

Bricket Wood Care Limited

# Bricket Wood Care Limited

## Inspection report

9 The Uplands  
Bricket Wood  
St Albans  
Hertfordshire  
AL2 3UW

Tel: 01923679744

Website: [www.deesgroup.co.uk](http://www.deesgroup.co.uk)

Date of inspection visit:

04 January 2023

24 January 2023

Date of publication:

27 February 2023

## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

Bricket Wood Care Limited is a residential care home which was providing personal care to four people at the time of the inspection. The service can support up to six people.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

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

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; although the policies and systems in the service did not wholly support this practice.

Right Support

Staff were aware of people's strengths and what they could do and supported people to make their own choices about their care and support needs. People were being supported by staff to be actively involved and engaged in cooking and completing their own household tasks. People valued these opportunities and they helped to maximise people's independence.

The service had worked hard since the last inspection and improved staff knowledge had supported positive improvement. Staff learned from incidents and how they might be avoided or reduced, although this was not embedded within the day to day management of the service. Staff followed safe practices when wearing personal protective equipment (PPE). Improvements had been made to the environment people lived in to ensure it was clean, supported their needs, was well maintained and appropriate equipment was in place.

Right Care

People experienced an improved quality of care. People and their families told us staff were kind and supported them well. Staff understood how to protect people from poor care and abuse, they had received training on how to recognise and report abuse, and were able to tell us when they would report any concerns. We observed staff interacting with people in a kind and compassionate way and in a way that promoted people's independence. Staff and people worked together and were continuing to develop positive risk assessing to encourage more positive risk taking and independence.

Right culture

People did not always have risk assessments fully completed to support their support needs. Staff were knowledgeable about the risks to people and were able to mitigate those risks, For example, people at risk of harm People were supported by staff who continued to undergo training to deliver best practice in relation to supporting people with a learning disability. Although further training was required to ensure staff had all the right skills.

The service had a recent change in management which had been positive in bringing about the improvements in the service. People and staff were very positive about the manager. Work had been undertaken to improve the providers quality assurance system, but actions were not always documented, and some audits were not in place. This did not have an impact on people's care. People's opportunity to lead inclusive and empowered lives had improved since the last inspection. This is because staff knowledge and understanding had improved, and management led the development of an open and transparent culture. Managers understood that further work was needed.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was inadequate. Report published: 22 June 2022

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection provider was no longer in breach of regulation.

This service has been in Special Measures since 16 May 2022. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has improved to requires improvement.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Bricket Wood Care Limited on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will work alongside the provider and local authority to monitor progress and will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Bricket Wood Care 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. 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 completed by two inspectors.

#### Service and service type

Bricket Wood Care Limited is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Bricket Wood Care Limited is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was not a registered manager in post, however the manager was starting to go through the process of registering to become a registered manager. For the purpose of this report they are referred to as the manager.

#### Notice of inspection

This inspection was unannounced

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are

required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection. We spoke with the local authority commissioning team for their feedback about the improvements in the service.

#### During the inspection

We spoke with three people who used the service and one relative about their experience of the care provided. People were able to verbally talk to us. We spoke with four members of staff including the manager. We reviewed a range of records. This included two people's care and medication 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 continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service. We met with the provider to seek further assurances around improvements they planned to make in relation to governance and oversight.



# 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 inadequate. At this inspection this key question has changed 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.

### Staffing and recruitment

At our last inspection the provider had failed to follow safe recruitment practises and ensure sufficient staff were available to support people. This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- People said there were enough staff. They told us staff supported them when they needed help and helped them get out to pursue hobbies and interests. One person said, "I like to go shopping, I have friends and when I have done my laundry and the room is clean, I am out of here with staff." Staff told us there were enough staff, recruitment was on-going to ensure when new people moved into the service their needs could be met safely by an established team.
- Staff were now supporting people to access the community frequently and one person worked voluntary for a local organisation. Staff had supported this person to attend an interview and follow up visit and continued to support them with this.
- Throughout our visit we observed staff supporting people in a calm, relaxed and friendly way. Staff did not rush people, and we heard laughter and joking among them all as they carried out tasks. When people asked for support this was given promptly.
- Further agreement was required with the local authority to review the commissioned care hours for people. This would give a defined number of hours for individual support, however, until reviewed people told us the current arrangement met their needs at this time.
- The manager had reviewed the recruitment files for staff and for the ones we looked at we saw recruitment checks were in place. This included reference checks and criminal records checks.
- The manager had incorporated a person living in the service as part of the interview process. They had the opportunity to meet potential staff, spend time with them and give the manager their feedback about them. This meant people could be supported by staff without the right skills and character required.

