

Brooks Care and Nursing Services Limited

# Brooks Care and Nursing Services Ltd

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

The inspection was announced and took place on the 19, 20 and 21 March 2018.

Brooks Care and Nursing Services Limited is a domiciliary care agency registered to provide personal care for adults living in their own homes. At the time of our inspection care was being provided to 111 people. The service does not provide nursing care. This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community [and specialist housing].

At our previous inspection in June 2017 we found the service was in breach of Regulations 12, 16, 17.18 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and we rated the service inadequate and placed them into special measures. Following the last inspection, we met with the provider to ask the provider to complete an action plan to show what they would do and by when to improve the key questions; Safe, Effective, Caring, Responsive and Well Led to at least Good. At this inspection we found improvements had been made and the service was no longer in breach of the regulations.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall in any of the key questions. Therefore, this service is now out of Special Measures.

Two registered managers were in post who were also the owners of the business. 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.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. There were systems in place to minimise the risk of infection. People were cared for safely by staff who had been recruited and employed after appropriate checks had been completed. People's needs were met by sufficient numbers of staff. People were supported to take their medication by staff trained to support them.

People were safeguarded from the potential of harm and their freedoms protected. Staff were provided with training in Safeguarding Adults from abuse, Mental Capacity Act (MCA) 2005. 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 support this practice.

People had sufficient amounts to eat and drink to ensure that their dietary and nutritional needs were met. The service worked well with other professionals to ensure that people's health needs were met. People's

care records showed that, where appropriate, support and guidance was sought from health care professionals.

Staff were well trained and attentive to people's needs. Staff were able to demonstrate that they knew people well. Staff treated people with dignity and respect.

The service was responsive to people's needs. People knew how to make a complaint should they need to. When needed people were provided with the appropriate care and support at the end of their life.

The registered managers had a number of ways of gathering people's views, staff held regular meetings with people and their relatives and used questionnaires to gain feedback. The registered managers carried out quality monitoring to help ensure the service was running effectively and to make continual improvements.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People felt safe with staff. Staff took measures to assess risk to people and put plans in place to keep people safe.

Staff were only recruited and employed after appropriate checks were completed. The service had the correct level of staff to meet people's needs.

People were supported with their medication when required.

Staff followed infection control procedures to keep people safe.

### Is the service effective?

Good ●

The service was effective.

Staff received an induction when they came to work at the service. Staff attended training courses to support them to deliver care and fulfil their role.

People's rights were protected and they were supported to make choices.

People were supported with their nutritional choices.□

People had access to healthcare professionals when they needed to see them.

### Is the service caring?

Good ●

The service was caring.

People were involved in making decisions about their care and the support they received.

Staff knew people well and what their preferred routines were. Staff showed compassion towards people.

Staff treated people with dignity and respect.

### **Is the service responsive?**

The service was responsive.

Care plans were individualised to meet people's needs. People were supported to follow their interests and hobbies.

Complaints and concerns were responded to in a timely manner.

The service was able to support people at the end of their lives.

**Good** ●

### **Is the service well-led?**

The service was well led.

Staff felt valued and were provided with support and guidance to perform their role.

There were systems in place to seek the views of people who used the service and others and to use their feedback to make improvements.

The service had a number of quality monitoring processes in place to ensure the service maintained its standards.

**Good** ●

# Brooks Care and Nursing Services Ltd

## **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 the 19 March 2018 at the office and was announced. The service was given 48 hours' notice to ensure there would be someone present in the office. We also visited people in their homes and spoke to people on the telephone on the 20 and 21 March 2018. The inspection was carried out by two inspectors.

Before the inspection, we reviewed previous reports and notifications that are held on the CQC database. Notifications are important events that the service has to let the CQC know about by law. In addition we reviewed the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we spoke with 13 people, four relatives, both registered managers and nine care staff. We reviewed 15 care files and medication charts, four staff recruitment files and their support records, audits and policies held at the service.

Following the inspection we were informed by the Police that they are investigating a serious incident. Once this investigation has been completed we will report on the findings if appropriate in an additional report.

