

CareTech Community Services Limited
CareTech Community
Services Limited - 15
Brooklyn Road

Inspection report

15 Brooklyn Road
Cheltenham
Gloucestershire
GL51 8DT

Tel: 01242581112

Date of inspection visit:
09 August 2019

Date of publication:
17 October 2019

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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

15 Brooklyn Road is a residential care home providing accommodation and personal care to up to six people with learning disabilities and autism. At the time of the inspection five people were living in the home.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes.

The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

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

There had been a significant turnover of support staff, managers and senior management. Relatives expressed great concern over this and told us people's needs may not have been met.

Professionals told us the service was 'fragile' and the loss of one or two key members of staff could potentially mean a crisis in the service.

Audits had not identified the hygiene and cleanliness requirements in the kitchen, shower room, toilets and communal areas.

The lack of robust, consistent management meant the providers service development plans had not been completed. Some key documents and care plans had not been signed as read by all staff and one notification had not been sent to CQC.

Care plans were person centred and had been recently reviewed. This meant information on how to appropriately meet people's needs was up to date. There was only one exception to this, one person's epilepsy plan needed to be updated following new treatments and outcomes for the person.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

The staff provided caring respectful and dignified care. Staff and people had positive relationships. People had their own private space and relatives were happy with the newly developed garden space.

The provider had recruited a new home manager. There was confidence from the locality manager and support staff that this would mean further improvements within the service.

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

Rating at last inspection (and update) The last rating for this service was good (published 2016)

Why we inspected

This was a planned inspection based on the previous rating.

You can see what action we have asked the provider to take at the end of this full report.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

CareTech Community Services Limited - 15 Brooklyn Road

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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

15 Brooklyn Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. A registered manager 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

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information

providers are required to send us with key information about their service, what they do well and improvements they plan to make. This information helps support our inspections. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law. We reviewed information received from local authority commissioners and other professionals who visited the service. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service. We spoke with two family members and representatives to gather views about the care their relative received. We spoke with six members of staff including support workers the team leader and locality manager.

We reviewed a range of records. This included three people's care records and medicine administration records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We requested and received feedback from four health and social care professionals who regularly visit the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Preventing and controlling infection

- Some areas of the home were not clean which increased the risk of the spread of infection.
- The edges of kitchen surfaces and flooring were dirty and marked. Cutting boards used for food preparation were heavily marked with cuts. This meant thorough cleaning would be ineffective and increase the risk of cross contamination.
- The shower room cubicle required clean grout and sealant as these were stained and mouldy. Toilet brushes needed to be replaced. There were no paper towels in the bathrooms. This would reduce the effectiveness of thorough cleaning to control infection.
- Areas around the home including skirtings, door closures, light fittings, vents and radiators were dusty and dirty. Windows had not been cleaned.
- Audits of cleaning schedules had not identified these shortfalls.
- People's bedrooms and the main communal lounge were clean.

Learning lessons when things go wrong

- Accidents and incidents along with the outcome had been recorded on paper.
- We were told any injuries were recorded onto an electronic system for managers to monitor.
- However, we were told by the team leader, the electronic monitoring system had not been accessed by the previous manager. We could not be sure senior managers had oversight or accurate information to analyse occurrences of accidents and incidents to develop action plans for change.

Using medicines safely

- Medicines were mostly administered, managed and stored safely.
- People's medicines records did not have body charts to ensure their prescribed creams were being applied to the correct part of the body.
- A risk assessment was not in place for one person who regularly used a topical emollient cream which could be flammable and were a fire risk. Good practice guidance from the Medicines and Healthcare Products Regulatory Agency was not followed.
- Staff had training in medicines administration, which included how to complete a Medicines Administration Record (MAR) correctly. The MARs we reviewed had no errors.
- There were protocols in place for 'as required' medicines. Medicines which required extra security were stored safely and administered correctly.

