

Care Worldwide (Carlton) Limited

Brookfield

Inspection report

4 Brookfield Avenue
Castleford
West Yorkshire
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Tel: 01977559229

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

Brookfield provides care and accommodation for up to three people who have learning disabilities. At the time of inspection there were two people using the service.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice and independence. People using the service received planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service:

The outcomes for people using the service reflected the principles and values of Registering the Right Support in the following ways. The service promoted choice, control and independence. The service was person centred. People had maximum control over all aspects of daily life. This included their routines, activities and meals. People's support focused on increasing their opportunities and providing them with skills to become more independent.

People's feedback was regularly sought through surveys, monthly 'keyworker discussions' and house meetings. A newsletter had been introduced to show people and their relatives the activities and significant information regarding the service. Relatives told us the service had improved. One relative said, "It has definitely improved." One relative commented, "They are [activities] definitely much better. The activities are moving in the right direction. There are also now evening activities." Staff told us they felt listened to and supported by the management team. One member of staff commented, "The management style has changed. It's like a brand-new service."

People had risk assessments in place which met their needs. Systems were in place to safeguard people from the risk of abuse. Medicines were managed safely, and people received their medicines as prescribed. The home was clean and tidy. A cleaning schedule was in place and regular infection control audits took place.

The water temperature in the staff toilet was above 51 degrees. However, an assessment of risk and appropriate control measures had not been put in place regarding this. This was immediately rectified during inspection with a new sink and mixer tap being installed. During inspection we found cleaning products in the staff toilet. Although they were on a high shelf these were within reach. The manager immediately placed the two items in a locked cupboard.

Staff recruitment records demonstrated the service was ensuring staff were subject to the appropriate scrutiny. References were obtained and Disclosure and Barring Service (DBS) checks completed. Staff

received appropriate induction, training and supervision. Staff responded to people's needs. We saw one staff member taking the time to clearly explain why they were counting money. Another staff member encouraged one person to show the inspection team their activity book. The person enjoyed showing their pictures and talking about what they had been doing.

The provider had a complaints policy and procedure in place. The manager had a system in place to keep an overview of complaints to identify any patterns and trends.

At the last inspection, we were told a quarterly audit and a master action plan, giving a clear overview of all the actions required, would be introduced by the regional support manager. This had not been completed. The audits did not pick up the issues we identified at inspection. For example, the poor recording of food amounts and the undated hospital passports.

We found systems and processes were not established and operated effectively. The provider did not adequately assess, monitor and improve the quality and safety of the services. They did not effectively assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others. The manager and regional support manager's audits had identified the water temperature in the staff toilet was above 50 degrees as it was used as a sentinel tap (a tap which needs to be kept above 50 degrees for legionella risk management), yet no control measures to manage this risk had been put in place. We concluded this was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, good governance.

Rating at last inspection:

At the last inspection the service was rated Requires Improvement (report published 1 March 2019).

Why we inspected:

This inspection was planned based on concerns found at the previous inspections and the service rating.

Enforcement:

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

Follow up:

We will continue to monitor this service. We will check improvements have been made by completing a further inspection in line with our re-inspection schedule for those services rated requires improvement.

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

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 effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was not always responsive

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

Brookfield

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team consisted of one adult social care inspector and an assistant inspector.

Service and service type:

Brookfield provides care and support for up to three people with learning disabilities.

At the time of our inspection there was not a registered manager in post, however they had applied to become registered and were waiting an interview. A registered manager is a registered person. This means 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:

The inspection was announced. We gave the service 48 hours' notice of our inspection to ensure a manager was present to assist us.

What we did:

Before our inspection, we looked at all the information we held about the service. We usually ask the provider to complete a Provider Information Return (PIR) but had not done so on this occasion due to inspecting the service recently. The PIR 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. We also sought feedback from the local authority safeguarding and contracts teams and healthwatch.

During the inspection we spoke with two people who used the service and two relatives to gain their views on the care provided. We spoke with the manager, regional support manager and two members of staff.

