflective practice sessions or opportunities for nurses to come together and share their

# Substance misuse services

experiences, concerns or learning. The registered manager told us this is something they would like to implement however due to costs and timings it currently felt unworkable.

Two staff we spoke to said they felt quite isolated in their roles although they did feel able to contact the registered manager or service manager if they had any questions or concerns.

Brevin does not provide or deliver any mandatory or statutory training. Nurses receive training through their agency. Recruitment checks were being carried out to ensure that nurses had attended the required training. Records demonstrated that all nurses currently employed by the service had attended the required training.

## Multi-disciplinary and inter-agency team work

Concerns were raised with CQC that the service was not involving patients' GPs, particularly where patients were being treated for alcohol or substance dependence through a detox programme. There were no patients undergoing alcohol or substance detox at the time of our visit.

Patient records demonstrated that the service was communicating patient care and risk information to the patients' GPs.

## Good practice in applying the MCA

All staff have attended mental capacity training. Patient initial assessment forms address the question of capacity. In the case of one patient this had been ticked and there was a corresponding capacity assessment and 'best interests' meeting between patient's consultant and family members. On one patient record this question had been left blank. In one assessment there was a restriction in place regarding a person's access to their phone. There was an instruction for nursing staff to check the patient's phone calls and text messages. There was no corresponding record to demonstrate the patient had agreed to this.

## Are substance misuse services caring?

### Kindness, dignity, respect and support

Although we were unable to observe any interactions between patients and staff, we spoke with a patient and three relatives/carers who gave us positive feedback about the service. They all told us that the nurses involved in their treatment were highly professional, kind and caring.

Carers told us they found it easy to raise any questions or concerns with staff who would respond quickly. Carers felt the quality of the care they received from both the nurses and the consultant psychiatrist was of a high standard. They all mentioned how responsive and available the office staff were if they needed to contact someone in the service.

The patient and carers we spoke to mentioned how discrete and confidential the service was which was particularly important to this patient group.

## The involvement of people in the care they receive

The patient and carers we spoke to were aware of the care plan although one relative told us that their family member does not have a copy of their care plan. Six care plans seen included information regarding individual patient needs and preferences and demonstrated patient involvement.

## Are substance misuse services responsive to people's needs? (for example, to feedback?)

### Listening to and learning from concerns and complaints

There was no centralised complaint log held by the service. We saw examples of complaint responses from the service but it was not clear which original complaints they were regarding.

The patient we spoke to said they had never had reason to make a complaint. One relative we spoke to said they had made an informal complaint regarding the administration of their relative's care, and this was dealt with satisfactorily by the service.

The registered manager told us that that complaints are dealt with on an individual basis and learning is shared verbally with the staff involved in the specific patient's care.

## Are substance misuse services well-led?

### Good governance

# Substance misuse services

The service lacked systems of governance both to ensure risks were monitored and mitigated and to ensure quality was monitored and improvements were made as a result.

We reviewed five patient files kept within the office however all of these were incomplete. There were patient nursing notes found in a sealed envelope in a drawer which we were told were sent back to the office from a patient's home. These notes had not been opened or reviewed. There was no system in place to ensure patient records were returned to and collated by the service at regular intervals.

Staff told us the most up-to-date files were kept in the patients' homes. We reviewed these records and while the majority of these were up to date, there were a number of missing documents we would have expected to see, including: live risk assessment documents with evidence of regular review, copies of signed patient contracts, and incomplete initial assessments.

All patient records contained care plans. Where risks were identified in the initial assessment, these were noted within the patient care plans so the service was aware of and addressing patient risks but there was no evidence of regular review for some care plans.

The registered manager and nurses told us that the patient records were reviewed by nurses or the consultant psychiatrist assigned to the patient's care. The registered manager for the service was a registered consultant psychiatrist up until March 2015 however he has since de-registered.

There was no centralised complaints log. We saw examples of responses to complaints saved within a staff member's patient email folders but it was unclear which complaints these responses corresponded to. This meant that the service did not have a system in place for appropriately recording complaints and responses or reviewing complaints to identify themes or share learning.

