

Care Worldwide (Carlton) Limited Brookfield

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on the 9 and 16 January 2019 and was unannounced. At our last inspection on the 4 June 2018 we rated the service as 'inadequate' and identified nine breaches of regulation. These breaches related to person centred care, meeting people's nutritional needs, management of risk including medicines, staffing arrangements, support to staff, safeguarding people from abuse, consent to care, maintenance of premises and governance of the service. We also found the provider had not notified CQC about some significant events.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements had been made and were ongoing. This service is no longer rated as inadequate overall, or in any of the key questions. Therefore, this service is now out of Special Measures.

Brookfield provides care for up to three people who have learning disabilities. At the time of inspection there were two people using the service. People in care homes receive accommodation and personal care as a single care package under one contractual agreement. CQC regulates both the premises and the care provided and both were looked at during this inspection.

The service had a manager in place who had started working at the service six weeks prior to the inspection but they had not registered to manage this service yet. They told us they were planning to submit their application by the end of January 2019. It is a legal requirement that this service has a registered manager in post. 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.

We found the manager, regional support manager and staff had worked hard to make improvements in the areas of concern found at the last inspection. At this inspection, we found improvements in all areas. However, we discussed with the manager and regional support manager more work was needed to ensure a robust and sustained service moving forward. The management team agreed with this and told us they had been focusing on ensuring the home was safe and people received the right support.

Regular health and safety meetings took place between the staff responsible for maintenance and the manager. Action plans were created following the meetings and it was clear when actions were to be completed by and by whom. However, we noted the temperature of the kitchen tap was extremely hot. Although this had been identified on maintenance checks no action had been taken and it had not been picked up at the health and safety meetings. The manager and regional support manager immediately took steps to make the temperature safe and ensured a thermostatic mixing valve was fitted. We made a recommendation that the maintenance checks were reviewed at the health and safety meetings to ensure

action is taken where necessary.

Robust procedures were in place to protect people from financial abuse. Staff knew who to report any concerns to both within the organisation and to external agencies, such as the CQC. We found medicines were managed safely and in a person-centred way. People received their medicines as prescribed. There were PRN protocols in place and clear guidelines what to do if a person refused their medicines.

Improvements had been made to risk management. Personal Emergency Evacuation Plans and the Herbert protocol were fully completed. The Herbert Protocol is a national scheme introduced by the police in partnership with other agencies to compile useful information which could be used in the event of a vulnerable person going missing.

There were appropriate staffing levels to meet people's needs. Lone working arrangements were followed and staff knew who to contact if they needed additional advice or support. 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. The DBS helps employers make safer recruitment decisions and reduces the risk of unsuitable people from working with vulnerable groups.

Improvements had been made to staff induction which was more robust. Staff had begun to receive appropriate support and supervision. The management team had oversight of all staff training via a database to ensure it was kept up to date. This showed all staff had completed mandatory training and received refresher training.

People's nutritional needs were being met. People's needs and choices were assessed and care, treatment and support was delivered. A planned transition took place when new people moved into the home. Hospital passports were in place and were detailed and bespoke to each individual. People had access to healthcare professionals including, GPs, dentist, dietician and hospital consultants.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Capacity assessments were in place for specific decisions with accompanying best interest decisions. The new care documentation being introduced highlighted a person's capacity, assessments and decisions more clearly.

We observed and staff told us how they respected people's privacy, dignity and independence. Staff were aware of people's needs and knew what was important to them. People were involved in making decisions about their care, support and treatment as far as possible. People chose where to spend their time, this was either in their room, the lounge, the garden or out of the home. One person changed their mind about the activity they wished to do. This was accommodated. The details of people's advocates were recorded in their care documentation and staff were aware of this.

New care records were being introduced. These were more streamlined, person-centred and reflected people's needs. The new documentation and reviews were focussed on goals, aspirations and outcomes for people. We made a recommendation that all care and support plans were completed and fully implemented in the service by the end of February 2019. People took part in activities that they chose to do. We saw complaints were investigated and dealt with appropriately.

