

## Care Worldwide (Carlton) Limited

# Newbrook

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Good** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

This inspection took place on 10 December 2018. This was unannounced.

At our last inspection on 1 and 2 May 2018 we rated the service as 'Inadequate' and identified five breaches of regulation which related to person centred care, staffing, safeguarding people from abuse and improper treatment, safe care and treatment and good governance. 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 are ongoing and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures. Newbrook provides care for up to three people who have learning disabilities. At the time of inspection there was two people using the service. People in care homes receive accommodation and personal care as a single care package under one contractual agreement. CQC regulates both the premises and the care provided and both were looked at during this inspection.

The service had a manager in place who had started working at the service two weeks prior to the inspection but they had not registered to manage this service yet. They told us they were planning to submit their application soon. It is a legal requirement that this service has 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.

We found the manager, regional manager and staff had worked hard to make improvements in the areas of concern found at the last inspection. At this inspection, we found improvements in all areas. However, we discussed with the manager and regional manager more work was needed to ensure a robust and sustained service moving forward. The management agreed with this and told us they had been focusing on ensuring the home was safe and people received the right support.

We found the care and support plans now being completed for people were centred around their needs and preferences. The manager had discussed the changes in care planning with staff at the last staff meeting.

We found improvements in relation to how people's risks were managed in the care plans. We also saw the manager had re written one person's care plan with the support from family and staff. The manager told us this would be ready to implement to the service over the next few days. We have made a recommendation about care plans in the report.

We found fire safety had improved and the home had actioned maintenance issues since the last inspection.

We found improvements to how incidents and accidents were recorded.

At the last inspection people were not receiving their personal financial allowance. We found the management team had placed robust financial records in place for people living at Newbrook.

We found staff were receiving regular supervisions and training and these were clearly recorded on an action plan for the upcoming year. At the last inspection we also found limited members of staff on duty. We found this had improved and the rota clearly stated where someone received a one to one support.

We spoke to a relative who told us they were happy with the staff, however had lost faith in the provider due to changes in management throughout the last year

We saw medicines were managed safely.

People lived in a pleasant environment. People had nicely decorated bedrooms with personal pictures in their rooms. We saw improvements in relation to how people's health needs were managed and we saw evidence to support people were attending appointments from health professionals. We also found improvements to meal time experience. We saw the menu showed choices of meals and support with setting the table.

We observed staff supporting one person to bake, however the person was reluctant to engage in the activity. The staff member was calm and gave an alternative. We observed both staff and the person completing a jigsaw in the lounge. We found staff did know the person well and gave time for them to engage in activities and tasks.

We found the manager had completed a staff meeting as soon as they were appointed. Discussions included, where the service was, the changes they wanted to implement at the service for people and what was expected of staff. Staff could share their views in relation to this. Staff felt these now would be acted on and felt the manager was good.

We saw the provider had completed a complaints log and this was up to date on the system.

## 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 safe.

The provider had taken appropriate action and was now meeting legal requirements in this area. Whilst improvement had been made we have not rated this key question as 'Good'; this would require a longer track record of sustained improvement.

We saw risk assessments in place for people and this showed guidance for staff to support people.

People told us they felt safe and staff were aware of how to safeguard people from abuse.

We saw improvements to managing people's finances which showed there was now a robust process for staff to follow.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

The provider had taken appropriate action and was now meeting legal requirements in this area. Whilst improvement had been made we have not rated this key question as 'Good'; this would require a longer track record of sustained improvement.

We saw care records recorded outside professional visits.

We saw improvements to staff supervision and training.

Improvements had been made in relation to Mental Capacity and Deprivation of Liberty Safeguards (DoLS).

**Requires Improvement** ●

### Is the service caring?

The service was caring.

We saw people's privacy and dignity was promoted throughout the inspection. Staff gave examples of how they met people's wishes.

**Good** ●

We saw people had the opportunity to bathe or shower when they wanted to and their choices were recorded in their care plans.

A relative told us they felt staff were caring and kind.

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

The service was not always responsive.

We saw the new care plans reflected the needs of people in the home. However, these had not been fully implemented into the home at the time of inspection. The provider was not compliant with the Accessible Information Standard for people, however work was being developed in this area.

A range of activities were provided for people in the home. One person was out in the community at the time of inspection.

Complaints were acted upon in relation to the home's policy.

**Requires Improvement** ●

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

The service was not always well led.

We still found areas in relation to new care plans to be implemented, however improvements had been made and these were more person centred.

Staff told us they could discuss issues with their manager.

