

## Care Worldwide (Carlton) Limited

# Brookfield

### 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	

#### Overall summary

This inspection took place on 19 August 2015 and was announced. This was because Brookfield was a very small service and we needed to make sure that the service would be open on the day of our inspection. Brookfield provides accommodation for up to three young adults living with a learning disability. At the time of our inspection there were 2 people living in the service. The service is a house in a residential street, which offers people who use services a 'family home'.

There was 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.'

The registered manager was registered to oversee three locations owned and managed by Care Worldwide (Carlton) Limited. The registered manager was supported by deputy managers across all locations

People told us they felt safe living in the service. The provider reported safeguarding concerns appropriately and took the necessary action to safeguard people from harm.

# Summary of findings

The registered provider recognised and promoted the rights of the people who use services and supported them to live as independently as possible, whilst encouraging them to achieve their goals.

The service created a family home environment, which was welcoming and relaxed, and the people who use services were happy to be in.

People and their families told us they were treated with kindness and respect, that staff were warm, friendly and caring.

People had a regular team of staff caring for them, and the staff were skilled and knowledgeable.

The service provided high quality person centred care which met the needs of the people who use services.

The care plans were extremely detailed and individual, which meant that staff knew the people who use services really well and were able to meet their needs effectively.

Staff understood the needs of the people they cared for, what was important to them, their abilities to make informed choices and the support they needed to be able to do this.

Families of people who used the service told us their loved one received high quality care and they have had no concerns about the service which was being provided to their family member, they were very happy with the care which was provided and felt confident that their relatives were being well cared for.

Staff told us that they received regular refresher training, and that they felt well supported by the management of the service. mary of findings

# Summary of findings

## 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 is safe.

Medicines were managed correctly and safely.

People were supported to live their lives as fully as possible, risks were managed well and measures put in place to ensure the safety of the service users at all times.

The service ensured all measures were taken to reduce the risk of any infections developing or spreading.

Good



### Is the service effective?

The service was effective.

People were receiving high quality care and support from staff, who had received robust training and support which reflected best practice.

The registered manager and staff were knowledgeable and confident in their use of the Mental Capacity Act 2005. Deprivation of liberty safeguards were used appropriately and were kept up to date.

There were excellent systems in place for monitoring people's health care needs, and ensuring that these needs were met.

Good



### Is the service caring?

The service was caring

People were supported by staff who knew them well and understood their needs. Staff encouraged independence and gave praise when tasks were completed, giving guidance throughout.

People were actively encouraged to express their views and make decisions about how they lived their lives.

The relationships with staff were exceptionally kind, sensitive and caring. People were encouraged towards their aspirations by staff who had understanding and skills to foster trust and a relaxed environment which allowed people to achieve their goals.

Good



### Is the service responsive?

The service was responsive.

People were actively involved in the planning of their care and support, they had access to advocates to empower them to make and communicate their wishes and needs.

Peoples aspirations were identified and accommodated to ensure they could access outside services and agencies which met those needs.

The service held a monthly meeting with the people who use services to ensure that they were happy with the current support and make any changes which were needed to re-address changes to their needs and preferences.

Good



# Summary of findings

## Is the service well-led?

The service was well led.

Staff and people who used the service were fully engaged in developing and shaping the service, staff of all levels were accessible to the people who use services.

The registered manager was exceptionally knowledgeable of the people who use services, had a trusting and open relationship with them, which showed their commitment to ensuring the care provided was of the highest standard possible.

There were excellent systems in place to monitor and maintain the standards of the care being delivered and these were audited on a monthly basis.

Good



# 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 was planned to check 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 19 August 2015 and was announced. The provider was given 24 hours' notice

because it was a very small home for younger adults who are often out during the day; we needed to be sure that someone would be in. One adult social care inspector carried out the inspection.

As part of our inspection we reviewed a variety of records, these included two care plans, 12 risk assessments, two medicine administration records, two staff training records and other records relating to the management of the service. We spoke to the registered manager, a deputy manager, one of the people who use services, a family member and 4 care staff.

This was the first inspection of the service since its registration in February 2014.

# Is the service safe?

## Our findings

A person we spoke with told us that they felt 'very safe and happy' in their home.

A family member of a person who lived at the service told us, "(Name of person) are absolutely safe at Brookfield, it gives me peace of mind to know they are so well looked after."

Staff told us that they understood whistle blowing, however they all said that they would approach the manager with their concerns as they were sure they would be dealt with appropriately. Staff were aware of their responsibilities in relation to recognising and reporting safeguarding concerns, and could describe the different types of abuse.

We saw there had been only one safeguarding concern which had been reported to the relevant authorities by the registered manager, this matter was not related to the way in which the service was run.