Improvements had been made to the oversight and leadership of the home. However, further work was required to continue to improve the home and ensure the new systems and processes were embedded into practice. The new paperwork being introduced was clearer and the focus was moving towards outcomes for

people who used the service. Staff and relatives were supportive of the new management team. Staff had begun to be involved in developing the service through supervisions and team meetings.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Risks were not always identified and managed.

Robust systems were in place to manage people's finances.

Medicines were managed safely.

People were supported by sufficient numbers of staff to meet their needs.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Improvements were made to staff supervision and training.

Improvements had been made in relation to Mental Capacity and Deprivation of Liberty Safeguards (DoLS).

People were supported to maintain a balanced diet.

Is the service caring?

Good ●

The service was caring.

People were treated with dignity and respect.

People's independence was promoted.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

New care records were in the process of being introduced. These were more streamlined, person-centred and reflected people's needs. The provider was not compliant with the Accessible Information Standard for people, however work was being developed in this area.

People enjoyed meaningful activities.

There were systems in place to respond to complaints.

Is the service well-led?

The service was not always well-led.

We found improvements had been made in all areas. However, further work was required to continue to improve the home and ensure the new systems and processes were embedded into practice.

The new paperwork being introduced was clearer and the focus was moving towards outcomes for people who used the service.

Staff told us there had been improvements and they felt supported by the new management team.

Requires Improvement 

Brookfield

Detailed findings

Background to this inspection

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

This inspection took place on 9 and 16 January 2019 and was unannounced. The inspection team consisted of two adult social care inspectors.

We reviewed information we held about the service, such as notifications and information from Healthwatch. Healthwatch is an independent consumer champion which gathers information about people's experiences of using health and social care in England. We contacted commissioners and the local authority safeguarding team prior to inspection.

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

During the inspection we spoke with two people who used the service, two relatives, two members of care staff, the manager and regional support manager.

We looked at a variety of documentation including, care documentation for two people, one staff recruitment file, supervision minutes, meeting minutes, documents relating to the management of medicines and quality monitoring records.

Is the service safe?

Our findings

At the last inspection on 4 June 2018 we rated this domain as inadequate. We found there were breaches in legislation in relation to safe care and treatment, safeguarding people who used the service from financial abuse and insufficient staffing levels. At this inspection we found improvements had been made in all areas and the provider was no longer in breach of any regulations.

At the last inspection we found there were no systems or processes in place to prevent abuse of people's finances. At this inspection we saw there were robust procedures in place to protect people from financial abuse. We observed these procedures being followed during our inspection. Staff explained 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.

At the last inspection we found intumescent strips were not on the doors to the lounge and kitchen, and there was no smoke detector in the washing machine cupboard. Intumescent is a substance that swells as a result of heat exposure used in fire protection. We also found the electrical testing cert expired April 2018. We found these issues had now been addressed.

Regular health and safety meetings took place between the staff responsible for maintenance and the manager. Action plans were created following the meetings and it was clear when actions were to be completed by and by whom. However, we noted the temperature of the kitchen tap was extremely hot. Although this had been identified on maintenance checks no action had been taken and it had not been picked up at the health and safety meetings. The manager and regional support manager immediately took steps to make the temperature safe and ensured a thermostatic mixing valve was fitted. We recommend the maintenance checks are reviewed at the health and safety meetings to ensure action is taken where necessary.

We found medicines were managed safely and in a person-centred way. Medicines were stored in locked cabinets in each person's room. People received their medicines as prescribed. There were PRN protocols in place and clear guidelines what to do if a person refuses medicines. Audits identified areas of weakness and action was taken to investigate any errors or discrepancies. However, one person preferred to take their liquid medication via a syringe. This was not reflected in their care plan. The manager told us they would address this.

At the last inspection we found risks were not appropriately managed. We found improvements had been made to the Personal Emergency Evacuation Plans and the Herbert protocol was fully completed. The Herbert Protocol is a national scheme introduced by the police in partnership with other agencies to compile useful information which could be used in the event of a vulnerable person going missing. Risk assessments were in place to meet people's needs but where the new paperwork had not yet been implemented they required being read in conjunction with the person's care plan to find more detailed information. We also noted monthly reviews had not been completed since September 2018. However, the manager was currently in the process of fully reviewing everyone's care needs and implementing new care

documentation at the time of inspection.