## Is the service safe?

### Our findings

At our last inspection in June 2017 we had concerns that the service did not appropriately deploy staff and monitor calls to people to ensure their needs were met. We also had concerns that people's medication was not being properly monitored to ensure they received it at the required time. In addition we had concerns that there was not always clear documentation in place to ensure staff knew how to manage risks and use equipment safely. Following our inspection the provider has taken steps to address these issues and have been in regular contact with us to update their progress. We found at this inspection all the required actions had been completed to ensure people's needs were met and that they were safe.

Staff told us that they had work allocated to them on rounds which were now manageable and took into account the time they had to travel between calls. People told us that they had the same regular care workers or group of care workers that visited them. One person said, "I am very satisfied, all the carers are very good and come on time." Another person said, "I have the same people coming in I have [staff name] in the morning and [staff name] in the evening. They come on time, I can't fault them." A member of staff told us, "Everyone is happy now with their calls and you have enough time to travel."

In September 2017 the provider introduced new technology to the service called Road Runner. This technology allows them to monitor call times including when staff attend and leave a call. This means the office can always track where staff are which improves their safety and allows for the office to monitor that calls are not missed. Staff told us that they had found this technology very easy to use as it was an application on their mobile phones that they used to scan in and out of people's homes. There were also other benefits to this system, one member of staff told us, "The road runner has made a real difference as the office can always see where we are. For example if a person rings the office with an issue the office can see how far away we are and when we will be able to get them. If necessary when something has been urgent it has meant we can divert straight to the person who needs us."

The registered managers had reviewed how staff were supported to perform their role and had care managers allocated to the three areas where staff were deployed. This meant staff had a named manager they could contact and people also had the name of the care manager who would oversee their care and their direct phone number. In addition the registered managers had an on call system where there was always a manager on call and an additional two members of staff on standby who could be called out to provide direct care if necessary. The registered managers told us that this system worked well and that they did not need to use any agency staff. Since the introduction of the road runner system and increased monitoring the registered manager told us that they now did not have missed calls. They also told us that their contingency plan in the winter for bad weather had also worked well with all people receiving care. One person said, "I have used Brooks for two years and I have found all the carer's are good. I have the same group of regular carer's."

Recruitment was kept under review by the registered managers to ensure they matched the need of the service against the number of staff they employed. There was an effective recruitment process in place, including dealing with applications and conducting employment interviews. Relevant checks were carried

out before a new member of staff started working at the service. These included obtaining references, ensuring that the applicant provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service (DBS). One member of staff told us, "I saw an advert in the paper, I had previously looked after relatives. I rang up and came in for an interview."

Medication was now being managed safely. We saw that the registered managers had processes in place to ensure people were receiving their medication on time and that there had been an improvement in recording. We found no gaps in the Medication Administration Records we reviewed and there were regular audits completed to ensure there were no errors. We saw that there were clear medication risk assessments and protocols for staff to follow when administering as required medication. All staff received medication administration training and had their competencies checked every six months to ensure people were receiving their medication safely from competent staff.

The service was now using different medication charts which were clearer and easier to understand. They currently were not supporting anybody on time specific medication, however the registered manager told us that where this had happened previously the call time was identified as a priority for the person to ensure they had their medication as prescribed. The service had appointed a senior carer whose responsibility was to check people's medication to ensure these were in place correctly and people had their medication as required. This member of staff completed audits on people's medication and their medication recording charts and care plans. This information was reported to the registered managers so that they had oversight of medication practices and could instigate actions from audits if required. There was additional support for people's medication if required from the two qualified nurses the service had employed and if appropriate they also liaised with the district nurse team and GPs.

Staff had the information they needed to support people. Risk assessments were now in place to guide and support staff to mitigate risks for people. For example, we saw in care records there were clear risk assessments for staff to follow to support people who may have seizures or required catheter care. There were also clear risk assessments on how to support people who use hoists. These were regularly reviewed and updated to ensure the information remained relevant for staff. We asked people who were supported with hoists if they felt safe and they told us they did. One person said, "I always feel safe with staff when they hoist me, they know what they are doing." In addition, there were also clear environmental risk assessments to ensure staff had all the information they needed to support people safely in their own homes.

