

Brockwell Gate Ltd

# Brockwell Gate

## Inspection report

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Date of inspection visit:  
18 August 2016  
24 August 2016

Date of publication:  
05 October 2016

### 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

This inspection took place on 18 and 24 August 2016 and was announced. Brockwell Gate is a domiciliary care service that is registered to provide personal care for people living in their own homes. At the time of the inspection two people were using the service.

The service had 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 provider had safeguarding processes in place and staff had an awareness of how to protect people against the risk of harm and abuse. Staff knew how to manage an allegation of abuse and were able to describe local safeguarding procedures. The provider's safeguarding policy gave staff guidance on how to protect people from abuse.

Staff identified risks to people and plans were put in place to monitor and manage them. To reduce the recurrence of risks a management plan was used by staff to enable them to support people safely.

People did not need support to take their medicines. Staff we spoke with had an awareness of the appropriate and safe management of medicines. The registered manager had audits systems in place to check the accuracy of medicine administration records (MAR) to detect and act on errors.

People were cared for by sufficient numbers of staff to meet their needs. Staff had a weekly work rota that held the details of people they were providing care to. Recruitment processes in place ensured the employment of suitably skilled staff to work safely with people. The registered manager carried out appropriate checks before staff worked with people.

Staff had the relevant skills, experience and knowledge to support people. The registered manager arranged support for staff. Staff received regular supervision, appraisal, and training to support them in their caring roles. The registered provider had a training programme and systems in place to ensure staff completed all mandatory training.

The registered provider had an understanding of their responsibilities under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Consent was sought from staff while supporting people, staff encouraged them to make choices and decisions about the way they wanted to be cared for.

Staff carried out shopping tasks and supported people to prepare meals for themselves on a regular basis. This met people's food and drink preferences.

Staff supported people to access health care services through supporting them to make appointments and

attend with people as required.

People and their relatives had an opportunity to make decisions about how they received care. The registered manager had a system in place to empower people to be involved in taking decisions and in making informed care choices. People were treated with kindness and compassion by staff which respected and promoted their dignity whilst maintaining their privacy.

People had assessments of their needs completed and they were encouraged to contribute to them. The registered provider had systems in place to ensure people had regular reviews of their care needs. People were cared for by staff who knew them, their likes and dislikes and how they wished to receive support and cared .

The registered provider had a process in place that supported people to complain about the service or aspects of their care if they were dissatisfied. Staff provided people with a copy of the complaints procedure that was included in the service user's handbook.

The registered manager demonstrated clear leadership within the service. The registered manager and registered provider maintained an overview of the service because they were involved in the daily arrangements for the delivery of care.

The registered manager informed CQC of incidents that occurred at the service that required notifying.

The provider had a system in place for people to give feedback on the service. People and their relatives had opportunities to give their views about the quality of care. The registered manager monitored, reviewed and made improvements to the service delivery and quality of care.

## 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 ●

This service was safe. The provider's safeguarding policy and processes guided staff to keep people safe from abuse.

Risks to people's health and well being were identified and staff were skilled in the management of them.

Systems were implemented to ensure suitable and sufficient staff were employed. Appropriate pre-employment checks were carried out before staff supported people.

People did not require support with their medicines however there were processes in place for staff to guide them in the safe management of medicines.

### Is the service effective?

Good ●

The service was effective. The registered provider had regular training, supervision, and appraisals to support staff.

The registered manager and staff had an awareness of the principles and their responsibilities within the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Consent to care was given to staff from people.

Staff supported people to access healthcare services when their needs changed.

Staff provided meals which met people's nutritional needs and preferences.

### Is the service caring?

Good ●

The service was caring. Staff cared for people and showed kindness and compassion.

Decisions about care and support were made to reflect people's needs.

People's dignity and privacy were respected by staff.

### Is the service responsive?

Good ●

The service was responsive. Assessments and care plans were developed with the contribution and involvement of people receiving care and support.

The provider had arrangements in place for the regular reviews of people's care needs.

There were systems in place where people could complain about aspects of the service.

### Is the service well-led?

Good ●

The service was well led. The registered manager and registered provider demonstrated good leadership and supported staff.

Staff contributed to meetings and shared their views and suggestions for the improvement of the service.