At the last inspection we identified a number of issues in relation to infection control. All the issues had been addressed. Bins had disposable bags and lids to prevent infection. There were sufficient personal protective equipment (PPE) supplies. The home was clean and tidy. A cleaning schedule was in place and regular infection control audits took place.

At the last inspection we found there were not enough staff to meet people's needs and one person was not receiving their one to one support. The regional support manager and manager were working with staff to change working patterns to ensure flexibility to help meet people's needs. We were shown an example of the new rota which would ensure people's one to one support, staff training, supervisions and key worker support was delivered. They would also factor in 15 minute handovers to ensure all staff were up to date with people's care and support needs.

We looked at the current rotas and they showed people received their one to one hours. Staff told us there were enough staff to meet people's needs and we saw people receiving their one to one support during inspection. Any short falls were covered by agency staff. However, a member of bank staff has been employed to cover future shortfalls. Lone working arrangements were followed and staff knew who to contact if they needed additional advice or support.

Both relatives we spoke with told us their relatives were safe. One relative told us, "It's improved. [staff name] and [staff name] are good. They communicate with me. They are a top team with weight management." Another relative told us, "Staff are friendly. [My relative] is going out more. They seem happy now. There's more one to one time."

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. The DBS helps employers make safer recruitment decisions and reduces the risk of unsuitable people from working with vulnerable groups.

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". Staff completed an incident form and the manager assessed these and put them on the monitoring spreadsheet to enable patterns and trends to be identified. Although there was evidence appropriate action was taken, one incident form did not document all the action taken in response to an event. We raised this with the regional support manager and manager to ensure this was improved.

Is the service effective?

Our findings

At the last inspection on 4 June 2018 we rated this domain as inadequate. We found there were breaches in legislation in relation to person-centred care, consent, meeting people's nutritional and hydration needs, premises and equipment and staff not receiving appropriate supervision and support. At this inspection we found improvements had been made in all areas and the provider was no longer in breach of any regulations.

At the last inspection we found the premises were not adequately maintained and were in need of redecoration. We spoke with the regional support manager who said they were aware the home was in need of redecoration and ongoing maintenance. They had begun to obtain quotes for a new kitchen. We asked them to send us a maintenance/redecoration plan so we could review the timescales. People were involved in decisions about the environment and people's rooms were personalised. People had access to the garden and outdoor space. We saw one person enjoying playing football outside with a member of staff.

At the last inspection we found the staff induction was completed in one day and staff did not receive appropriate support and supervision. A new member of bank staff had been recruited since the last inspection. We saw they had commenced their induction which was more robust and training was planned over a period of time. A shadowing shift review form was completed. The manager told us that going forward she would add a form for each of the three shadowing shifts a new member of staff must undertake. The manager also completed an observation on a new starter which was documented. Probation review forms were being introduced which would be completed after three and six months to ensure new starters received appropriate training and support.

At the time of inspection an agency member of staff was working in the home. We saw they had completed an induction into the home which included, medication, finances, support, fire safety and health and safety. Confirmation had been sought from the agency to ensure the person had been checked as safe to work with vulnerable people and had received up to date training.

The regional support manager and manager had oversight of all staff training via a database to ensure it was kept up to date. This showed all staff had completed mandatory training and received refresher training.

Staff we spoke with told us they felt supported by the new management team. A supervision matrix was in place to schedule three supervisions and one appraisal a year. However, the manager demonstrated to us that where people required more support they received additional supervisions.

We saw supervisions had commenced with staff which showed they input from the staff member and manager. Supervisions included how staff were feeling, an update on previous actions the staff member had been required to complete, reflection time on their working practice, learning and development and key-working responsibilities.