Staffing and recruitment

- The service was fully staffed, three staff we spoke with having been employed for a few months. For three weeks prior to the inspection, there had been no use of agency staff with permanent staff picking up extra hours when needed.
- Staff were recruited safely. Pre employment checks included references, identity checks and DBS. A Disclosure and Barring Service check allows employers to make safer recruitment decisions and helps to prevent unsuitable candidates from working with vulnerable groups of people.
- To improve the retention of staff, the provider had introduced a financial incentive scheme for employees who had a high attendance and length of service record. Some staff at Brooklyn Road had been longstanding.
- The provider had recently altered the staffing tiers in the home. This meant Brooklyn Road would have their own registered manager, being supported by a locality manager.

Systems and processes to safeguard people from the risk of abuse

- People's relatives told us they thought their family members were safe.
- Staff had received safeguarding training and were knowledgeable about their responsibility to report any concerns to their line manager.
- Staff had regular quizzes during meetings to test their knowledge and to keep safeguarding in mind.
- Staff knew about whistleblowing and who to contact. Whistle blowing procedures ensure the staff member is protected from reprisals should they raise concerns of misconduct they have witnessed at work.
- We saw the local authority flow chart on the office wall giving guidance to staff on how to make a referral of concern.

Assessing risk, safety monitoring and management

- Risks to people had been assessed with plans to manage the identified risks. Examples included, accessing the community, road safety and finances. Risk assessments had been recently reviewed.
- One person had a specific risk assessment in place for epilepsy. The assessment clearly identified the risk and how staff could minimise risks associated with epilepsy. Guidance included close monitoring and recording of any seizures and one to one support throughout the day time.
- Protocols gave guidance on when to call the emergency services.
- Personal emergency evacuation plans (PEEP's) were current and located in a grab bag at the entrance to the building, along with important information about people. Maintenance safety checks were completed.

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.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good or was inconsistent.

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

- People's health care plans were not always consistently recorded. For example one person's six weekly recordings of foot care were not recorded from November 2018 to April 2019.
- One person needed regular monitoring for healthy weight management. A nutritional assessment was carried out in February 2019 with actions to monitor monthly. The next recording was May 2019. This person had losses of weight and a large gain in July.
- However, other records showed people had regular contact with their GP, hospital appointments and psychiatrist.
- Where the psychiatrist had given guidance to thoroughly monitor one person's seizures since a change of medicine, these had been recorded accurately. A review had been requested to review the medicines with another change in medicines resulting in no further seizures. The care plan required updating to include the most current information to give accurate guidance and knowledge to staff.

Staff support: induction, training, skills and experience

- Staff had access to online and face to face training to enable them to support people appropriately.
- Most staff had received the provider's mandatory training in areas such as safeguarding, medicines administration and person-centred thinking. The training matrix identified that not all staff were up to date with training. For example, training for three members of staff in infection control and first aid was booked in.
- Staff had received specialist training specifically designed to support people with behaviours which may challenge.
- New staff completed a care development programme, based on the care certificate and received a four-day induction programme. The care certificate is a nationally recognised qualification in social care.
- Staff told us they had started to receive regular supervision and we confirmed this from records. Any areas identified for staff development, were managed appropriately.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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.

- Most mental capacity assessments and corresponding best interest decisions had been completed.
- More detail to evidence how the assessor made their judgement in the 'functional' part of the assessment was required. Some of this information was included incorrectly in the best interest decision recording.
- One person had an advocate which was recorded and DoLS had been applied for appropriately. Those which had specific conditions were being met appropriately.

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

- Brooklyn Road was a house in a residential street which had been designed and decorated to meet people's needs.
- Communal areas such as corridors and the fixtures and fittings required cleaning.
- The home had recently redeveloped the back garden to make it accessible for people, including some sensory plants and lighting. We were told it was used frequently by people and for family events.
- The communal area was bright, open and felt homely.
- Peoples' rooms were decorated according to their preference and were personalised with items and furnishings of choice.
- Where maintenance was required, such as broken fixtures or holes in walls, the team leader told us the maintenance team responded quickly.