We reviewed a range of records. These included two people's care records and their medication records. We looked at two staff files, meeting minutes, documents relating to the management of medicines and quality monitoring records.

After inspection, we were provided with the redecoration and maintenance plan, quarterly audit dated 26 March 2019, fire risk assessment and maintenance information regarding any changes that had taken place since the last inspection.

Is the service safe?

Our findings

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

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. Regulations may or may not have been met.

Assessing risk, safety monitoring and management

- At the last inspection we recommended the maintenance checks were reviewed at the health and safety meetings to ensure action was taken where necessary. We saw this had been done. We also saw the quarterly audit, completed by the regional support manager, looked at health and safety issues and had identified the water temperature in the staff toilet was above 51 degrees because it was used as a sentinel tap (a tap which needs to be kept above 50 degrees for legionella risk management). However, an assessment of risk and appropriate control measures had not been put in place regarding this. There was a handwritten sign stating, 'hot water'. The staff toilet was accessible to people and staff could not effectively wash their hands because the water was so hot. This was immediately rectified during inspection with a new sink and mixer tap being installed. The manager and regional support manager were going to reassess the risk and control measures in place to determine whether these were adequate to protect people, staff and visitors to the home.
- During inspection we found cleaning products in the staff toilet. Although they were on a high shelf these were within reach. The manager immediately placed the two items in a locked cupboard.
- People had risk assessments in place which met their needs. For example, for activities such as swimming, cycling and playing sport. Risk assessments were also in place which demonstrated positive risk taking to enable people to be as independent as possible.
- The maintenance checks from the last inspection were all confirmed by the manager as still in date. A new cooker had been fitted and had an installation certificate to demonstrate it had been fitted safely. The manager provided a copy of the fire risk assessment which had been completed since the last inspection. They confirmed a fire door suspension had been tightened as a result of the fire risk assessment. We asked to see a copy of the fire risk assessment and found six other recommendations had been made by the risk assessor. Although the manager sent assurances action either had been or would be taken, the provider did not have a clear action plan in place to demonstrate what action they were going to take, by whom and within what timescale. This meant any issues may be overlooked and the provider did not have a clear overview of what action was required within the service.

Learning lessons when things go wrong

- Processes were being put in place by the regional support manager and manager to ensure any lessons were learnt from incidents. They recognised this was a "work in progress."
- Each person had an accident and incident record booklet which was completed by staff. The manager

assessed these and put them on the monitoring spreadsheet to enable patterns and trends to be identified.

- Following a fall, we saw a risk assessment had been put in place to minimise any future risk to the person. However, in relation to an incident involving another person we found no evidence the person's risk assessment had been updated and no evidence their support plan had been reviewed. The incident report had been signed off by the manager to state this action had been completed.

Systems and processes to safeguard people from the risk of abuse

- Robust procedures were in place to protect people from financial abuse. We observed staff following these procedures during our inspection. Staff were able to explain the signs of abuse and what they would do to make sure people were safeguarded. Staff knew who to report any concerns to both within the organisation and to external agencies, such as the CQC.

Staffing and recruitment

- Relatives we spoke with told us the service had improved. One relative said, "It has definitely improved."
- A new rota had now been implemented to schedule staff training, supervisions and key worker support.
- Staff recruitment records demonstrated the service was ensuring staff were subject to the appropriate scrutiny. People were starting to be involved in the staff interviews. We were shown an easy read format of interview questions that people would want to ask potential new members of 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.

Using medicines safely

- At the last inspection it was not reflected in one person's care plan how they wished to take their medication. We saw this had now been addressed and there were clear instructions for staff regarding the person's preferred way to take their medication.
- Medicines were managed safely, and people received their medicines as prescribed. Medicine Administration Records (MARs) were in place and were appropriately completed. There were clear protocols in place to guide staff how people received their 'when required' medicines.

Preventing and controlling infection

- The home was clean and tidy. A cleaning schedule was in place and regular infection control audits took place.