At the last inspection we saw food supplies were low and there were no toilet rolls, juice or potatoes. At this

inspection we found there were sufficient supplies of food and toilet rolls. People's nutritional needs were being met. One family member commented how they had seen their relative's packed lunch had improved. Staff were knowledgeable about supporting people's nutritional needs. They were aware how to support people who had weight loss as their goal and to encourage healthier options. Nutrition management tools were in place. Prior to the new management team, people had been weighed as standard practice. The new management team had identified this and had put appropriate measures in place to ensure people were only weighed where there was an identified need.

People's needs and choices assessed and care, treatment and support was delivered. One person had moved into the home since the last inspection. We saw they had a transition care plan in place to help facilitate the move. This included visiting the service for meals and to socialise with other people who used the service. One relative told us, "Transition was straight forward as they already knew [name]. [My relative] gets the care they need."

Staff had begun to work together and across organisations to deliver effective support and treatment. A staff handover book was in place which included a clear recording of, finances, medication, accident and incidents, reading the communication book and documenting any changes in people's needs. The handover also ensured outstanding actions such as, contacting other healthcare professionals, purchasing toiletries and updating risk assessments were completed. Hospital passports were in place and were detailed and bespoke to each individual. We saw people had access to healthcare professionals including, GPs, dentist, dietician and hospital consultants.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. We saw capacity assessments were in place for specific decisions with accompanying best interest decisions. The new care documentation being introduced highlighted a person's capacity, assessments and decisions more clearly.

Relatives told us their family member had a say in their care. One person said, "Yes they are asked what they want to do." Staff give examples about how they helped people make choices about their care and support. One staff member said, "I ask [name] and give choice but not too much choice as this would be confusing." They were clear they would respect people's wishes if they did not want to do something. We observed staff offering people choices regarding where to take their medicine and what they wanted to do for the day.

Restraint was not used at this service. The regional support manager and manager were working towards improving people's support plans around behaviour. As they were both new to the service they were in the process of analysing behaviours and completing root cause analysis to ensure people were receiving appropriate care and support.

Is the service caring?

Our findings

At the last inspection on 4 June 2018 we rated this domain as inadequate. We found there was a breach in legislation in relation to person-centred care. At this inspection we found improvements had been made and the provider was no longer in breach of this regulation.

We observed people's privacy, dignity and independence being respected and promoted throughout the inspection. Staff gave good examples how they respected people's privacy. One member of staff said, "We make sure the doors and curtains are closed. It's about not watching over someone, giving them space whilst making sure they're safe." Staff told us how they encouraged people's independence. One member of staff explained, "[Name] pays for things when out and about and gets receipt. They're supported with getting money out of their purse by staff but they hand over money." Another member of staff told us they encouraged people to do their laundry. One relative said, "The staff do encourage independence with showers and activities."

Staff and both relatives told us their family member did not have any particular cultural or spiritual needs. However, if people did this would be recorded and taken into account.

People were treated with kindness, respect and compassion, and were given emotional support when needed. For example, one person wanted to help maintenance staff complete checks. They accompanied the staff member and helped with the checks. A staff member told us their medicines competency check was postponed because the person did not want them to give them their medicines. The person made clear they wanted the member of staff on day shift to do this. The person's wishes were respected and the check was completed at another time. One person was required to undergo medical tests to help diagnose a medical issue. However, they did not want to take part in this. The manager told us they had put plans in place to build up to the tests and to help overcome the person's fears.

We observed kind, respectful and caring interactions between people and staff. Staff were clearly aware of people's needs. For example, it was important to one person to follow their planned programme. We saw this happened. We saw staff involved people in having ownership over their finances by involving them in counting their money needed for their one to one time.

People were involved in making decisions about their care, support and treatment as far as possible. People chose where to spend their time, this was either in their room, the lounge, the garden or out of the home. One person changed their mind about the activity they wished to do. This was accommodated. The details of people's advocates were recorded in their care documentation and staff were aware of this.

Is the service responsive?

Our findings

At the last inspection on 4 June 2018 we rated this domain as inadequate. We found there was a breach in legislation in relation to person-centred care. At this inspection we found improvements had been made and the provider was no longer in breach of this regulation.