The premises were well appointed, we saw that all windows which were not on the ground floor had restrictors fitted to prevent falls. There was a small patch above one of the showers which was in need of some minor attention, the manager told us this was being attended to by their handy man the following day.

The service had a number of regular long serving staff, who carried out set shifts. This ensured there was continuity of care; the staff knew the people who use services well and understood their needs and behaviours. Staff were tuned in to small changes of behaviour which would indicate challenging behaviour was likely, which meant that they could take preventative measures to avoid this, for example distracting the person, by taking them to another room to diffuse a potential situation, which we saw had happened in people's daily records.

The registered manager told us they had very little staff turnover, and staff stayed with the service because they were happy working there, this was confirmed to us by the staff we spoke to. The staff files we reviewed showed the provider followed robust, safe recruitment processes, which meant that they were employing staff who were well suited to the role to which they were employed. The staff files we reviewed had records which showed all appropriate checks had been made, for instance a DBS

check and employment references had been sought. The Criminal Records Bureau (CRB) are now called Disclosure and Barring Service (DBS). Employers need to check people's criminal record and background when they apply for jobs which involve working with vulnerable people to ensure that they are of good character.

We saw that there were sufficient numbers of staff who were well trained and skilled to meet the individual needs of the people who use services safely. This meant that there were always staff available who knew the people well, to cover illness and holidays of other staff.

The provider had robust policies and procedures in place covering all aspects of safety including safeguarding, whistleblowing, recruitment and safe handling of medicines. This meant that staff had clear accessible guidance on what was expected of them and what best practice was.

We saw the provider had and followed safe procedures for the ordering, storing and administration of medicines. The records were excellent and we saw no omissions in any of the record keeping. All medicines which were in stock tallied with the records kept, we saw that the manager checked the medicines weekly and kept clear records of these checks.

The service had measures in place to manage the disposal of clinical waste, this was managed discreetly to avoid any embarrassment to the people living in the service or their visitors.

We saw that the service was very clean throughout, which meant that staff were making sure that all appropriate measures were in place to reduce the risk of infections and stop the spread of any which occurred.

There was a personal emergency evacuation plan in place for each of the people who lived at the service. This meant that should there ever be an emergency situation staff would know how to support the people who live within the service to leave the building safely and quickly/

There was an accident book. The registered manager told us there had been no accidents in the service. The registered manager also told us in the event of any incidents, there was a process for reporting them. This included sending the report to head office to ensure the matter was analysed and lessons learnt.

# Is the service effective?

## Our findings

The staff we spoke with were knowledgeable and skilled. They knew the people who lived at the service extremely well, and were able to give details of their care from the care plans, which showed that these were read regularly.

Staff training was up to date, and staff undertook regular refresher training. The staff had been additionally trained in subjects including fire safety, the use of fire extinguishers, food hygiene, and autism awareness. This meant that staff were able to provide a high standard of care based on current legislation, and had the skills to meet the needs of the people who use services.

The manager carried out regular supervisions with all the staff, every two months. This meant that staff had the opportunity to ask questions and gain support from the senior staff, share concerns and best practice. Staff told us that they felt well supported and found the supervisions to be helpful and informative.

The Care Quality Commission (CQC) monitors the operation of the Mental Capacity Act 2005 (MCA) and specifically on the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. 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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). 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. 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 were being met.

Staff were aware of the Mental Capacity Act 2005, and could explain how this related to the care they were providing. The manager was using the Deprivation of liberty

safeguards correctly and appropriately, these were kept up to date and the records were easily accessible. We saw that there had been a recent application for a DoLS authorisation for one of the people who use services, as the one which was in place was coming to an end. This meant that people who use services were being regularly assessed and their rights under the Mental Capacity Act 2005 were being protected.

We saw that people's needs had been assessed prior to them being admitted to the service, this meant that the provider was sure that they were able to meet these identified needs and that staff would know about people before they started caring for them.

We saw consent had been gained for care to be carried out. There was a form of consent by the people who use services who had been supported by their advocates who had also signed. This ensured that they had understood the information given to them and they were able to give informed consent.

The service had a three week rolling menu, this was however, flexible as the people who use services accessed day services and education, this meant that sometimes the main meal was planned for lunchtime and sometimes for the evening to meet their needs. The menu choices reflected current health considerations and concerns and also a food allergy which was clearly documented in the kitchen to avoid any risk of giving the food which would have caused a reaction. The menu involved free choice days for the people who use services to plan, and the deputy manager worked with them to plan these menus and to ensure that the appropriate food ordered. This meant that people were consulted about what they wanted to eat and were given regular opportunities to choose what they ate.

The staff at the service supported the people who used the service to attend regular medical appointments, the care plans which related to these activities were detailed and told staff exactly how the individual wanted to be supported. The care plans also stated that consent must be gained before speaking on behalf of the service user during appointments if they were having trouble communicating with the medical professional. We saw records which showed that there was contact with other agencies which had been made by the service on the service user's behalf, these were made in a timely and appropriate manner.

