

Brooklee Care Limited

Brooklee Care

Inspection report

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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

Brooklee Care is a domiciliary care service. It provides personal care to people living in their own homes and flats in the community. The service supports people with a range of physical and sensory needs as well as older people including those living with dementia. At the time of this inspection there were two people using the service.

Not everyone who use a domiciliary care service receive personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

Relatives involved with the care and support that their family member received from Brooklee Care spoke positively about their experience. Care and support was personalised to the person's individual needs. The person's privacy, dignity and independence was promoted.

Risks associated with the person's health, care and medical needs were identified and the registered manager and care staff understood those risks and how to minimise them to keep the person safe. Safe medicines management and administration processes in place ensured people received their medicines as prescribed and on time.

People were supported by care staff that they knew, who arrived on time and always stayed their full allocated time. Recruitment processes ensured that only care staff assessed as safe to work with vulnerable adults were employed.

People were supported by care staff who had been appropriately trained and were skilled in their role. Care staff told us they were regularly supported through supervision.

People were supported to maintain good health and had access to a variety of healthcare services. Relatives told us that their relative was supported to eat and drink enough where this was an assessed need. 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.

The care plan was person centred and gave comprehensive information about the person, their needs and how they wished to be supported. Relatives knew who to speak with if they had a complaint or concern to raise and were confident their concerns would be addressed.

Checks and audits in place enabled the service to monitor, learn and improve the quality of care and support people received.

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

Rating at the last inspection

This service was registered with us on 20 November 2020 and this is the first inspection.

Why we inspected

The inspection was prompted because the service has not had an inspection and a rating since it was first registered with us.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Brooklee Care

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

This inspection was carried out by one inspector.

Service and service type

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

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

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 31 January 2022 and ended on 7 February 2022. We visited the office location on 31 January 2022, spoke with relatives of people receiving care and support on 1 February 2022, spoke with support staff on 1 and 2 February 2022 and gave inspection feedback to the registered manager on 7 February 2022.

What we did before the inspection

Before the inspection, we reviewed information we held about the service and the provider which included any statutory notifications sent to the CQC. A notification is information about important events which the service is required to send us by law. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information

about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection

During the inspection we reviewed one person's care plan, risk assessments and medicine administration records. We looked at three staff files in relation to recruitment, training and staff supervision. We also spoke with the registered manager and reviewed other records relating to the management of the service, including complaints records and management audits.

After the inspection

We spoke with two relatives of people who were receiving personal care and support about their experience of the care provided. We also spoke with three care staff. We continued to seek clarification from the provider to validate evidence found. We further reviewed another care plan, training data and quality assurance records.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Policies and procedures were in place to protect people from the risk of abuse.
- Relatives spoke highly of the service they received and the care staff that supported their family member. Comments included, "No concerns with [person's] safety whatsoever, they [care staff] have been second to none" and "After a couple of days, I didn't bother to ring them because I felt sure that they were looking after [person] properly. I felt completely safe with [care staff] there."
- Care staff had received safeguarding and whistleblowing training and described what they had learnt and how they would recognise and report concerns. One care staff told us, "You would see the tell tale signs would be there. Report it to the manager. Whistleblowing is seeing something and reporting it anonymously, usually people like CQC."
- The registered manager demonstrated a good understanding of the requirement to notify the relevant safeguarding authorities if safeguarding concerns were raised.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks associated with people's health and care needs had been clearly identified, assessed and documented. One relative told us, "Honestly I know he is in safe hands."
- Assessed risks documented within people's care plan's included, risks associated with falls, skin integrity, moving and handling, medicines, accessing the community and specific health conditions such as diabetes.
- Care staff told us that care plans and risk assessments were clear and easy to follow giving them the required information to keep people safe. One care staff said, "I think risk assessments are quite in depth. They [managers] are constantly updating them. If I need to know anything, I have always found it in the notes."
- Risk assessments were reviewed monthly or where people's needs had changed.
- Systems were in place to report and record all accidents and incidents. Records included the nature of the accident or incident, immediate actions taken, the outcome and any follow up actions to be taken.
- The registered manager explained that following any accident or incident, information would be shared with the staff team and appropriate healthcare professionals where required. This enabled further learning and/or improvements to prevent any future re-occurrence.

