

Brookwell Springs Healthcare Limited

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Inspection report

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Ratings

Overall rating for this service	Inspected but not rated
Is the service safe?	Inspected but not rated
Is the service effective?	Inspected but not rated
Is the service caring?	Inspected but not rated
Is the service responsive?	Inspected but not rated
Is the service well-led?	Inspected but not rated

Summary of findings

Overall summary

About the service: Brookwell Springs Healthcare Limited is a domiciliary care agency and provides personal care and support to people living in their own homes. At the time of this inspection there were no people using the service.

At this inspection, we found the service had provided care and support for three people between July 2018 and February 2019. Due to the limited service being provided at the time of our inspection, we could not answer all the key line of enquiry (KLOEs) against the regulated activity. We have therefore not been able to award an overall rating for the service.

People's experience of using this service:

People spoke positively about the service. They told us their needs were being met.

Care and support was personalised to people's individual needs.

Assessments were carried out to ensure people's needs could be met. Where risks were identified, management plans were in place to manage these safely.

Processes were in place and appropriate infection control practices were followed.

People were supported to maintain good health and access to healthcare services.

People were encouraged to eat healthy food for their wellbeing.

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.

People's privacy, dignity and independence was promoted.

The service worked with healthcare services and professionals to plan and deliver an effective service.

Rating at last inspection: This is our first inspection of the service since registering with us on 10 May 2018.

Why we inspected: This inspection was part of our routine scheduled plan of visiting services to check the safety and quality of the care people received

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

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

At this inspection we did not rate the service because there was insufficient evidence to make a judgement and award a rating for safe.

Details are in our Safe findings below.

Inspected but not rated

Is the service effective?

At this inspection we did not rate the service because there was insufficient evidence to make a judgement and award a rating for effective.

Details are in our Effective findings below

Inspected but not rated

Is the service caring?

At this inspection we did not rate the service because there was insufficient evidence to make a judgement and award a rating for Caring.

Details are in our Caring findings below.

Inspected but not rated

Is the service responsive?

At this inspection we did not rate the service because there was insufficient evidence to make a judgement and award a rating for responsive.

Details are in our Responsive findings below.

Inspected but not rated

Is the service well-led?

At this inspection we did not rate the service because there was insufficient evidence to make a judgement and award a rating for well led.

Details are in our Well Led findings below.

Inspected but not rated

Brookwell Springs Healthcare Limited

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

This inspection was completed by one inspector.

Service and service type: Brookwell Springs Healthcare Limited is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older and younger adults.

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:

This inspection was announced. We gave the service 48 hours' notice of the inspection visit because we needed to be sure the registered manager would be in. Inspection site visit activity started and ended on 10 May 2019. We visited the office location to see the registered manager and care manager to review care records and policies and procedures.

What we did:

Before the inspection, we reviewed information we held about the service and the provider which included 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 completed a provider

information return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used this information to plan our inspection.

During the inspection, we spoke with one person and reviewed three people's care plans and risk assessments who had recently received a regulated activity from the service. We also spoke with the registered manager and the care manager and reviewed other records relating to the management of the service including policies and procedures.

Is the service safe?

Our findings

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

We did not have sufficient evidence to demonstrate the effectiveness of the systems in place and to award a rating.

Systems and processes to safeguard people from the risk of abuse

- There were safeguarding and whistleblowing policies and procedures in place that provided guidance on abuse and reporting to relevant authorities.
- The registered manager and care manager were aware of the different types of abuse and would report any concerns of abuse to the local authority and CQC. Where there were safeguarding concerns, the registered manager had notified the relevant safeguarding and healthcare agencies.

Assessing risk, safety monitoring and management

- Risks to people had been identified and assessed. Risk assessments were in place for various areas of people's care such as falls, mobility and continence. Risk assessments contained guidance to prevent and reduce the risk of people being harmed and keep people safe.

Staffing and recruitment

- The registered manager was the only person delivering the care at the time of this inspection. The registered manager told us they had plans to recruit staff as soon as they had more people using the service.
- Recruitment procedures were in place and the registered manager knew the requirements of employing new staff. They told us they would ensure appropriate pre-employment checks including completing an application form, criminal records checks, references and the right to work in the United Kingdom would be acquired before staff could start working at the service.
- The care manager told us they had an electronic call monitoring system in place, which was ready to be used that would monitor staff's timekeeping and ensure there were sufficient numbers of staff deployed to meet people's needs.

Using medicines safely

- People's care plans detailed what support they required with their medicines. People required no support with their medicines because they were either taking their medicines independently or were being supported by family relatives

- The service had medicines policies and procedures in place which provided guidance on the safe management of medicines. There were medicines administration records available should people require support with their medicines.

Preventing and controlling infection

- The service had an infection control policy in place. Both the registered manager and care manager were aware of safe infection control practices and had access to gloves, aprons and other protective clothing.

Learning lessons when things go wrong

- The service had policies and procedures in place for reporting and recording of accidents and incidents.
- The service had accident and incident forms in place and the registered manager told us they would follow their procedures where required.

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

We did not have sufficient evidence to demonstrate the effectiveness of the systems in place and to award a rating.