## Is the service effective?

The service had been designed to offer a home, in that the environment was relaxed and there was little evidence that this was a residential service. There was thought given to the placing of necessary equipment for example medicines were stored in a kitchen unit, which had been adapted to be a secure storage with temperature control. In the hallway there was a notice board which had all required certification clearly displayed.

The communication in the service was excellent, this was not only in terms of daily conversations and constant offering of choice and encouragement, there were also

systems in place formally to have residents meetings, and reviews of care which involved the people and their advocates. This meant that the people who use services were reviewing their own needs and preferences very regularly and that they were aware of everything that was going on with their care.

We saw that there had been appropriate referrals to outside agencies made very proactively to manage concerns as soon as they became apparent. For example there had been input from a dietician in response to concerns about weight gain.

# Is the service caring?

## Our findings

The family member of a person who used the service said, “It is such a lovely family environment, I could never have wished for anywhere better, when I visit they make me so welcome, there is always a cup of tea, and they ask me to stay for my tea.”

We observed staff to be open and friendly. The home was very relaxed and had the feel of a family home. Every effort had been made to keep necessary paperwork and equipment stored in ‘homely furniture’. Staff worked at the dining table rather than a desk and always in the company of the people who use services.

We saw there was care taken to ensure that the rights of the people who use services were protected for example during our visit when we requested to see the person’s rooms, staff automatically asked the service user if this was ok and suggested they show us.

On the day of our visit one of the people who use services was getting ready to go out with one of the care staff. Before the member of staff arrived there was anticipation and excitement from the person, who told me they had chosen where they were going and they had planned out what they were going to do that day. The person and the staff member worked together to make sure that the service user was ready, had everything they needed, and that they had taken responsibility for shutting their windows and making sure everything was switched off. We saw the staff member offered the person choice at every opportunity and chatted to them constantly, making them laugh and putting them at ease.

On the morning of our visit we saw four staff interact with one of the people who use services, the relationship with

all of the four staff was as positive and warm. The family member of a person who used the service told us, “They [name] talk about all the staff, there is not a favourite, they [name] are attached to them all.”

We saw in the care plans the people who use services had been involved in making choices about how they lived their lives, this included a chore rota the people who use services had been supported to set up at their suggestion. This gave people who use services responsibility for some of the household chores. This had been requested at a residents meeting, and had been successfully implemented. This meant that people who use services were being empowered to make suggestions about their daily lives and action was being taken to bring these ideas to fruition.

The manager was able to tell us in detail about health concerns relating to the people who use services and what actions had been and were currently in place to address those issues.

The staff demonstrated excellent care whilst gently encouraging people who use services to be independent, and helping them to achieve their aspirations, for example one of the people liked to go shopping and with support they were able to plan and organise all aspects of their trips out, this was evident throughout our visit. We saw that people who use services reacted very well to these suggestions, we saw no resistance or challenging behaviour. The family member of a person who used the service told us, “They [name] used to have very challenging behaviour when they were at home, I really struggled. Since they [name] have been at Brookfield their behaviour has been brilliant, I get to have quality time now when I visit, I love spending time with them.”

# Is the service responsive?

## Our findings

A family member of a person who used the service user told us, “We have been involved in the planning of care since they [name] visited the service before they [name] decided they wanted to go there. They visited a couple of times and went out with staff and when they were happy they moved straight in. I get to come to the review meetings and I find them really interesting and useful.”

The care plans we reviewed were exceptionally detailed and person centred. The plans had various components, including task specific plans, a health plan, immunisation records, list of birthdays to remember for loved ones, a family tree, risk assessments for all aspects of care and a Herbert Protocol document. This is a document which is designed to be given to the police in a case where a vulnerable adult goes missing to help them find them as quickly as possible, including a current photo. This means that if a person was to leave the service on their own the information needed by the police to find them quickly was ready immediately.

The care plans were created at the time each person joined the service, and were comprehensively reviewed every month by the person and their key worker and every second month by the person, their key worker and their advocate. There was clear evidence of changes being made to care plans in response to these reviews. This meant that the people living within the service had up to date care plans which accurately reflected their needs and preferences. For example we saw that there had been changes to the activities of one of the people based on their current preferences.

The registered manager told us that they plan activities and outings with the people who use services as much as they could. They said, “When the weather is nice they are rarely in.” The manager told us and we saw there were lots of activities within the service to keep the people who use services entertained, this included a games console with numerous games, the favourite game we were told was karaoke, which one of the people who use services confirmed. This showed that the people who use services were consulted about and supported to access activities which they had chosen and enjoyed.