### Systems and processes to safeguard people from the risk of abuse

At our previous inspection people were not always kept safe from avoidable harm because staff did not recognise where people were at risk of abuse. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People said they felt safe, got along well with staff and had made friendships within the service. One person said, "I feel safe here. I like the staff, they are nice." We saw throughout our visit that people were relaxed and confident with. A second person told us they were close to one staff member who was a similar age to them and shared their interests.
- Staff told us they had received updated safeguarding and whistleblowing training. They said they knew people well and were confident they would be able to identify if people were at risk of any form of abuse, even if people would not tell them. They told us how they would report their concerns to their seniors, the registered manager, the local authority and CQC if it was needed.

#### Learning lessons when things go wrong

At our last inspection where safeguarding incidents and risks emerged, the manager did not effectively look at the overall trends and themes or learn from incidents. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made and the provider was no longer in breach.

- The manager and staff were able to tell us about incidents that had occurred and how as a staff team they had discussed and learned from these. For example, the manager had spoken with staff about the process for moving new people into the home following a recently failed admission. A new process had been put in place as a result of these discussions. This process ensured the transition into the home was at a pace that was safe, enabled relationships to be built, and ensured all health professionals were in place for ongoing support. The manager showed us evidence of an assessment that was now following this approach and would be expected to take two to three months for a successful admission.
- Discussions were ongoing with staff about other incidents in the service through handover or meetings. There had been a reduction in the number of incidents since the previous inspection, which helped people and staff feel safer. The manager had just begun analysing themes and trends, which was an area they acknowledged required continued development which they were working with a local training provider to further develop.
- Although discussions around incidents and events occurred, the system to ensure this practise was embedded within staff culture required further development.

#### Assessing risk, safety monitoring and management

At our previous inspection, staff did not always know how to support people to keep them safe, and although risks had been identified assessments were not clear how to support people. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made and the provider was no longer in breach of regulation 12.

- The manager had reviewed people's risk assessments with them to ensure they were reflective of the care and support people needed. These were variable in quality and detail but did capture the risk identified. Risk assessments were in place for areas identified as presenting a risk of harm for people. These included epilepsy, autism, communication and positive behavioural support plans. We have reported on the records in the Well Led domain in more detail.
- People were supported to take positive risks that met their individual choices. This included accessing the community alone or developing personal relationships. When people went out on their own, staff reminded them how to stay safe and they knew when to expect people back.
- Staff told us in depth about the risks involved with people and explained how these were mitigated. For example, staff were able to tell us about a person's epilepsy, how this affected them, the measures in place to monitor this and actions taken in the event of a seizure.
- People told us staff supported them to live their own life and make their own choices. They said staff now encouraged them to take responsibility and have longer-term goals. One person was reviewing and planning for eventual move-on to independent living. A second person told us how they were now



responsible for their own cat. This was something they had wanted for a long time, which staff had planned with them and supported them to collect before Christmas. This had had a significant positive impact on this person's mood and positivity. They told us how they were enjoying the responsibility and how staff supported them with vet appointments and day to day care.

- This approach demonstrated to us that although the records required further detail. The manager had developed the culture of the team to meet people's personal care needs, but also people's emotional and psychological well-being.
- Regular checks and assessments were carried out of equipment and the environment including fire drills and simulated evacuations to ensure the safety of people in an emergency.

#### Preventing and controlling infection

At our last inspection staff did not use effective infection, prevention and control measures to keep people safe, and staff did not follow government guidance when using personal protective equipment (PPE). This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection improvements had been made and the provider was no longer in breach of regulation 12.

- Following a change in guidance staff were no longer required to wear face masks in the service, however a full stock of personal protective equipment [PPE] was available if needed. This change had been recent, and the manager had yet to update people's risk assessments to ensure the non-wearing of masks was safe or was in line with people's preferences. They assured us this was being completed during the inspection.
- The home was clean and fresh. Staff told us and we have seen that the environment was re-furbished by the provider which made it easier for staff to maintain cleanliness.
- People were encouraged to maintain a high standard of personal care including hand washing often.
- Regular checks were carried out by the manager to maintain cleanliness and ensure staff followed appropriate guidance to minimise cross infection.