Staffing and recruitment

- Policies and procedures were in place to ensure that all staff recruited were assessed as safe to work with vulnerable adults.
- Pre-employment checks completed included, criminal record checks, evidence of conduct in previous employment, right to work in the UK and proof of identity.

- Whilst all checks required had been completed, we did note that a full employment history had not always been obtained and gaps in employment had not always been robustly explored with potential staff. Following the inspection, the registered manager confirmed the steps they had taken to make the required improvements in this area.
- Relatives spoke positively about the way in which care staff rota's were set and managed with a focus on named, regular care staff attending to their family member. One relative told us, "[Registered manager] lets us know if there is any change to staff. Communication has been very good."
- An electronic call monitoring system was in place. This enabled the service to schedule and monitor people's support in real time and ensure that care staff arrived on time and that calls were not missed.

Using medicines safely

- People received their medicines safely and as prescribed.
- People's medicine support needs were documented in their care plan including the list of medicines prescribed, how and when they should be administered.
- Electronic monitoring systems enabled the service to monitor and ensure people received their medicines on time.
- Medicine administration records were complete and no gaps in recording were identified.
- Care staff received medicines training and their competency had been assessed to ensure they were able to administer medicines safely.
- Monthly audits enabled the service to ensure people received their medicines safely. Where issues were identified as a result of an audit, these were addressed immediately with the care staff involved.

Preventing and controlling infection

- The registered manager had put systems in place to ensure people and staff remained safe and protected from the spread of infection.
- Care staff had access to a variety of Personal Protective Equipment (PPE) which included gloves, masks, face visors, shoe covers, anti-bacterial wipes and hand sanitising gel.
- Staff were also required to test for COVID-19 on a regular basis to ensure protection and safety from infection.
- Care staff told us and records confirmed that they had received training on COVID-19, infection control and the correct use of PPE.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager ensured that an assessment of need was completed prior to any provision of care was agreed, to determine whether the service was able to effectively deliver care and support in line with current standards and best practice.
- The process included an initial telephone assessment, followed by a detailed face to face assessment involving the person, the person's relative or representative and health and social care professionals.
- Information collated included people's specific health and care needs, how they wished to be supported and their protected characteristics under the Equality Act 2010.
- Comprehensive care plans and risk assessments were developed based on the information gathered.

Staff support: induction, training, skills and experience

- Care staff received the required training and support to meet people's assessed needs.
- Relatives told us that care staff were highly skilled and trained in their role. One relative stated, "The [care staff] are up to speed with everything. Well qualified to do the job."
- Upon employment, all care staff received a comprehensive induction which included training and a period of working alongside a more experienced member of staff.
- In addition to the training which covered mandatory topics such as safeguarding, first aid and manual handling, care staff were also required to complete The Care Certificate and any specialist training required to meet people's specific needs. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Care staff stated that they were very well supported through regular supervisions and spot checks. Care staff were yet to receive an appraisal as they had not completed a full year of employment.

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

- People were supported to eat, drink and maintain a healthy diet where this was an assessed need.
- People's preferences, likes and dislikes, support needs and specific dietary requirements related to their eating and drinking were recorded in their care plan. Care staff knew people's needs well and described the role they played when supporting people with their meals.
- Relatives complimented the support their family member received. Feedback included, "Staff come in to cook the meals. [Person] is the best nourished they have been in the last seven years. They [care staff] cook fresh food and desert" and "In the kitchen, we have a white board, and we started to put up their diet, whoever works on the day records on the board what they ate, drank and it works perfectly."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Processes were in place to support people to access a variety of health care professionals and agencies to ensure they received the appropriate support where this was an assessed or identified need.
- Relatives were assured that the care staff that supported their family member were quick to identify changes in the person's health, report their concerns and request the required assistance. One relative told us, "They [care staff] draw my attention to things, they look at him all the time and notice changes."
- Care staff gave examples of how well they knew the people they supported which enabled them to immediately notice changes in people's health and access the appropriate support when required. One care staff told us, "If I see a change, I look and see what's different, check them, if there are any problems call emergency services, the manager and the relative to let them know what has happened."
- Support staff maintained detailed daily records of the person's health and well-being. This meant the staff team and the person's relative could work together to ensure the person received effective care and support.