Staff received training in how to safeguard people from abuse. Staff were knowledgeable of the signs of potential abuse and what they should do to report this. There was a safeguarding lead at the service who liaised directly with the local safeguarding authority to discuss any concerns or investigate any safeguarding's raised. Staff received regular training and we noted it was clearly displayed at the services offices how staff should respond to any concerns. One member of staff told us, "If I had any concern I would report it to the office immediately."

The registered managers had policies and procedures in place to keep people and staff safe. Policies covered lone working for staff and how they can protect themselves and get support when required. There were also policies to keep people safe in their environment and to keep information safe such as key codes and people's personal information.

People were protected from the risk of infection. Staff told us that they always wore personal protection equipment such as aprons and gloves and disposed of these appropriately. Staff received training in how to respond to infections to keep people safe and to stop the risk of spreading infections.



The registered managers had effective systems in place to monitor accidents and incidents. Accidents and incidents had been reviewed and discussed at monthly management meetings. This meant that the registered provider had an overview of accidents and incidents and would be able to identify any trends or to put measures in place to prevent reoccurrence. We saw where people had fallen at home the service put increased monitoring in place and made referrals as appropriate for people to be reviewed to gain extra support. The quality nurse said, "If we have concerns that a person is having falls at home we put in increased monitoring, this may include extra visits as well. We also refer people for assessment by O.Ts to ensure they have all the mobility and support aids they need."

## Is the service effective?

### Our findings

At our previous inspection we had concerns that staff were not receiving the support or training they needed to equip them with the skills required to fulfil their role. Following our inspection the provider took steps to address our concerns and we saw staff received support and training.

The registered managers employed a dedicated trainer to deliver training to staff on site at their training facility. All training was delivered face to face, one member of staff told us, "Training is excellent, and the trainer is always available to support you." Another member of staff told us, "During my induction I did training where I had to wear gloves with rice in the finger tips, glasses with Vaseline smeared over them and had headphones on playing noise intermittently. This was to show us what it is like to have poor vision and hearing or arthritis and how hard it is to do up buttons." The member of staff told us how valuable the training had been to them to help them support people and understand their needs. The registered managers had taken the decision to repeat all training either six monthly or yearly to ensure staff had the skills they needed to support them with their role. In addition to the in house training staff were also supported to complete national recognised qualifications. One member of staff said, "I have completed my NVQ level 2 and I am now doing an NVQ level 3."

New staff underwent a thorough induction, which involved shadowing more experienced staff to assess their skills. New staff were enrolled into completing the Care Certificate, this is an industry recognised training which equips staff with the knowledge and skills they need to fulfil their role. Staff felt supported and had regular opportunities to reflect on their practice and to discuss the running of the service during staff meetings, supervision sessions and spot checks. The registered managers had employed a member of staff specifically to oversee supervisions and spot checks. One member of staff said, "Things have got a lot better we have regular supervisions, I had one last week they are really helpful." Staff also had a yearly appraisal of their performance.

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 and saw that they were. Staff had received training in MCA and knew they had to get consent from people before supporting them. In people's care records we saw assessments had been completed of people's capacity and there were signed consent forms agreeing to their support requirements. Staff told us that they respected people's right to make choices and never presumed what care they should provide. One member of staff said, "We always ask people how they want to be helped and encourage them to keep their independence as much as possible. I would never just go in and do something because it's quicker, that's not my job."

Where required people were supported with their dietary needs. People told us that staff supported them

with food and drink. One person said, "I usually have something that is microwaved for my lunch." Staff supported people with their choices of food and where needed supported people to eat. A relative told us, "Once whilst eating [person name] started to cough as the food had gone down their wind pipe. After that all staff were made aware to be vigilant and it was put into the care plan." They also told us that they were assessed by a speech and language therapist for any further advice for support with eating. We saw from care records if there was any concerns with people's diet and fluid intake this was then monitored and referrals made to the appropriate health professionals for further assessment and support.

People were supported to access healthcare as required. The service worked closely with other healthcare professionals including district nurses, palliative care nurses and occupational therapists. Staff told us that they made referrals and liaised with other health professionals to ensure people were in receipt of the care they needed.