#### Using medicines safely

- Staff administered people's medicines following best practice guidelines. Medication, administration record (MAR) charts were signed after administering people's medicines. When medicines were received from the pharmacy into the home these were checked by two staff for accuracy
- Each person had their medicines locked in their own bedroom. Where people were able to self-administer their medicines this was risk assessed and staff supported them to do so safely. Staff were trained and had their competency observed before they could administer people's medicines on their own.
- Regular medicine audits were carried out by senior staff and the manager to ensure if errors occurred these were rectified in a timely manner. Where discrepancies were found we saw the manager took appropriate action to investigate. An independent pharmacy audit confirmed our findings.
- Staff contacted people's GP's to ensure they had all up to date information about people's allergies to medicines. These were then communicated to the pharmacy and recorded on people's MAR.

# 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 requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law  
The provider failed to ensure people had care that was person-centred and met their assessed individual goals and aspirations. This was a breach of regulation 9. At this inspection we found improvements had been made and the provider was no longer in breach, but further development was required.

- Care and support plans continued to be developed, but where completed provided a focus on people's quality of life outcomes. Staff knew how to support people in a manner they wished to be helped and knew what was important to people's quality of life.
- At our previous inspection we found a person who wanted to develop their independence to eventually move to their own accommodation. Whereas at the previous inspection staff led the tasks for this person, at this inspection we found staff prompted and guided them encouraging their independence.
- People were more involved in the development of their care plans and where appropriate the views of their relatives had been sought. People told us they felt staff knew them and were supporting them to achieve their personal goals and aspirations.
- As reported within the Well Led section of this report, the development of assessments and care plans had been slow. Not all people had their needs reassessed, however, we were assured that the culture among the staff had changed to focus on providing person-centred care. Further development was required to embed this culture within the staff team, but the manager was able to demonstrate future plans to achieve this.

Staff support: induction, training, skills and experience

- People were supported by staff who received relevant training around supporting people living with a learning disability and positive behaviour support. Since the previous inspection, the manager had reviewed the training provided and staff had undertaken refresher training in key areas such as safeguarding and mental capacity.
- The manager frequently checked staff knowledge and competency through observations of their practise and questioning staff on the learning and understanding.
- Staff said recent training they received had been better quality and supported their learning since the last inspection. They told us they felt better equipped to support people and had greater opportunity to develop. One staff member said, "The training now is better. We had six weeks training in the classroom about our service users which was brilliant, and we have leadership training in (the New Year). Before we had not had supervisions, but I now have support and training for a senior position."
- Further development of the training program was ongoing. The manager had arranged for a local training provider to carry out a skills and training needs audit. This is based on feedback from staff about their

strengths and areas for development, focused on the support needs of the people using the service and how to meet those in a person-centred manner.

- Staff told us they now received supervision and felt more supported in their role. However, supervision continued to require further development to ensure the process enabled staff to develop their knowledge, reflect on practise and set and review development goals.

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

- The provider had undertaken decorating and adaptations to the property. A ramp to access the front of the house, as well as new flooring had been completed.
- People had decorated their rooms according to their likes, and we could see their personality was reflected from their choices.

Supporting people to live healthier lives, access healthcare services and support; Supporting people to eat and drink enough to maintain a balanced diet

- People had health actions plans which were used by health and social care professionals to support them in the way they needed.
- People were referred to health care professionals to support their wellbeing and help them to live healthy lives. For example, seeing a nurse practitioner.
- Staff supported people to eat and drink a balanced diet. People chose and planned their meals and went shopping. People had unrestricted access to food and drink, and staff readily supported people if assistance was required to prepare snacks or meals.
- Staff supported people to make healthy choices to eat a varied diet to help them remain at a healthy weight.

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). When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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.

- Where people were being deprived of their liberty the appropriate actions were taken to apply for the legal authorisation.
- Staff described to us what the mental capacity act meant and how this affected people's daily lives and choices.
- Staff documented people's consent in their care records. However, the manager was also in the process of reviewing with people how much information they wanted to share with others, such as next of kin or relatives where an informal arrangement was in place. This was to help ensure people had choice and control over what parts of their life or decisions were shared.

# 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 our last inspection we rated this key question inadequate. At this inspection the rating has changed 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.

At our last inspection the provider and manager failed to implement robust governance systems to ensure the quality and safety of the care provided met people's needs. The provider failed to ensure that action was taken to improve the care people received. This was a breach of Regulation 17(Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the provider was no longer in breach, but further development was required.