The provider sought feedback from people and their relatives and there were systems to monitor and improve the quality of the service.

# Brockwell Gate

## **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 18 and 24 August 2016 and was announced and carried out by one inspector. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available to assist us with the inspection.

Before the inspection, we looked at information we held about the service including notifications. A notification is information about important events, which the service is required to send us by law.

We spoke with two people who use the service. We also spoke with the registered manager, the care co-ordinator and two care workers. We looked at two care records, four staff records and other records relating to the management of the service.

# Is the service safe?

## Our findings

People we spoke with told us that they felt safe with the care and support received. One person told us, "I feel safe with my care worker" Another person told us staff carried out their duties in a safe way.

The registered provider had safeguarding procedures and processes to keep people safe from abuse. Staff demonstrated their awareness and understanding of the signs of abuse and told us that they would raise any allegation of abuse with the registered manager if they suspected this. The registered provider offered staff safeguarding training which ensured they became familiar with this. Staff demonstrated they had knowledge of local safeguarding arrangements to report abuse.

The provider had a whistle-blowing policy in place. Staff were aware of this guidance and how to use it to raise a concern about the quality of care being provided to people. Staff described how they would make contact with an appropriate authority if they felt dissatisfied with the management of their concern by the registered manager or provider.

People were at a reduced risk of harm because staff had assessed risk and developed and implemented risk management plans to support people appropriately. Before people received care and support they had a risk assessment completed. Risk assessments identified potential risks of harm associated with the person's care and support needs including the home environment and equipment used for to provide care. This ensured staff understood risks to people and the information was used to develop a plan to guide staff to keep people safe. Staff we spoke with told us that they would contact the office staff if they had concerns about the safety of people they cared for.

People had copies of their risks assessments and copies of these were kept on people's care records. For example, one person's risk assessment identified that they were at risk of complications associated with their medical condition. Their risk assessment identified what actions staff should take if they noticed a change or deterioration in the person's health condition. The person told us, "I am confident in the staff and they know what I need."

The registered manager regularly assessed and monitored staffing levels to ensure they were flexible and could meet people's needs. The registered manager had a process in place that ensured there were sufficient numbers of staff available to meet the needs of people requiring care and support. People told us staff were reliable and arrived on time.

The registered provider had a recruitment process in place for the employment of staff. Steps were taken to complete checks on staff's suitability to work with people. Staff pre-employment checks such as criminal records checks and references were taken up before they came to work at the service. The staff records we looked at held copies of the associated documents used in the application process. This was to ensure staff employed were suitable to care and support people.

People did not have any medicines prescribed to them at the time of our inspection. The provider

demonstrated how they would support a person to help them manage their medicines if required. Staff were aware of current guidance for the management of medicines because staff had training in the management of medicines. There was a process in place to assess the competency of staff to management people's medicines and ensure staff were safe to carry out the task. The registered manager had systems and processes in place to monitor and review medicine management records. The registered manager told us "The review of MARs [Medicine Administration Records] would ensure staff were supporting people with their medicines correctly and safely."



# Is the service effective?

## Our findings

People received care that was effective and met their needs. The registered provider had systems in place to ensure staff received support to enable them to carry out their duties effectively. Regular supervisions occurred with staff and their line manager. Supervision meetings identified staff individual needs and concerns regarding their role. One member of staff told us "I meet with my manager regularly and we discuss my role and what additional support I need to help me do my job better." Staff were able to discuss aspects of their role. For example, issues related to their role and a solution or action point developed to address them. Training and support needs were discussed and plans put in place to achieve identified training needs.

There were processes in place for staff to receive regular appraisals. Staff identified their professional development needs with their line manager during their appraisal meetings.

People received care and support from trained and skilled staff. The registered manager had a training programme for staff to enable them to gain skills and knowledge. Staff completed mandatory training such as medicine management, moving and handling and basic first aid. The registered manager identified when staff required further specialised training to help them effectively care for people. One care worker told us "I have attended training and that has helped with my confidence when caring for people." Staff had an opportunity to gain knowledge and skills to provide effective care.