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 MCA 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 when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- Records confirmed that people had consented to receiving care and support. Where people lacked capacity to make specific decisions, the person's representative signed to confirm their involvement in the care planning process on their behalf.
- Where people lacked capacity, this had been documented within their care plan with reference to best interest decisions involving the person's representatives and health care professionals where required.
- Care staff demonstrated a good understanding of the MCA and how they supported the person to make decisions taking into consideration their abilities. One care staff explained, "My understanding is that you have to accept people for who they are and what they believe in. I take each day as it comes. I don't judge that they don't have capacity, I let them be as independent as can be."

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant 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

- Feedback from relatives about the care and support that their family member received was overwhelmingly positive. One relative described care staff as, "Caring, reliable and fun" and told us that, "They have been absolutely brilliant in their care. They do laugh and joke with dad which is lovely to see." Another relative said, "The care staff are excellent, really caring, not overbearing and flexible. If [person] says they want to go out they go out, they do what [person] wants, they entertain [person]."
- Care staff described how they had established positive and caring relationships with the people they supported and their relatives which helped them to deliver good, person centred care. One care staff explained, "I'm quite lucky, I was one of [person's] first carers. [Person] was quite resistant at first, I know how to talk to people, giving [person] time, let [person] get used to it, ask [person] about their family and life. We talk and laugh all day long."
- People's diverse needs, as defined under the Equalities Act 2000, were respected. For example, people's religious, cultural needs and sexual orientation had been documented in their care plan and staff were aware of these. One care staff told us, "Caring for someone shouldn't be different just because of their gender or their beliefs and everyone should be treated equally the same."

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

- Relatives confirmed that they had been involved throughout the whole care planning and delivery process which enabled them to ensure their family member received care that met their needs. One relative told us, "We met with [registered manager] to discuss the care plan, where we were, how it was going, what we thought of the care delivery. We have had numerous conversations with them about [person]. They were just so thorough."
- People's care plans were individualised and specific to their needs detailing their preferences, likes, dislikes and how they wished to be supported.
- People were able to express their views and choices on how they wished to be supported. One care staff told us, "I know [person] likes chocolate, I let [person] choose what they want. All the time I let [person] choose what they want to do."

Respecting and promoting people's privacy, dignity and independence

- Relatives stated with confidence that care staff were always respectful of people's privacy and dignity, treated them with respect and worked with them in a way which promoted their independence. One relative said, "It's always been important to [person] and me that they can be independent as possible and they [care staff] do that, they ask him what he wants."
- Care plans also promoted people's independence and guided staff on areas where they were able to do

things for themselves.

- Care staff gave numerous examples of how they respected people's privacy, upheld their dignity and encouraged people to do as much for themselves as they were able and comfortable in doing. One care staff explained, "I always try to respect what [person] likes. [Person] chooses their own clothes and how they dress. [Person] has an opinion about their life and I am there to help. If something is not right I explain why it's not right but still respect their opinion."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans were person centred and focused on their care, medical and social needs and how they wished to be supported.
- Care plans detailed people's life history, what was important to them, how to promote their independence, likes and dislikes and outcomes they wished to achieve through the support they received.
- Relatives told us care staff had got to know their family member and made a point of knowing what their family member's likes and dislikes were. One relative told us, "He is not really interested in telly, he often says he won't want the paper but when he gets it he will read it. They know all these points, his likes and dislikes."
- Care staff told us they had got to know the person they supported. This involved talking to the person about their life and their likes and dislikes. One care staff gave an example of this and said, "Because of the shadowing I did, I would sit there and watch the other carer, watch and ask what [person] likes, and then [person's] daughter comes at the weekend and tells me what [person] likes. You get to know."
- Relatives told us the service regularly reviewed people's care needs and they were fully involved in the review process.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were recorded within their care plan. This included information about any support aids that the person may use to support them with their hearing or their eyesight.
- Staff we spoke with were aware of and knew how to support people with their communication needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service supported people with taking part in daily living activities and pursuing their interests where this was an identified need.
- Care plans documented the support or assistance required for people to follow their interests or participate in certain activities.
- Relatives told us their family member was supported to pursue their interests and participate in activities

of their choice. One relative told us, "They [care staff] embrace anything [person] wants to do. [Person] is taken out every day, they go to the shops, go for a walk."