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

- At our last inspection quality assurance systems did not identify or document improvements needed. At this inspection, the manager had identified improvements but did not always document these and plan how to make those improvements in a timely way.
- At this inspection systems and processes to monitor the quality and safety of care require further development to ensure all areas are regularly monitored. The manager had implemented audits of fire safety, health and safety, medicines, infection control, finance and care planning. The manager said they were developing an audit list which will include areas such as incidents, themes analysis, ABC's [a tool to monitor and analyse behaviours] and staff files. They told us they did check these areas but had not documented or assessed the findings from these. Analysing of incidents for themes and trends had begun, but this was incomplete, so we were unable to review their findings.
- A service improvement plan was in place; however, this was from a visit by the local authority where improvements were required from August 2022. Although this identified some of the improvements needed, such as care plans and medicines, it did not address further improvements required around the wider governance or development of the culture within the service. The manager acknowledged this and told us they would develop an up to date action plan following their meeting with the local authority and external training support agency.
- The provider had carried out their own visits to the service, however these focused principally on proprietary aspects such as building and health and safety aspects. The provider told us they acknowledged the need for external scrutiny of the quality and safety of the service and had commissioned an independent organisation to complete a 'mock inspection.' They told us this would support the manager with ongoing development.
- The provider and manager had met with a local training and development organisation for additional

support with governance and staff development. Plans were in place to further develop the quality framework and assessment tools which would support improvement in the service.

- The manager told us they had focused on developing the care and culture in the service as a priority. This meant they had only turned their attention to the governance and oversight in recent weeks. Although the improvements around governance were delayed, this did not place people at risk of harm and had minimal impact on people at the time.
- At our previous inspection the manager spoke about the need to develop their understanding on guidance relating to their role, such as right care, right support, right culture. At this inspection they were able to describe how this applied to their role, but continued to need to develop their policy in relation to this.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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

- At our last inspection we found improvements needed to instil a culture of care which promoted people's individuality, protected their rights and enabled them to develop. At this inspection we found the manager had made significant steps in addressing the culture and promoting people's independence. We have provided examples elsewhere in this report.
- At our previous inspection staff were dismissive of people's needs and wishes. At this inspection all staff were positive about these changes and told us the manager had been pivotal in driving the cultural improvements regarding people's support. One staff member said, "There has been loads of changes. Everything needed to change. We focus on anything [people] want and like. They can now choose what they want to do and are involved in all decisions about their health."
- Where previously people were not able to take part in doing things they enjoyed or consider their longer term plans we found this had begun to change. People had their own weekly schedules in place, encouraging them to develop life skills and explore interests outside of Bricket Wood. Staff supported people with exploring voluntary placements and college and were looking at long term options for move on to more independent living in the community. These were positive indicators of the cultural change, but also demonstrated the approach by the manager had improved the quality of people's lives in the service.
- Staff were valued, and their hard work was acknowledged by the management. A staff survey had been sent to staff for their views, although not completed by the end of this inspection. However, staff said they felt supported and were passionate about their work.
- Meetings were held with staff which discussed people's support needs and matters relating to the management of the service. Staff feedback was sought where improvements were needed and actions were agreed. However, meetings did not review previous actions and did not work from a standard agenda, meaning actions may not be addressed and key discussions may not be reviewed as they were not planned in the agenda. The manager said they would develop the meetings to always discuss key issues such as safeguarding, lessons learned, themes and trends, complaints etc.
- Meetings were held for people using the service. Discussions included meal choices, decisions around activities and general housekeeping discussions. People's views had been sought regarding the colour for pending decorations among other decisions.
- Staff enabled people to make their own decisions and gave people the information they needed to choose for themselves. Staff included people in conversations and were aware of what was important to them. People told us staff were nice and supported them to live the life they wanted with the responsibilities that brings. An example of this was by staff supporting one person to have a cat. They had long wanted a cat as a pet, and staff had discussed the responsibilities of this extensively with this person, prior to visiting the cat

shelter where the person worked and the getting the cat. This person told us, "I got the cat on Christmas Eve. It's like having a baby and it climbs everywhere, I'm tired from it but it is a very important responsibility."

- Notifications about specific events had been sent to the Care Quality Commission in line with legal obligations. The manager was aware of their legal responsibilities under the duty of candour.

Continuous learning and improving care; Working in partnership with others

- The manager closely monitored the service people received by conducting a daily walk around. They spoke regularly with people and would continually observe interactions between people and staff to maintain the improvements were in place.
- Lessons learned were discussed among staff, and staff could tell us where they had reflected upon incidents. Although these were not documented. Staff and the manager told us how they had all discussed the assessment and admission process and reviewed their practise following a failed placement last year. Improvements were in place around involving people living in the home in assessments and an extended assessment period where relationships were built before moving into the home.
- The provider had reviewed their vision for the service and was working alongside the manager to redevelop policies and processes to support and embed the positive improvements noted in this report.
- The manager continued to work with the local authority commissioning team to improve the quality of care, in addition to external organisations.