We checked whether the service was working within the principles of the Mental Capacity Act 2005. 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 registered provider had a Mental Capacity Act (MCA) and Deprivation of Liberty (DoLS) policy and procedure in place. This provided staff with guidance and an understanding of their responsibilities of how to support people within the MCA. The staff we spoke with told us they were aware of the MCA and had training in this to support and develop their knowledge. The registered provider had assessments in place that assessed people's ability to make informed decisions. Staff were able to support people in line with their abilities, which were documented in a record made in the person's best interests. The provider had an awareness of how to care for people, which did not lead to a deprivation of their liberty.

People gave consent to staff when providing care to them. People we spoke with told us that staff consulted with them on a daily basis and provided appropriate care to them with their agreement. Staff we spoke with told us they sought consent from people when providing care to ensure they gave their permission.

People had access to care services when their needs changed. For example, people arranged with staff when they wanted them to accompany them to hospital appointments. Care records held details of people's healthcare professionals contact details who could be contacted in an emergency. Staff told us

"when [person's name] is unwell I have contacted their GP to inform them and also ask them for advice." One person told us, "When I am unwell staff support me with the care and support that I need." Staff supported people with their health care needs which prevented deterioration in their health because staff had taken prompt action when required.

People had meals, which met their needs and preferences. For example, people told us that they chose and enjoyed the meals prepared by staff. Care logs documented what people had for breakfast, lunch, and evening meals. When required staff completed shopping tasks for people and supported people in the preparation of meals. This helped to increase people's independence skills and their confidence.

## Is the service caring?

### Our findings

People told us that staff were caring. One person told us "My [staff] is very kind and caring." In addition "They are very kind and know how to care."

People had an opportunity to make decisions regarding their care. Care assessments included contributions from people and their relatives when required. For example, completed assessment of need were undertaken in co-operation with people and their opinions and views recorded. Assessments included information to identify people's needs and the associated care and support required to meet them. People we spoke with had chosen to be involved in the planning of their care. For example, one person said that their care was flexible so they could change what care and support they wanted. A member of staff told us, "Our staff understand that people's needs change and our service is flexible enough to provide this." This demonstrated that people received care that was flexible to meet their individual needs.

People received care that was personalised to meet their needs. Assessments undertaken with people had a focus on their individual specific needs. For example, assessments took into account people's likes and dislikes which helped to formalise a care plan that met people's care needs. Staff told us that they became familiar with people's care and support needs because they were aware of their care assessments and care plans. Staff told us care records were sufficiently detailed and up to date for them to provide safe care. One member of staff told us that if there were any changes in a person's health or care needs they would contact the office based staff for advice. People would receive regular reviews of their care needs and additional care provided as required.

People told us staff respected them when they received care. People told us that staff showed them kindness and compassion when supporting their needs. For example, people told us that staff were patient with them and allowed them enough time to carry out care tasks. One person told us "The care worker respects me and what I choose to do." What people told us demonstrated that staff displayed their gentleness when caring for people. People told us staff addressed them by their preferred names and staff were polite and respectful.

People had the dignity and privacy that they needed. People we spoke with told us that staff treated them in a way that respected them in and promoted their individuality. One person said, "Staff make sure that I am cared for in a way that protects my dignity." Staff spoke about people they cared for in a caring and respectful manner and described maintaining people's privacy and dignity. People were confident that staff treated them in a way which valued and appreciated them.

People's care records were stored and kept safe. Staff had access to people's records when required these were located in a cupboard locked securely. Confidentiality of people's records was maintained because staff were aware of how to keep people's personal private information safe.

## Is the service responsive?

### Our findings

People received a service that responded to their needs promptly. People had an assessment of their needs including their personal histories, individual interests, and preferences to ensure the service could meet people's individual needs. Care delivered matched people's care needs and reflected the way they wanted to receive their care. Staff ensured people were central to the assessment process. For example, staff and people identified their abilities and implemented these into their care plans. This helped in the development of people's care plans which detailed the care and support people required. One person said, "My [staff] knows how I like things done."

Staff regularly reviewed care and support to ensure the service continued meeting people's needs. Following the review of care staff provided people with copies of them. We found that the systems and processes in place ensured people had an ongoing assessment of their needs. People were supported with a review of their care shortly after the service started. This meant the provider ensured that people were receiving the support they required to meet their identified needs.