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 consistently good, and people's feedback confirmed this.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- The service was acting within the legal framework of MCA and DoLS. Appropriate DoLS authorisations were in place. We saw evidence to demonstrate people had been consulted about their care. Where appropriate best interest decisions were made and documented.
- One person had a decision-making profile which made clear how they liked to receive information, how to present choices and when the best time was for the person to make decisions. However, another person did not have a decision-making profile which made it difficult to have a clear overview of how best to help the person make their own decisions. The manager addressed this during inspection.
- Staff we spoke with knew people well and gave examples of how they supported people to make their own decisions and to be involved in their care. One staff member told us, "PEC cards are used for [name]. Give options to make informed choices." The PEC (Picture Exchange Communication) System, allows people with little or no communication abilities to communicate using pictures.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's needs were assessed, and care plans had been put in place to help staff meet people's needs.
- People were supported to attend appointments to maintain their individual health needs. This information was clearly recorded in people's care records.

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

- The provider kept a weight monitoring chart to support people to maintain a healthy weight. A record of people's food intake was kept within the daily notes. However, these were not sufficiently detailed to enable a healthcare professional to identify any issues. This was particularly important as one person wanted to be supported to lose weight. The daily notes had been reviewed by the manager and deputy manager but neither had picked up on the insufficient record of people's food intake.

- People were involved in planning their meals, going shopping and preparing meals.

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

- Following the last inspection, we asked the provider to send us a maintenance and redecoration plan, so we could review the timescales. This was not completed. However, following this inspection the plan was sent to the CQC.

- We saw new carpets and laminate flooring had been fitted since the last inspection. Redecoration of one person's room was being planned with their input. Appliances had been adapted to make things easier for people to make their own drinks. This promoted people's independence.

- A green house was due to be delivered to support people's interests.

Staff support: induction, training, skills and experience

- Staff received appropriate induction and training. A training matrix enabled the manager and regional support manager to keep an overview of when staff training was due.

- Staff received appropriate supervision and appraisal. We saw examples of issues being discussed to ensure areas of concern were addressed.

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; respecting equality and diversity

- Staff responded to people's needs. We saw one staff member taking the time to clearly explain why they were counting money. Another staff member encouraged one person to show the inspection team their activity book. The person enjoyed showing their pictures and talking about what they had been doing.
- People's needs were assessed to determine whether they had any diverse needs which needed to be considered.

Supporting people to express their views and be involved in making decisions about their care

- People made decisions about their daily lives. This included, what activities they wished to do, when they wanted to go out, when they got up and when they went to bed.
- People's care records showed they had goals and objectives and how these were to be achieved. People and their families were involved in making decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- We saw people being supported to make their own drinks.
- People's independence was promoted through being encouraged to undertake tasks around the home such as preparing meals, taking laundry to the washing machine and being involved in keeping their home clean and tidy. One relative told us, "[Name] is encouraged to be as independent as they can be. They are involved in the cooking and washing. I've seen pictures in the newsletter."
- Staff gave good examples how they promoted people's privacy, dignity and independence. For example, people's medication was given in their rooms, staff made sure they knocked on people's doors and left them to get dressed in private. One member of staff told us they encouraged independence by involving people in the shopping experience and supporting them to pay.

Is the service responsive?

Our findings

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

People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Both relatives we spoke with told us they were given the opportunity to attend care reviews. One relative said, "The recent care plan review went well. We went through everything. I was asked if I had any concerns. [My family member] was also there." Relatives told us there had been an improvement and increase in activities. One relative commented, "They are [activities] definitely much better. The activities are moving in the right direction. There are also now evening activities."

- New documentation and reviews were focussed on goals, aspirations and outcomes for people. For example, losing weight and activities such as, rugby and swimming. Following inspection at another of the provider's services, the manager was separating information for healthcare professionals and accidents/incidents into separate files, so it was easier to navigate around.

- People had 'The National Autistic Society Hospital Passports' in place to take with them if they required hospital treatment. These had recently been put in place. However, there were undated and did not have a date for review.

- The service had proactively found an accredited course (ASDAN) for people who wished to complete courses and gain skills in areas such as, meal preparation, employment and training, horticulture and independent living skills. ASDAN is an accreditation programme for people with special educational needs to enable them to achieve various qualifications whilst developing skills and fulfilling their potential.