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

- People's needs were assessed by a multi-disciplinary team of health and social care professionals.
- Care plans were developed from assessments which gave detailed guidance to staff on how best to meet people's needs appropriately.
- Care plans were person centred and contained people's preferences, likes and dislikes. Care plans identified areas where people were independent.
- People had one page profiles. These gave a snapshot of guidance and information to staff about the person's goals and dreams, what was important to them and the best way to work with them.
- Care plans had been recently reviewed. However, some care plans contained incorrect information, such as the name of a manager who had left the service some time ago. This may mean reviews of the records had not been thorough.
- Not all care plans had been signed as read by every member of staff. This meant staff may not have been fully aware of any changes or how best to support people.

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

- People were supported to choose healthy meals, shop for ingredients and where able prepare some meals.
- There was a menu plan in the communal lounge and in the kitchen, with pictures of the meals for easy identification.
- One person required encouragement to eat regularly and records showed when and what the person had

eaten.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same, 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

- We observed staff having good relationships with people.
- One person wanted to carry around a heavy garden toy inside the home. The team leader identified that the person would 'trade' the toy for a bird feather. They knew the person like feathers and was happy to exchange the items. It was managed in a very nice, friendly and calm manner which also de-escalated potential challenging behaviour by diverting the person's attention.
- We observed staff talking to people, calmly and gently interacting. Staff asked people what they wanted to do and involved them in decisions about their day.
- We observed staff using identified techniques such as eye to eye contact and repeating the same statement when explaining things or asking them not to do a challenging behaviour which was hurting the member of staff.
- The staff member was observed using these techniques appropriately and successfully and in a calm manner; then later being able to receive a hug from the same person when he was leaving.
- Staff we spoke with were proud of people's achievements, development and improvement, such as doing more tasks independently and being able to access the community.
- One staff member told us "Support work is a job of the heart, you have to have the passion to care for people. It's important to provide a good life for people."

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

- We saw thank you letters from people's relatives and friends which praised that service and staff for their care and attention.
- One relative spoke highly of the family events and staff who had given up their free time to attend. They also commented that the more stable staff group had made an improvement to the calmness of the home with a more relaxed atmosphere.
- Another relative wrote to 'thank the staff for all their hard work' and another wrote, 'I am happy with how things are and [person] is happy in her home.'

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was respected and promoted.
- One person would become distracted by noise when travelling on the bus. The team leader had purchased a CD player and headphones for the person to use to prevent distractions. They knew the person liked music. When the person did not show much interest in the item, the person's support worker identified

that the person would be happier with a small bag to put the item in, as they liked to have their hands free. They agreed together to go and choose a small bag and went off to the shops to purchase it together.

- People had their own rooms and were able to come and go as they pleased. People were able to freely use the communal areas and the garden space. Bedrooms were personalised with items of décor and furnishings, to people's preferences.
- We observed and heard staff encouraging people to manage tasks independently.
- Staff knew how to provide dignified personal care for people.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same, good. This meant people's needs were met through good organisation and delivery.

End of life care and support

- No-one living at Brooklyn Road was receiving end of life care.
- People's files contained a 'hospitalisation or sudden death' protocol.
- There were no end of life care plans in place or 'when I die' documents.

We recommend the service explores these areas with people and their family members or representatives and takes guidance from a nationally recognised source.

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

- Care plans we looked at were well written with robust information which clearly identified the areas of support needed and areas where the person was independent.
- People had a '24-hour care plan' which gave staff guidance in a condensed version. All care plans detailed people's preferred routines of the day.
- Care plans had been reviewed recently which included up to date needs, with the exception of one specific epilepsy care plan.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service was compliant with the AIS.
- We observed staff communicating with people in the recommended way. For example, one person's care plan stated staff were to use 'short, simple and clear sentences to allow the person to process and respond'. Different members of staff were observed using this method.
- People had communication care plans which had been recently reviewed.
- Another person used some gestures, pictures and photographs for reference. We observed staff using photographs to communicate the persons questions.

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.

- People were encouraged to maintain contact with friends and relatives who were important to them. One person was supported to use the telephone each evening to speak to their relatives. Another to speak

weekly. People had Family, Friends and Relationships care plans in place.