People who used the service were able to access other services during the day, in one instance this is an

educational setting. The registered manager told us the service user really enjoys their time at college, and when we asked them they confirmed this. They are supported to prepare for college and to travel there and back. Another person accessed local day services, and it was clear that they were able to choose which services they attended. The registered manager told us they had decided to have a break from one of the services for a short period as they were fed up, they then chose when to resume this activity.

The people who use services were supported to take a holiday to the east coast with the staff from the service, this was reported to have been enjoyed by both the people who use services and staff. The people had been able to choose the itinerary for the break and had used the opportunity to buy some items to personalise their rooms.

The service was close to an amusement centre, the people who use services used this facility regularly to eat out and see films at the cinema. There were various shopping centres close by which were also used regularly for the people who use services to do their own personal shopping. On the day of our inspection one of the people who use services was visiting this centre to buy items they had identified they wanted, which meant that the service was supporting them to make choices and to be as independent as possible.

The people who use services were supported to go to a local pub once a week, the service user we spoke told us they ‘really liked this’. The registered manager and other staff also told us about another service user who lived in another location locally, who came to visit regularly and play games and take part in other activities, the staff told us this was something that all the people who use services really looked forward to and requested. This meant that the people who use services had regular contact with people outside of their home, and were able to choose who this was and what activities they did with them.

The rooms of the people who use services were decorated in the colours and styles of their choice. There were personal touches throughout and they had free reign to chose how their rooms looked. The people who use services were responsible for helping to maintain their rooms, and the service user who showed us their room obviously took pride in that. This meant that the people living in the service were able to express their individuality.

## Is the service responsive?

The people who use services had access to computers and music in their rooms, there were also a wide range of craft materials and books which were available at all times. When we arrived on the morning of our visit one of the people who use services was busy making a Lego house with a member of staff.

The service recognised that the people who use services, whilst reported to have a very close relationship with each other it was important to also have contact with a wider circle of people, this need was met by their access of education and day services, the visits from family and other people who use services from the other location and by their weekly visit to the pub.

The deputy manager told us that the people who use services really liked to cook and bake, they were currently working on making a recipe book, of which they were going to make copies to give to loved ones for Christmas presents, the deputy manager confirmed that both people who use services were really excited about this.

The registered provider had a complaint and concern policy and procedure, a family member we spoke with confirmed that they would know how to make a complaint should they need to, however they said 'I couldn't be happier, the service is always fantastic'. There were no complaints recorded since February 2014.

# Is the service well-led?

## Our findings

A person we spoke with told us when asked about the registered manager 'they are lovely, I like them'.

A family member of a person who used the service told us, "The manager is great, I can always talk to them. I don't have any concerns about the care [the service user receives], they are all fantastic."

A staff member told us "I worked for them years ago, as soon as I was ready to go back to work, I asked them if I could go back, I couldn't imagine working anywhere else, I love everything about it, if they asked me to work seven days a week I would because it is like visiting good friends, the services are so homely'.

Another member of staff said, "The managers are fantastic, they are brilliant with the people who use services and we can ask them anything, they are always on hand to help and support us."

On our arrival the registered manager and the deputy manager were waiting to welcome us into the service, throughout the day they were knowledgeable, open, friendly and warm.

There was open honest communication present between the staff, the management and the service user.

The service held regular staff meetings to share knowledge, give updates and refresh staff's knowledge of policies and legislation. We saw minutes from staff meetings which showed that the staff meetings had been well attended and were held regularly.

The registered manager of the service managed the service in an open and transparent manner. There was inclusion of the people who use services and staff in all decision making and decision making was led by the people who use services themselves.

The systems and processes which were in place were robust and effective and were used to monitor quality of care and to inform continuous improvement in the service. Staff told us that they respected the registered manager and found them both supportive and approachable. The registered manager carried out a monthly audit of care records, medication, and gained feedback from people who used the service and staff about their satisfaction levels. This information was sent to the registered provider to ensure that they had oversight of the service and the quality of the care being delivered.

The registered manager was very knowledgeable about their service, the people who lived at the service and the legislation and the regulations with which to work within.

The registered manager and the deputy manager demonstrated their understanding of the importance of delivering care of a high standard and the difference it made to the lives of the people they care for, by their explanations of how they did this each day and their in-depth knowledge of current best practice. There was a strong sense of responsibility and accountability throughout the service.

The service had robust and effective systems in place to monitor the services performance and the quality of the care being delivered, via reporting and auditing which was reported to the head office, adding another level of accountability. This included a monthly report which evidenced that auditing had taken place across the service and that identified actions had been taken.

The registered manager had strong values for the services they managed, and these values have been successfully instilled into the staff team who work at this location. These values were in relation to honesty, integrity and open communication, and were evident in all interactions between staff and people who use services.