Staff told us they found the manager approachable and visible in the home. They told us they felt the home had improved since the last inspection. We received mixed views about the confidence of the provider of the service and their ability to sustain improvements.

**Requires Improvement** ●

# Newbrook

## 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 checked 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 10 December 2018 and was unannounced. The inspection was carried out by two adult social care inspectors.

Before the inspection we reviewed the information we held about the home. This included looking at information we had about the service, including statutory notifications we had received from the home. We also contacted the local authority commissioning and safeguarding teams and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We sometimes ask the providers to complete a 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. At this inspection we did not ask them to complete one.

During the inspection we observed how care and support was provided to people. There was one person in the home at the time of inspection who declined to talk to us. We spoke with one member of staff, manager and the regional support manager. After the inspection we spoke to a relative. We looked at one person's care record, two staff files, medicine records for one person as well as records relating to the management of the service including, service certificates, training records and meeting minutes. We looked round the building and communal areas.

# Is the service safe?

## Our findings

At the last inspection on 1 May 2018 we rated the safe domain as 'inadequate'. We found risks were not assessed or appropriately managed. We found people were not protected against financial abuse. We found staffing arrangements did not ensure people were safe. At this inspection we found improvements had been made in all areas and the provider was no longer in breach of any regulations.

At the last inspection we found there were not any systems or processes in place to prevent abuse of service user's finances. However, at this inspection we saw the manager and regional support manager had put procedures in place to ensure robust financial management of people's money was in place. We saw clear records of finances and daily checks of any monies. Staff we spoke with understood how to follow safeguarding procedures if they had concerns about people's well-being or safety. Staff knew the signs of possible abuse and they were confident to refer concerns appropriately.

Staff understood the risks to individual people and they supported people safely. Risk assessments had been put in place to guide staff on how to protect people. These included risks related with using the bus and coming home unaccompanied during the night. Staff understood the risks to individual people and they supported people safely. Staff told us, "[name of person] knows what bus to get and where and to make sure they have their phone on them for emergencies."

At the last inspection, accident and incident records had not been completed and daily records did not record these. At this inspection, we saw improvements had been made and accurate recording was being done in relation to accidents and incidents. We looked at the new daily records which had been implemented into the service, these had a clear structure and clearly recorded what the person did, what went well and where support could improve. The manager had completed new documentation for these which was more robust. The manager told us, "We have been looking at all the paperwork to improve the way we all work and record."

At the last inspection, people were not always protected from the risks of financial abuse due to poor recording and governance. At this inspection, we saw improvements in the way this was recorded by both staff and the management. We saw records were completed daily and checked daily by staff at handover to ensure money and receipts tallied. We saw monies were locked away in the home.

We found staffing levels to be safe at the time of inspection. One person was in the home receiving one to one support by a member of staff. We found rotas were clear around where people received one to one support and who was supporting them. We looked at four weekly rotas and saw this was recorded throughout. One member of staff told us, "We know who is supporting [name of person] as this is on the rota. Staffing has got better." The manager told us, "We are recruiting for another member of staff and a bank staff so we can all attend team meetings together moving forward." We saw lone working risk assessments were in place and update for staff.

At the last inspection the service was issues with the home using portable heaters, these were no longer

used in the home. We saw the home had clear environmental risk assessments in place for inside and outside the home.

At the last inspection we found gaps in staff's employment history and some staff had only received one reference. Since the last inspection the management team had completed a new recruitment form to ensure a more robust process. The manager told us when they employed people in the future this record would be used. They told us they looked at the risk in relation to old files and this was low as staff had completed a clearance from the Disclose and Barring Service (DBS). The DBS is an organisation which holds information about people who may be barred from working with vulnerable people. Checks made with the DBS help employers make safer recruitment decisions.

We looked at both personal emergency evacuation plans (PEEPs) which were now up to date and reflected the current needs. People's PEEPs indicated they could walk out of the home with the support from staff in an event of an emergency. We spoke to one member of staff who told us, "We know how to support people in an emergency we have documentation to support us."

At the last inspection we saw staff had not completed fire training and that the last health and safety report in January 2018 stated a high risk of fire due to the kitchen door not closing properly. We saw at this inspection all staff had completed fire training in the home. One member of staff said, "Yes we have all completed fire training and what we would do if there was a fire." We saw work had been carried out on the kitchen door and this was no longer a risk.