Improving care quality in response to complaints or concerns

- Policies and processes were in place to support the service to respond to complaints which promoted openness, transparency, learning and improvements. Records of complaints detailed the nature of the complaint and the actions taken to resolve the concerns.
- The registered manager told us, "We have not had any formal complaints, however, where issues have been raised, people and relatives have been offered a formalised process. We have been able to deal with any concerns immediately and people have felt confident in the way it's been dealt with."
- Relatives confirmed what the registered manager told us. One relative said, "If there are any queries or problems, I contact [registered manager] by phone, or see them, it's solved immediately. I really haven't had any problems."

End of life care and support

- The service was currently not supporting anyone with end of life care needs.
- The registered manager explained their eagerness in delivering end of life care and told us, "There is a section in the care plan which you can fill in but have not used as yet. Care plan does cover information on Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) and any religious or cultural wishes but we have not got to the stage where we could ask people as they are not at the end of life stage."

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Relatives highly commended the care and support their family member received from Brooklee Care and the way in which the service was managed. From the feedback received we were assured that people were in receipt of a service which was person-centred, inclusive and empowering. Comments included, "[Person] receiving the best care. They are absolutely fantastic. Nothing is too much for them" and "They have been absolutely brilliant in their care. I think it's amazing, its brilliant, I don't know about other care companies, we are just informed about everything. I can't fault them."
- Care staff spoke highly of the office staff and the overall management systems in place, stating they felt confident and empowered to approach management at any time and were well supported in their role. One care staff told us, "I wish every care company, had managers like this. The guys are so supportive. They have offered any help needed, they just care so much, They are so on the ball."
- The registered manager spoke passionately about the service they provided and how they wished to progress and expand with focus on ensuring the provision of good quality and safe care. The registered manager told us, "I love my job. I started the company based on my experience of working in the community."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their legal responsibilities in relation to being open and honest with people when something went wrong. Records confirmed this.
- Where required, the registered manager was also clearly aware of their responsibility of informing the CQC and other agencies where specific incidents had taken place or allegations of abuse had been made.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager demonstrated a good understanding of their responsibilities when managing overall and day to day risks and the requirements around meeting the regulations.
- Support staff knew the management structure of the service and knew who to speak with if they had any concerns.
- The registered manager carried out a variety of periodic audits and checks to monitor the quality of care and support people received. Checks and audits completed included the review of care plans, daily recording, care delivery, medicines administration and the analysis of accidents, incidents, complaints and

safeguarding concerns.

- Where issues were identified, the registered manager made sure that these were addressed immediately, and processes put in place to learn, develop, improve and prevent any future re-occurrences.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager had a hands on approach and was in regular contact with people and their relatives. Relatives confirmed this and stated the registered manager was always approachable and engaging. One relative told us, "[Registered manager] is approachable. He will sometimes pop in to make [person] and I are fine."
- The registered manager told us that their level of contact with people meant they were able to monitor the quality of care delivered and where improvements were required implement these immediately.
- Relatives stated that the communication between them, the registered manager and care staff was "absolutely fantastic." One relative told us, "We have a little what's app group with the carers to share information when we need. It's a great tool to use to communicate."
- The registered manager also asked people and relatives to complete satisfaction surveys so that they had the opportunity to formalise their feedback about the quality of care they received. The most recent exercise had taken place in 2021. One person had written, 'All the staff I met focused on what I could do rather than what I couldn't do which promoted my self confidence and rehabilitation. Nothing was too much trouble and I felt safe in capable hands of people who knew what they were doing.'
- Relatives were also encouraged to write their comments and thoughts on websites which specialised in informing the public about care services nationally. Comments seen were positive.
- Care staff praised the registered manager and the way in which the service was managed. One care staff said, "[Registered manager] is very good. It's easy to work with him, if I have any problems I don't have any difficulty telling him and we try to together to sort out. I can call him anytime."
- Due to the small staff team, specific staff meetings were not currently implemented as a way of communicating with staff. However, care staff told us that this did not impact on the effectiveness of communication and information exchange. Other methods of communication used included instant messaging, telephone calls, supervisions, emails and newsletters.
- Staff confirmed that they were listened to and that their ideas and suggestions for improvement or change were welcomed. One care staff explained, "They do monthly newsletters which we get by email, we have a what's app group between us all so we update each other through that, they are always on the phone, email. Completely feel I can make suggestions and they listen and help me to put things in place. Always willing to listen."
- The registered manager explained that they worked closely with a variety of health and social care professionals to ensure people were supported effectively. Details of professional involvement were clearly documented within people's care plans.