Staff support: induction, training, skills and experience

- The service had training provisions in place to provide new staff with an induction and ongoing training. The care manager told us they had a training provider who will provide classroom based moving and handling and medicines training. All other mandatory training would be provided by an online care skills academy.
- The care manager told us staff would also be supported by regular supervision and appraisal. Documentation to be used for supervision and appraisals were in place to be used once staff were employed by the service.

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

- Before people used the service, assessments were carried out to ensure their needs could be met.
- During these assessments, expected outcomes for people's care were identified and were used to develop people's care plans and risk assessments.

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. We checked whether the service was working within the principles of the MCA.

- The service obtained consent from people and where a person lacked the capacity to make specific decisions, records showed decisions were made on their behalf in their best interests which involved the person's next of kin and relevant healthcare professionals.

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

- People were supported to eat and drink based on their individual preferences and needs. People's care plans identified potential risks or areas where people needed specific support with their eating and drinking. For example, the care plan for one person detailed specific cutlery they used to help them eat and a small

bottle of drink needed to be placed within easy reach to ensure they were not at risk of dehydration.

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

- People were supported to access healthcare services and the service worked in partnership with other health and social care professionals. People's care plans included information on their medical conditions and how it impacted on their daily lives. Records showed the service had worked with district nurses and social workers to ensure people received the appropriate support with their healthcare needs.

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

We did not have sufficient evidence to demonstrate the effectiveness of the systems in place and to award a rating.

Ensuring people are well treated and supported; respecting equality and diversity

- People spoke positively about the care and support they received. They told us "He [registered manager] was one of the best carers I have had. Things were just done as he would have done it for his own family member. That's how it felt like."
- People's cultural and religious beliefs and preferences were detailed in people's care plans which were respected and acted upon. For example, one person preferred only male carers due to their religion and this had been accommodated for them by the service.
- The service had a clear objective in place to promote matters of equality and diversity and ensure anti-discriminatory practice in all aspects of the service.

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

- Records showed people had been consulted and their views were considered when planning and delivering the care. People told us "Initially we went through everything to make sure they understood what I needed, and things were reviewed as we went along to ensure my needs were met."
- The care manager told us they plan to have in place six monthly reviews of people's care or earlier if necessary and when people's needs changed.
- People received information in the form of a 'service user guide' prior to joining the service. This guide detailed the standard of care people could expect and the services provided.

Respecting and promoting people's privacy, dignity and independence

- People told us their privacy and dignity was respected. They told us "After a shower, he [registered manager] was very particular to keep my bathroom clean. There were no issues with dignity, no awkward moments. I was always covered up."
- People were supported to maintain their independence and encouraged to do as much as they can for themselves. Care plans clearly set out what people could do for themselves and areas where they needed to be supported so people could maintain as much of their independence as possible.

Is the service responsive?

Our findings

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

We did not have sufficient evidence to demonstrate the effectiveness of the systems in place and to award a rating.

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

- People spoke positively about the service they received which was in accordance to their needs and preferences. People told us "He [registered manager] is a genuine person, he made the effort to help me and provided the care himself" and "I always want carers to come at a later time in the evening as I sleep later and he [registered manager] always came at the time that I wanted."

- People's care plans were person centred and provided guidance on how their needs should be met. The care plans included people's likes and dislikes, preferences and the level of support they required.

- Care plans detailed people's social interests and activities that interested them. The service would support people with social activities such as helping a person attend a day centre, visit friends and family and access the local community to avoid social isolation.

Improving care quality in response to complaints or concerns

- The service had a complaints policy and procedure in place. The complaint policy was included in the service user guide which was provided to people when they started to use the service.

- The service had not received any formal complaints. The registered manager told us they would follow their complaint policy to ensure any concerns were promptly resolved. People told us "There wasn't anything that didn't get sorted. They dealt with things straight away."

End of life care and support

- No one at the service currently received end of life care from the service, however the registered manager told us, where required they would work with people, family members and other healthcare professionals to ensure people's end of life wishes were met.

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

We did not have sufficient evidence to demonstrate the effectiveness of the systems in place and to award a rating.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility;

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

- The service had a clear statement of purpose and business plan in place which set out the provider's aims, objectives and values. The service's philosophy centred around priding itself on a friendly family feel and aims to respect and treat people in the way that we and our own relatives would expect and wish to be treated.

- There was a registered manager in post who knew of their responsibility to work within the principles of the Health and Social Care Act 2014 and had notified the CQC of any significant events at the service. The registered manager told us having carried out personal care himself, this provided him with real empathy he could share with people and embed this into the service. People told us "You can tell he [registered manager] is doing the care for genuine reasons."

- A care manager was also in post to support the registered manager. We found the care manager had experience in health and social care and providing care for people.

- The service had not yet carried out any audits; however, there were audit tools, for example to conduct spot checks to monitor the quality of care being provided by the service.

The registered manager told us they had plans and systems in place to ensure the service was regularly monitored and evaluated, including recruiting a care co-ordinator who will conduct telephone monitoring and manage the rostering system.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Records showed feedback was being given verbally by people and their relatives which was being used to tailor the care and support to people's needs. The registered manager told us they would develop further ways to engage with people, relatives and staff and ensure their views would be used to continuously develop the service.

Working in partnership with others

- Records showed the service had already liaised with local authorities and other health and social care professionals to provide joined up care. The registered manager told us they would continue to do so and build good links with other key organisations.