At the last inspection we found support plans were not accurate or up-to-date and did not reflect current needs. We found the old care record documentation was hard to follow due to both the volume of information and lack of organisation within the files. We found no evidence to show end of life care planning had been discussed. At this inspection we looked at the new care records which were being introduced. These were more streamlined, person-centred and reflected people's needs. The regional support manager told us they had arranged for staff training to be provided which focused on person-centred reviews to ensure these were completed in places the person was comfortable with and it did not become a rigid process. The new documentation and reviews were focussed on goals, aspirations and outcomes for people. We recommend that all care and support plans are completed and fully implemented in the service by the end of February 2019.

Daily notes were detailed and well structured. These provided a clear overview of the care a person had received. Relatives we spoke with were aware their family had a care and support plan. They told us they had recently been invited to attend a review along with their relative.

At the last inspection we found activity planners were not in place despite it being important to people to know what their planned activities were. This was to prevent them becoming anxious. At this inspection we saw people had planners in place for the activities they had chosen to do. One relative said, "[My relative] is out more now." Another relative told us, "[My relative] does things but they [the service] could be more proactive." Staff told us about people's weekly activity planners. Staff told us they would still check that is what the person wanted to do. Staff told us a new staff rota was being introduced which they said would help bring flexibility to evening activities.

We checked to see whether the provider was meeting the accessible information standard. This was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. We saw examples of this being met in relation to information about complaints. However, there were no accessible information versions of people's activity planners and care records.

The provider had a complaints policy and procedure in place. The manager had a system in place to keep an overview of complaints in order to identify any patterns and trends. Both relatives we spoke with knew how to make a complaint and how to contact a member of the management team to discuss any concerns. We saw complaints were investigated and dealt with appropriately.

Is the service well-led?

Our findings

At the last inspection on 4 June 2018 we rated this domain as inadequate. We found there were breaches in legislation in relation to good governance and failing to notify the CQC of incidents as required by the CQC (Registration) Regulations 2009. At this inspection we found improvements had been made in all areas and the provider was no longer in breach of any regulations. However, further work was required to continue to improve the home and ensure the new systems and processes were embedded into practice.

There was no registered manager in post at the time of inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The manager had been at the service for six weeks. The home was also being supported by the regional support manager who had been at the service just over 11 weeks. In this short period of time we saw they had worked extremely hard to improve the service.

At the last inspection we found a lack of oversight and leadership at the service. We also found effective systems were not in place to identify and action issues. At this inspection we found significant improvements. There was a structured approach to audits. Weekly audits were in place for finances, medication and daily communication logs. Monthly audits were in place for infection control, medication, health and safety, food stock and building maintenance. A quarterly audit was being introduced by the regional support manager. This would include, medicines, incidents, safeguarding, finances, mental capacity, care planning, complaints, activities, training and the environment. The regional support manager showed us a master action plan that they aimed to put in place to ensure there was a clear overview of outstanding actions and dates they were required to be completed by.

The new paperwork being introduced was clearer and the focus was moving towards outcomes for people who used the service.

Staff were supportive of the new management team. One staff member told us, "It's better run. There have been lots of changes but it is better now than it was. The new manager and regional support manager are knowledgeable and know what they're doing. Staff meetings are held. It is helping as new management are better at communicating. They are open and answer our questions." Another member of staff said, "The new management, they're honest. We have staff meetings and have the chance to ask questions. It's improved a lot. I prefer the new paperwork." One relative said, "It's an improving picture but it's too early to say." They told us they felt listened to and could suggest improvements.

Regular staff meetings had begun to take place which discussed policy and procedure updates, people supported updates, incidents and learning. The minutes recorded an open discussion took place with staff about the CQC inspection and the service being rated as inadequate.

Staff had begun to be involved in developing the service through supervisions and team meetings. Annual

staff surveys were completed by the company but these were not specific to each service. The regional support manager said they had planned to send out staff surveys at the end of February.

The regional support manager and manager acknowledged at present they did not have strong links with the local community. People accessed services such as museums and libraries but the management team aimed to build up stronger community links in the future.