People received person-centred care through regular care plan reviews to ensure they continued to be effective. Staff were responsive to people's changing needs. When staff noticed people's care needs had increased or they required additional support they reported this to the office. The registered manager or office based staff would discuss the concern with social workers to review the amount of care allocated. Staff took prompt action to resolve any changes or issues in relation to their support.

People told us staff were punctual and stayed the correct amount of time. One person said, "Sometimes if I need it staff would stay longer than the time allowed." People and staff we spoke with told us they had good communication with care workers and the office staff. Staff and people had access to an out of hour's system that responded to people, family member or staff concerns, or queries. People told us that they had the contact details for the service and felt confident that staff would manage their concerns appropriately. People we spoke with had not used the out of hour's system because they did not have a reason to make contact with them. People told us the office staff were helpful regarding requests for changes to visit times. For example if the person required a change in the time of the care visit and this was acted on.

People were supported to attend social activities with assistance, which increased the activities they could participate in. To maintain and develop people's independence staff supported people to attend social events out of their homes. For example, one person was supported to attend social events if they required support to do so.

The registered provider had a complaints system in place for people. People said that they did not have any complaints about the care or the service however they told us they would contact the office staff if they had a concern. People were provided with a copy of the service's complaints process when they started using the service. Staff were aware of the service's complaints policy and were able to support people in its use if needed. Each person had a service users' handbook, which contained information about how to complain or raise a concern with the service.

## Is the service well-led?

### Our findings

The registered provider ensured people received a well-led service. The registered manager had overall daily management of the service and understood their responsibilities and provided support and guidance to staff so they delivered their roles effectively.

The provider created an environment where staff were listened to. Staff told us the registered manager listened to their views during informal discussions and during regular team meetings. Staff were able to discuss issues relating to the service and their caring roles. Minutes from these meetings demonstrated staff were able to discuss their concerns and actions were recorded to resolve raised issues. One care worker said, "the managers keep us informed of things that are happening with the service." This meant that staff had the opportunity to be involved in the development and improvement of the service. Staff were able to share their ideas and talk with other care workers to share good practice and develop solutions to any concerns they had with their caring role. Staff said that they enjoyed working with the provider.

Office based staff carried out spot checks to ensure people received a safe service. People told us office based staff had made contact with them to assess the quality of the service. This ensured staff provided care in the way that was required in their role and as expected. The registered manager told us they carried out these checks to review the quality of care delivery. Staff told us they understood that the quality of care underwent monitoring and staff contacted people using the service to ensure consistency of care.

The registered manager demonstrated an open and transparent approach. Staff told us that if they had concerns they were able to discuss them with the managers of the service. One member of staff told us, "They're always there to assist and give advice." People told us that the staff were approachable and able to speak with them when they chose. One person said, "There's always someone available whenever you need them."

The registered manager at the service was aware of their responsibilities with the Care Quality Commission (CQC). The registered manager informed CQC of notifiable incidents that occurred at the service.

The registered manager reviewed, monitored, and improved the quality of care for people. For example, staff completed regular health and safety audits on the quality of the service. Care records were regularly reviewed and quality audits of people's care records were completed. This ensured people's care records were accurate, up to date, reflected people's needs and held appropriate information. This meant people received care that was safe because staff completed routine monitoring of the service.

People and their relatives were encouraged to feedback on the quality of service. People told us that staff had contacted them on a regular basis to discuss the quality of the service. People had the opportunity to discuss any aspect of care they wanted. The registered manager told us that office based staff contacted people on a regular basis for their feedback on the service. There were systems in place for feedback to be used to monitor, review and improve the service. No concerns were raised by people and the registered provider continued to monitor the quality of the service.

The registered provider's quality assurance processes in place helped to mitigate risks to people.

The registered manager worked in partnership health and social care organisations. Staff had developed working relationships with local teams to develop local links. People's care needs and support benefitted from these because their care was coordinated and jointly managed to supported their health and well-being. For example, staff had developed and maintained contacts with health and care staff who provided support and advice to them when required.

The provider had data management systems that securely managed and stored people's information. Staff had access to an information system that ensured the safe handling of people's information.