- Staff told us people had a choice of activities and it was the person's decision as to what they wanted to do.

- The provider was meeting the requirements of the Accessible Information Standard (2016). Information was available to people in easy read formats and people's communication needs were assessed. For example, one person had a communication board in their room. There was a health and safety pictorial audit check for people to feel involved in their home. The pictures were specific to the home and reflected the items in the fridge on the day people completed the audit. The management team were now going to work on people's care records being available in an easy read format.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure in place. The manager had a system in place to keep an overview of complaints to identify any patterns and trends. Relatives we spoke with told us they had contact details of the management team if they wished to discuss any concerns. We saw complaints were investigated and dealt with appropriately.

End of life care and support

- At the last inspection we found no evidence to show end of life care planning had been discussed or considered. This continued to be the case. The manager showed us a blank 'NHS: About the end of my life; what I want to happen' form.
- Due to the young age of the people living at the home, the provider did not believe an end of life care plan or consideration to an end of life care plan was appropriate. Following inspection the provider told us they had 'End of Life Champions' in place to support people to understand the end of life and bereavement. The provider stated if a person became ill or was diagnosed with a life shortening illness then a plan would be completed.

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- At the time of our inspection there was not a registered manager in post. However, the manager had applied to become registered and they were waiting an interview. 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.
- At the last inspection, we were told a bespoke quarterly audit and a master action plan, giving a clear overview of all the actions required, would be introduced by the regional support manager. At this inspection we found the provider's existing audit form was still being used, which was not specific to the service.
- Following the last inspection, we had requested a maintenance/redecoration plan to be sent to us. This was not done. However, we received the plan after this inspection.
- Weekly audits continued to be in place for finances, medication and daily communication logs. Monthly audits took place in relation to infection control, medication, health and safety, food stock and building maintenance. However, the manager could not locate any audits for February 2019.
- The manager and regional support manager's audits had identified the water temperature in the staff toilet was above 50 degrees as it was used as a sentinel tap (a tap which needs to be kept above 50 degrees for legionella risk management). No control measures to manage this risk had been put in place.
- The regional support manager's quarterly audit reviewed whether accident and incidents were reported, logged and dealt with appropriately. It was confirmed accidents and incidents had been recorded, reviewed and signed off by the manager. However, this audit did not go far enough to check that the action had been carried out as stated by the manager. We found an accident and incident form had been reviewed by the manager but risk assessments had not been updated to reflect this.
- The audits did not pick up the issues we identified at inspection. For example, the poor recording of food amounts and the undated hospital passports.

The lack of robust quality assurance meant people were at risk of receiving poor quality care and should a decline in standards occur, the provider's systems may not pick up issues effectively. The provider's systems did not ensure risks relating to the health, safety and welfare of people and others, were appropriately assessed, monitored or mitigated. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People's feedback was regularly sought through surveys, monthly 'keyworker discussions' and house meetings.
- A newsletter had been introduced to show people and their relatives the activities and significant information regarding the service. One relative said, "They are good at keeping in touch. They are doing a newsletter with photographs which is more beneficial. You can see what your relative has been doing." Another relative told us, "There have been definite improvements. It is moving in the right direction."
- Staff had created one-page profiles regarding what was important to them, what people admire about them and how best to support them. They included a picture of each staff member. A staff annual survey had recently been sent to staff for their views on the service. Comments included, '[The manager] is very supportive, kind and supportive.', 'Changes were made to benefit the service users and the staff. It is a good place to work and a big difference has been made to the lives of the service users.' and 'The people we support are living life to a high quality. They have full activity planners.'
- Staff told us they also felt listened to and supported by the management team. One member of staff commented, "The management style has changed. It's like a brand-new service."

Working in partnership with others

- The manager had begun to build up links within the local community and worked in partnership with health and social care professionals to make sure people received support and care.

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes were not established and operated effectively. They did not enable the registered person to assess, monitor and improve the quality and safety of the services. They did not enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others.

The enforcement action we took:

We issued a warning notice in relation to a breach of regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014, good governance.