We found that the service was not appropriately recording incidents. There was no centralised incident log. We found one example of patient nursing notes referring to an incident but there was no corresponding incident report in the patient file and the incident had not been addressed in the patient's care plan.

We found there was no system for recording when handovers had taken place. Nurses told us they conducted verbal handovers and read nursing notes from the previous shift.

The medicines policy did not cover any areas of governance. There were no systems in place for auditing medication processes. While there were up to date medication charts within the patient files, which nurses told us were checked by the consultant psychiatrist, there was no evidence these checks were being carried out on a regular basis. This meant that medication errors could get overlooked.

We also found that the service was not carrying out any regular audits to monitor safety and quality. The service had recently commissioned an independent business consultant to carry out a 'mock' CQC Inspection, the results of which were made available to us shortly after the inspection.

The mock report highlighted a number of concerns including those mentioned above, and the registered manager told us he would be developing an action plan in response.

## **Leadership, morale and staff engagement**

The nurses we spoke to were clear about their role and responsibilities and felt well supported by management. Nurses felt able to ask questions or raise concerns to management, although some of the nurses we spoke to said they sometimes felt isolated in their roles and would like more opportunity to meet with their nursing colleagues to share experiences and learning. Nurses told us they were paid regularly and on time.

Nursing care is overseen by an individual consultant psychiatrist contracted to the service. Staff records demonstrated that psychiatrists working for the service were appropriately registered and validated by the GMC although there was no system in place to ensure these checks were made on an annual basis.

At the time of the inspection the management team comprised the registered manager, the service manager and the commercial director. The commercial director had no involvement in patient care. The service manager was due to leave at the end of the week and there were no immediate plans to replace her.

## Substance misuse services

Concerns had been raised about the leadership of the service, specifically regarding the Health and Social Care

Act 2014 Fit and Proper Person Requirement for Directors. We found that the service had one director (the registered manager) registered with Companies House about whom we had no concerns.

# Outstanding practice and areas for improvement

## Areas for improvement

### Action the provider **MUST** take to improve

The provider must ensure that:

It has systems or processes in place to effectively assess, monitor and improve the quality and safety of services and to ensure risks are adequately assessed and mitigated.

It has effective systems in place for recording, responding to and reviewing incidents.

They hold a complete record in respect of each service user.

They have an effective system or process of clinical audit in place to effectively evaluate service delivery.

They have effective systems and processes in place to ensure that all staff receive appropriate support, supervision and appraisal.

### Action the provider **SHOULD** take to improve

The provider should ensure that:

Nurse handovers are recorded.

Patient risks are recorded on a designated risk assessment document with a corresponding risk management plan.

Patients' mental capacity assessments are always completed and documented in their care records.

All patients have a copy of their care plan.

They have a system in place to ensure annual checks of staff professional registration and validation are carried out.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

#### Regulated activity

Diagnostic and screening procedures  
Personal care  
Treatment of disease, disorder or injury

#### Regulation

Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints  
**The provider had a complaints policy in place. However there was no centralised file where complaints and their responses were recorded.**  
  
This is in breach of Regulation 16 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Regulated activity

Diagnostic and screening procedures  
Personal care  
Treatment of disease, disorder or injury

#### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance  
**The provider did not have systems or processes in place to effectively assess, monitor and improve the quality and safety of services.**  
  
The provider did not have systems or processes in place to effectively assess, monitor and mitigate the risks relating to the health, safety and welfare of service users.  
  
The provider did not hold a complete record in respect of each service user.  
  
The provider did not have an effective system or process to effectively evaluate service delivery.

This section is primarily information for the provider

## Requirement notices

This is in breach of Regulation 17 (2) (a) (b) (c) (f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Regulated activity

Diagnostic and screening procedures

Personal care

Treatment of disease, disorder or injury

### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

The provider did not have the systems and processes in place to ensure that all staff received appropriate support, supervision and appraisal.

This is in breach of Regulation 18 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.