We looked at the arrangements for the management of medicines. Systems were in place to ensure that medicines had been ordered, received, stored, administered and disposed of appropriately. We looked at the medicine administration records (MARs) belonging to one person living in the home. We saw records about medicines were carefully completed and there were no gaps in medicine administration records (MAR). We did not see any handwritten entries on MARs. Protocols were in place that clearly described when medicines prescribed for use 'as required' should be administered. All staff had completed medication training.

We saw evidence of cleaning taking place and there was personal protective equipment (PPE) in sufficient supply and this was used appropriately. Staff supported people to wash their hands at various times of the day, such as before eating, minimising the spread of infection.

## Is the service effective?

### Our findings

At the last inspection on 1 May 2018 we rated effective as 'inadequate'. We found Staff did not receive supervisions, nor did we find staff had been supported to complete the care certificate. The care certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. We found lack of oversight in relation to no temperature checks and a lack of variety in meals. We found care records did not show people's health needs had been met from outside professionals. We found safe care and treatment around people living in the home had not always been looked in to and addressed. We also found DoLS information was not always accurate and we could not always access care planning records in the home. At this inspection we found improvements had been made in all areas and were no longer in breach of any regulations.

We saw improvements to staff training and support. Staff told us they felt supported by the manager. Staff said they hadn't been having regular supervisions, however they had these now booked in for the full year. One member of staff said, "I have mine booked in for Thursday." We saw evidence to support this.

Staff told us they had received lots of training recently and this was a combination of e-learning and face to face training. This included, Fire, mental capacity, care planning, safeguarding. We saw the training had increased to over 90% in all areas of training including, fire, health and safety, mental capacity, dignity, medication and safeguarding. One member of staff told us, "I have done so much training, it's been great."

We found weekly menus had improved these showed more choice for people. These also recorded where people had helped prepare meals or set the table. At the last inspection we could not find some records relating to what people had chosen or had for meals at this inspection we found records more accessible and staff were aware of where all the records were located.

We saw improvements to people accessing and receiving visits from outside professionals. We saw evidence of dental checks, opticians and chiropodist appointments. These were recorded in the care plans. There was clear evidence of staff involving other professionals in support of people's care.

At the last inspection we found people who lived together did not like spending time together. We saw this had an impact on both people in the home. We saw at this inspection this had been addressed and the person had moved to another service with the same provider of their own choice and was enjoying living there. The manager had assessed the persons needs to ensure the matching of placements.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the

## Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. We found this to be up to date and in place in the persons care plan.

We found the design and adaption of the home appropriate for people's needs. People could access all areas of their home. Peoples bedrooms were personalised.

## Is the service caring?

### Our findings

At the time of inspection there was only one person in the home. They greeted us with a hand shake on arrival, however declined on both occasions asked to talk to us. We spoke to one relative on the telephone who told us, "The staff are wonderful who work with [name of person] she has the trust of staff. I have been kept up to date on the changes in [name of person] care which has improved, I think it is because of where the service is now."

Staff who worked at Newbrook cared about people. They gave examples of how they ensured people's preferences and wishes were respected. For example, one member of staff told us one person liked everything in a certain order and liked to be up ready and out of bed, where another person got themselves up a bit later. We saw evidence that confirmed this on the day of inspection.

We saw records of people's regular showers/baths and saw people's personal care needs had been met. People had tidy hair and clean fingernails and staff took time to support people to dress appropriately.

Staff were kind and supportive of people's needs and there was evidence of good relationships between people and staff. People spontaneously showed affection to staff and staff responded appropriately and with warmth. We saw kind and caring interactions throughout the day. Explanations were given when staff were assisting people, and interventions were unhurried. Staff gave people time to understand what choices where been given.

Staff clearly knew each person very well and they chatted to them about things that were important to each person. Staff were mindful of people's dignity and privacy and they showed respect when speaking with and about people. People were respectfully consulted before staff supported them with any aspect of their care.

People's independence was promoted and staff encouraged people to do as much for themselves as possible. We saw one person been supported to do some baking, however this was declined after a few minutes. The staff member asked them to let them know if they changed their mind. One staff member said, "We try and support them to do as much as they can for themselves. Sometimes they do not want to and so we respect that." Staff told us one person had accessed the local bus independently to attend voluntary work. Staff said, "Its lovely [name of person] is very independent. It is [person's] choice when [person] wants to go in." We spoke to one relative who told us, "Yes I am involved in [name of person] care."

## Is the service responsive?

### Our findings

At the last inspection on 1 May 2018 we rated responsive as 'inadequate'. We found care records did not always reflect support around bathing. We found little easy read information and found social activities needed to improve for people. We found people were unsure of how to complain and staff felt uneasy making complaints. At this inspection we found improvements had been made in all areas and were no longer in breach of any regulations. We did make a recommendation in relation to the care and support plans.