## Is the service caring?

### Our findings

At our previous inspection caring was rated as requires improvement. This was not a reflection on the care people received but due to level of frustration from people due to missed calls. Since our last inspection the service has put systems and new software in place which has meant missed calls are no longer an issue at the service. This has included a more robust system for monitoring calls, and having a more robust on call and management overview of the service. The software now in use sends an alert if carer's are late for a call meaning this can be immediately followed up by a member of the care management team.

People were very complimentary of the support they received. One person said, "I am very happy with Brook's when I came out of hospital recently I insisted that I had Brook's again." A relative told us, "I can't fault Brooks, all the care has been good."

Staff had positive relationships with people. People were supported by regular carer's who knew them well and their preferences for care. One person told us, "I have the same group of carer's they all know how to look after me and I have what is known as complex needs." A relative told us, "[carers name] is exceptional, they go the extra mile and always have a laugh and joke." Staff we spoke with demonstrated they knew people well and what their support needs were.

Staff knew people well, including their life histories and their preferences for care. Staff were able to describe to us how people like to be supported and how each person they visit has different preferences. One member of staff said, "When I go in I call out, I make sure people are safe and they have everything they need. If I have any concerns or queries I will speak to the office or people's relatives. We always check people's animals are okay and feed them and put down fresh water. We know how important this is for people and how much they care for their animals. We will even take their dog out for a walk." Another member of staff said, "We support the whole family not just the person we are caring for. I always make sure I make them laugh. If they need any shopping I will pop to the shop and get it for them."

People were actively involved in decisions about their care and treatment and their views were taken into account. People and their relatives told us that their support needs were discussed with them and that they had care plans in place. Times of calls were discussed with people so that they could have their preferred visit times. One person told us, "I have them once a day in the morning; they are very good at coming on time, as I like to get up early." Another person told us, "They came last week and went through my care plan, everything has been written down." A relative said, "(Carer's name) came last week and completely reviewed all the care plans and have rewritten them. We know everything that is going on and it is all written down. We are very happy with the care."

People were treated with dignity and respect. One person told us, "I like to have a bath three times a week and the carers are very good at helping me." Another person told us, "I have no qualms with the carers, they are very good and they know not to let the cat out." Staff told us that they were always respectful of people and their homes. One member of staff said, "I am there to support them, not to take over and do everything for them. I respect that people want to keep their independence and do whatever they can for themselves

no matter how small." Another member of staff said, "We want people to be comfortable and not have to struggle for anything."

## Is the service responsive?

### Our findings

At our previous inspection we identified a breach of Regulation 16 Receiving and Acting on Complaints of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider had put in effective systems to manage and respond to complaints.

From records we reviewed, we saw all complaints were responded to and investigated. In addition, the provider had appointed two qualified nurses known as quality nurses who as part of their role responded to any complaints or concerns raised. This included going to visit people at home to discuss their concerns face to face and if appropriate by inviting relatives to meetings to discuss their concerns. One person told us, "Initially I had some issues with call times, but this has been sorted out now, I have the mobile phone numbers of the quality nurses so if I need to I can ring them directly." Generally, people we spoke with told us that they did not have any complaints. People and staff told us that communication was good at the service with the arrangement of care managers and quality nurses who would address any issues.

The registered managers have put in place better lines of communication so that people and their relatives felt valued and that their complaints were taken seriously and listened to. People and their relatives now had the name and mobile number on their care files of the care manager who was responsible for overseeing their care. To raise a complaint or concern the care manager would be the first point of contact. People and relatives told us that this system worked really well and that they could now get in touch with the care manager. Previous complaints had included not being able to get in touch with anyone at the office. One person said, "They always answer when you ring the office now." In addition to this the service has worked hard at putting in place the quality nurses who directly respond to complaints about care by going out to see people in their home to discuss the issues and to see how they can be resolved.

People received care that was individual to them and personalised to their needs. People were individually assessed to see if their needs could be supported by the service and care plans we reviewed reflected people's individual care needs. The quality nurses met with people to discuss their needs and developed their care plan and package. On occasion when people were referred as an emergency for example by the hospital, staff followed the initial hospital care plan until the quality nurses went out to complete their assessment usually within 24 hours. Staff told us that they had full access to people's care plans on the Road Runner system, which identify how people needed to be supported. Once the full assessments were completed, people had copies of their care documentation in their homes. Care plans were reviewed when required and a full review was completed at least six monthly. This meant staff had access to up to date information to support people.