- The service held family events such as BBQ's and responses from relatives to these events were positive, particularly since the re-development of the garden space.
- People had a chart of weekly activities. Some of these were trips out on local bus routes which people enjoyed, local parks and visiting other services in the area.
- However, one family member we spoke with was not convinced the activities were mentally stimulating and wanted to see more variety and creativity for people.

Improving care quality in response to complaints or concerns

- The service had a complaints policy in place which should have been reviewed in April 2019.
- The service had received and documented only two formal complaints, both had been investigated and resolved.

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.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was no registered manager in place at the time of the inspection. There had been six managers in 18 months and four locality managers. The last registered manager left in May 2018 and the locality manager had only been in post for four months. We could not be sure that oversight of the service had been effective.
- Quality assurance checks and audits in August had identified areas of damage in need of decoration, slip resistant flooring in the kitchen needed replacing and new cooking utensils. There were no hand washing or drying facilities in the laundry area. However, the audit had not identified other areas for improvements. For example the cleaning audit had not identified the shortfalls in kitchen and bathroom hygiene or whole home cleanliness.
- The locality manager told us they were aware of the shortfalls in the service and improvements which were needed. Due to the turnover of management staff the providers service development plan was not on target and areas for improvements had not been completed.
- Although care plans and risk assessments had been recently reviewed, some had not been signed as read by staff and some had not been updated with new information. For example, one person required a new epilepsy profile plan due to changes in treatment and outcomes.
- A required notification had not been sent to CQC following a safeguarding incident where a person struck a member of the public. Following the inspection this had been received.

These areas constitute a breach of regulation 17 (Good governance) of the Health and Social Care Act 2014.

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

- Feedback questionnaires from relatives and professionals visiting the service were not available to review. A new survey would be sent out in the Autumn of 2019.
- However, resident meetings had taken place monthly, usually with four people attending. At the last meeting in July people decided to go out rather than have a meeting. Requests were noted and people's opinions of living at Brooklyn Road ('yes' or a nod) were recorded.
- Team meetings were held regularly, agendas covered included training, what is working and not working and events. The February meeting discussed new conditions for one person's DoLS around activities. Staff were asked to record all activities and the reason for not doing them. The team leader told us the person had recently been doing all activities, with only one activity not preferred.

- All family members we spoke with told us their main concerns had been the huge turnover of staff and how this had affected their relative. They told us it had impacted negatively on their relatives and hoped a longer stable staff team would now be in place.

Continuous learning and improving care, Working in partnership with others

- The team leader of Brooklyn Road had been interviewed and promoted to the post of home manager and was informed on the day of the inspection. The locality manager was confident they would improve the service following a long period of management turnover. She told us the team leader had been in post for one year and the staff team at Brooklyn Road was more stable.
- The locality manager was also new to post (since April 2019). She told us they were aware of the shortfalls in the service and during the past four months had started work to make improvements. She had worked closely with the team leader and with a team leader from a sister home to share good practice.
- The office wall had chart of maintenance checks and daily, weekly, monthly and quarterly checks, with actions to be completed and planned reviews of personal emergency evacuation plans and support plans.
- Professionals we spoke with were positive about the future plans for the service, particularly having a dedicated registered manager to run the service. However, they expressed concerns that the service was 'fragile' and a loss of only a few key members of staff could easily push the service into crisis.

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

- The main improvement for people's outcomes had been the introduction of a dedicated registered manager post for Brooklyn Road, rather than a registration for two services.
- The service had developed 'values champions' in the areas of empowerment, positivity, innovative, friendly and person centred care. Training for staff had been booked in.

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 locality manager was aware of their responsibilities under the duty of candour.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance There was no registered manager in place. The lack of robust, consistent management meant the provider's service development plans had not been completed. Some key documents and care plans had not been signed as read by all staff. One Notification had not been sent to CQC. Audits had not identified some shortfalls in service provision. Feedback questionnaires for relatives and professionals had not been used since 2016.