At the last inspection we found care and support plans were not accurate or up to date to support people. We found the new manager and the new regional manager had worked hard to update the new care and support plans for one person in the home. The manager told us this would be then completed for the other person. These were a large step forward to what the care plans were before and there was strong evidence that improvements were being driven in this area. We found these to be very person centred, details include, for example, what mug they like there drinks in, which purse to use when out shopping.

We saw evidence to support the Accessible information standard. We saw easy read format for care plans were being devised by the manager. These clearly show what was important to the name of person, what activities they like to do and how they like to be supported. We have made a recommendation for both care and support plans to be completed and fully implemented in the service by the end of January 2019.

We looked at what activities people did and how they wanted to spend their time. We saw one person continued to enjoy voluntary work and this was their choice for how often they attended. Staff clearly knew the person well and told us, "They would not go if they didn't want to but [name of person] really enjoys it. [Name of person] is so independent it is brilliant to see." We saw one person in the home supported by a member of staff. They were trying to engage the person in various activities throughout the day from jigsaws to baking. We saw the person looked at ease with the staff member. We spoke to a relative who told us, "[name of person] receives good support by staff who are wonderful."

At the last inspection we found the complaints process referred to another service and staff felt uneasy about raising concerns. At this inspection, we saw the complaints process was up to date. We spoke to one member of staff who said, "Yes if I had a concern I would complain to the manager, I don't really know her that well as she has only been here a few weeks, but I would not hesitate to say something." We spoke to a relative who said, "They keep me up to date of any changes, I get more calls now than before. I do not have any complaints about the staff. I would and have complained if I need to." The manager told us, "I have spoken to staff and families in relation to any concerns they may have. I would address these, we can only learn from these."

# Is the service well-led?

## Our findings

At the last inspection on 1 May 2018 we rated well led as 'inadequate'. We found a lack of oversight around governance. We found audits were not robust or effective. We found notifications had not been sent to the appropriate people in relation to accidents and incidents. We found there were no daily records to support this information of how this occurred at the service. We found improvements had been made in all areas, however further work needed to be improved and embedded into the home. The management team were working hard which was evidenced in their action plan and on inspection to maintain a robust approach with support.

There was no a registered manager in post. The manager had only been at the service for two weeks. The home was also being supported by the regional support manager who had been at the service just over seven weeks.

At the last inspection in May 2018 there was no oversight or presence by the previous manager. We had concerns of the overall governance of the home. We could not find some paperwork relating to the homes governance. We saw at this inspection the management had worked hard to improve the systems and processes for people. We saw a more structured approach to audits and these were available at the time of inspection. We found they were no longer in breach.

We found there were systems in place to measure, monitor and improve quality in the service, and we saw these were contributed to by the manager and the regional support manager. There was a schedule of audit in place which showed what was checked and the frequency. Checks included staff files, care and support plans, medication, and accidents and incidents.

We looked at the last health and safety meeting completed in November 2018, which included, health and safety records, gas, electrical and safety checks, risk assessments and maintenance issues and repairs, Infection control, contracts and safeguarding. These looked at what needed to be completed, by who and when. These clearly showed improvements to governance and an overall understanding of the home. We saw finance records were more robust and accurate at the time of inspection.

We looked at what the manager did to seek people and staff's views about the service. The manager and regional support manager were in the process of sending out surveys in December 2018 to gain feedback on the service. We saw these were clear and accessible for people who used the service.

We looked at the last staff meeting completed December 2018. Staff could speak openly about past issues and were actively encouraged to discuss any concerns they had. The management team spoke about where the home was and where they wanted it to be. The manager spoke about what they expected from staff and what staff should expect from the manager. Care and support plans were discussed in the meeting and discussions around daily notes, weekly schedule and professional contact details were also discussed. The manager advised that once all the support plans had been written in the new format it would be clearer how all the documents linked together. Staff would have an input into the documentation. We saw this meant

the manager was open and honest and valued staff input.

We spoke to one staff member who told us, "We all feel apprehensive due to the changes we have had over the last few months but I do feel supported by the deputy and manager. They have kept us informed all the way." We spoke to one relative who told us, "I have lost confidence in the provider due to management changes all the time. Yes, I have seen changes but it's got to a point now where enough is enough."

Providers have a responsibility to notify CQC about certain significant events such as safeguarding, serious injury and police incidents. We saw evidence to support this had happened and we had been notified. We saw the manager and regional manager received support from outside professionals.