The service was responsive to people's needs. We received multiply feedback how the service had been responsive to people's needs. The appointment of the quality nurses with their experience had made a positive impact on the service people received. Relatives and people told us how supportive and helpful they had been. One person told us, "They have been very good in helping us get the equipment we need." Another person told us, "When I was having problems with my bed, they got the engineers out to fix it within the hour when no one else would help."

People were supported at the end of their life. Staff had training in palliative care and the two quality nurses had particular skills with palliative care needs. In addition, the service had a good working relationship with the community palliative care team. One member of staff told us, "We want to make sure people know they are not alone at the end of their life and spend time sitting and talking to them."

## Is the service well-led?

### Our findings

At our previous inspection we found the service was in breach of regulation 17 Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the service had now established and embed governance systems so that they had a good overview of the service.

Following the previous two inspections the registered managers have invested a great deal of time and resource into making sure the service runs affectively again. They had spent time and resources on seeking support for them to be able to run an up to date and effective service for people. The managers had employed an advisor to the company to help them up date all their monitoring and governance systems. They had also spent time with other providers at their services to experience what a good service looks like in practice. The managers had also joined Essex care Association to provide them with networking opportunities with other providers of adult social care. We saw that the managers were very keen to improve the service and to ensure they had up to date systems and software in place to help them with this. In addition the registered managers had re-evaluated how the service run and made a number of changes. These included dividing care areas into sectors with care managers over seeing each area. They had also invested in employing senior staff to oversee medication and to complete supervisions and support for staff in the field. In addition the appointment of two qualified nurses who had a great deal of experience in working in the community as quality nurses to oversee care and complaints has had a very positive impact for people and staff.

We saw that the registered managers had taken on board what they had seen and learnt from others and had implemented a number of audits and monitoring tools to give them all the information they needed to keep an oversight of the service. Each day there was a handover with any actions required recorded and evidenced when completed. There was also a communication book to keep staff up to date. There was a number of meetings held to review the service delivery, this included a senior managers meeting weekly to ensure people's care needs were being met, as well as general staff meetings.

Monitoring systems in place included checking care needs were covered by the correct number of staffing hours. There were also systems in place to check calls were not missed via the 'Road Runner' system. Audits showed that any accidents/incidents, falls and safeguarding concerns were reviewed to look for any themes and to show actions taken. The service took action if people fell at home and put them on increased monitoring. This increased monitoring then directed them on different pathways to refer people for review for example by their GP or Occupational Therapists. We saw other health monitoring forms were used when required and actions taken if needed. As previously mentioned we saw that any complaints and concerns were responded to promptly to identify the best outcome for people.

People's views on the service were sought regularly. The registered managers circulated a yearly questionnaire to people and their relatives. We saw that the feedback from this was gathered and actions taken circulated to people. In addition, the service also produced a newsletter for people with information on the service in conjunction with helpful tips and guidance for people. During meetings and care reviews



people's feedback was sought and any actions implemented. This told us people's views were being listened to and responded to.

Staff shared the registered managers vision for the service, one member of staff said, "We want to give the best care we can give." Another member of staff said, "We want to make sure all people are well cared and staff have support."

Staff felt supported and valued. Staff told us that there was always a member of management available to talk to or if they needed support. The registered managers told us that out of office hours there was an on-call system in place so that staff or people could always contact a senior member of staff. Staff told us that they also felt supported by the training lead and could ask them any questions about people's care or get support from them with their training needs. The registered managers also ran a system to recognise staff achievement and rewarded them with gift vouchers.

The registered manager was thorough in sending notifications as required to the CQC and in making referrals to the local safeguarding authority. Staff understood the need to maintain confidentiality and to keep people's information safe.

The registered managers worked in partnership with other agencies and had signed up to join a registered manager's forum run by the local authority, to share best practice ideas. In addition, the registered manager worked in close partnership with the NHS and clinical commissioning groups. They had also visited other services to share ideas and had sought the advice of an external consultant to help with the continued improvement and development of the service. The registered managers were keen to keep these improvements in place and felt the actions they had taken were sustainable and were not short term measures.