

Brookleigh Caring Services Limited

Brookleigh Caring Services - Gloucester House

Inspection report

Winford House
The Causeway
Billingham
TS23 2DA

Tel: 01642533465

Date of inspection visit:
28 November 2018

Date of publication:
14 January 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service: Brookleigh is a domiciliary care agency that provides care and support to people in their own homes. Not everyone using Brookleigh Caring Service - Gloucester House received a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks relating to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of the inspection the service provided care and support for 19 people.

People's experience of using this service:

People's risk assessments did not consistently cover all potential areas of risk, such as diabetes, choking and nutrition and did not consistently mitigate risks. We looked at the systems in place for medicines management and found they did not always keep people safe.

The providers systems and processes in place to monitor and audit the service required improvement. Records management needed improvements regarding medicines, risk assessments and quality monitoring of the service.

People told us they felt safe in the care of staff members and were happy with staffing levels. The provider had appropriate systems in place to support staff to raise any safeguarding concerns. Staff had access to appropriate personal protective equipment (PPE) to help prevent the spread of infection.

People told us they received effective support. Systems were in place to ensure that staff received appropriate supervision to support them in their roles. Staff felt they were trained to the right level to effectively work with people.

Checks were made on the ongoing competency of staff and staff felt they could ask for extra training and support at any time. People told us that staff sought their consent prior to carrying out care and they made them aware of the actions they were to take. People were supported to eat meals of their choosing and were supported to access health professionals when necessary.

People told us care staff were very caring, kind and compassionate. Staff enabled people to be independent and to make choices where possible. People's privacy and dignity needs were maintained by staff members caring for them.

People told us they were provided with a responsive service. People received care and support which was assessed, planned and delivered to meet their individual needs. People and families spoke about being involved in the process of writing and reviewing their care plans. People knew how to make complaints and we saw evidence to show closed complaints had been fully investigated.

More information is in the detailed findings below.

We identified two breaches of the Health and Social Care Act (Regulated Activities) Regulations 2014 around governance and keeping people safe. Details of action we have asked the provider to take can be found at the end of this report.

Rating at last inspection: This was the first inspection of the service.

Why we inspected: Although the service was due their comprehensive first inspection, the inspection was partly prompted by an incident which had a serious impact on a person using the service and that this indicated potential concerns about the management of risk in the service. While we did not look at the circumstances of the specific incident, we did look at associated risks.

Follow up: We will speak with the provider following this report being published to discuss how they will make changes to ensure the service improves their rating of the service to at least Good. We will revisit the service in the future to check if improvements have been made.

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 effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

Requires Improvement ●

Brookleigh Caring Services - Gloucester House

Detailed findings

Background to this inspection

The 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.

The inspection was partly prompted by an incident which had a serious impact on a person using the service and this indicated potential concerns about the management of risk in the service. This inspection examined those risks.

Inspection team: One inspector, one pharmacy inspector and one expert by experience (ExE), who telephoned people in their homes to gain their view of the service, carried out this inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the provider 24 hours' notice of the inspection visit because it is small. We needed to be sure that someone would be available to assist us.

What we did:

We reviewed information we had received about the service. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority and professionals who work with the service. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection we spoke over the telephone with 10 people using service and six relatives. We visited one person in their own home and whilst there spoke with a relative. We spoke with the registered manager and two staff members. Various records were reviewed, in relation to training and supervision of staff, the management of the service and a variety of policies and procedures developed and implemented by the provider.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm.

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.

Using medicines safely

- We looked at the systems in place for medicines management and found they did not always keep people safe.
- One person's risk assessment said they needed full support with their medicines, however records showed that staff were only prompting this person, therefore we could not evidence they were receiving their medicines as prescribed.
- One person's medication administration record (MAR) was signed to say they had received their prescribed medicines. However on the next visit the care worker found the medicine was left out and not administered.
- Risk assessments did not always match with the level of support given to people. For example, we found one person's assessments stated they self-medicated all oral medicines, yet we found care workers were preparing a medicine to relieve constipation.
- We also found the provider was not following their own policy in relation to handwritten medicines administrations records and when required medicines

We found there was vital detail missing in records and therefore people were placed at risk of harm. We recommend the provider consults current best practice guidelines around safe medicine practices.

This was a breach of regulations in good governance and records.

Assessing risk, safety monitoring and management

- Risk assessments related to people's health and support needs required more detailed recording. One person was at risk of infection which could lead to delirium. The risk assessment stated that staff needed to monitor the signs of infection. However, no signs or information for staff to monitor were recorded. One person was at risk of choking, the risk assessment recorded that food needed to be cut up into bite size portions. However, there was no information on what foods to avoid, the size of the bite size portion or what staff were to do in the event of a choking episode.
- Risk assessments for people's home environment were in place. Extra detail was needed when people had key safes and pets in the home.

We found there was vital detail missing in records and therefore people were placed at risk of harm. We recommend the provider consults current best practice guidelines around assessing people's risks.

This was a breach of regulations in good governance and records.

- Equipment, such as hoists, in people's homes were not the responsibility of Brookleigh Caring Services - Gloucester House, we saw information was recorded on the type of equipment, service date and when next service was due and explanations of how staff were to use the equipment. This meant the provider was

making sure equipment was safe for their staff to use. However, one relative said, "They [staff] don't use the equipment properly, therefore the bed becomes soaked through the night." We passed this comment onto the registered manager.

Staffing levels

- At the time of the inspection the service employed six care staff to support 25 people in the community. However, only 19 people received a regulated activity. Staff and people who used the service raised no concerns about staffing levels.
- We saw staff had been recruited safely by the provider.
- We were told by the registered manager and staff that people were supported by the same consistent staff team. People we spoke with said, "They [staff] are consistent, never missed a call and normally arrive on time" and "I know them all, its one of three carers who calls, the consistency makes me feel safe."

Safeguarding systems and processes

- The service had effective safeguarding systems in place and staff we spoke with had a good understanding of protecting people from harm.
- People we spoke with said, "I feel totally safe with all the staff, they do anything I ask of them and they are so friendly, nothing is a problem to them" and "I am very safe with them [staff]." A relative we spoke with said, "Oh yes I think [named person] is very safe with them, they [staff] know what they are doing and can sort out things for [named person]."

Preventing and controlling infection

- Staff had received infection control training and said they had plenty of personal protective equipment (PPE) available to them. One person said, "Their hygiene standards are very good."

Learning lessons when things go wrong

- We saw some evidence of lessons being learnt when things go wrong. For example, one person was struggling with their medicines. The registered manager implemented a medicine system to support this person and a safe for them to store their medicines in.
- The registered manager said, "We have learnt and are still learning from a recent safeguarding incident and are in the process of enhancing how we deal with complaints and investigations and the importance of ensuring even hand-written care plans cover all elements of customers' needs."

Is the service effective?

Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People's outcomes were good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act (MCA) 2005 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 make 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 with appropriate legal authority. Applications to deprive a person of their liberty in their own home must be made to the Court of Protection. The service worked in line with the principles of the MCA.

People confirmed that staff sought their consent before providing personal care and we saw evidence of signed consent in people's care plans.

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

- Where possible people had their needs assessed before commencing with the service. If the person was taken on as a rapid response their needs would be assessed on their arrival home from hospital. Rapid response, meant that the service supported the person in an emergency whilst a permanent place could be found. The registered manager explained they would always have the social worker assessment as guidance.
- Assessments of people's needs documented the person's preferences for each call time. For example, the assessment documented stated how staff were to enter the person's home and where the person would usually be at any given time.

Staff skills, knowledge and experience

- We saw that staff training was up to date. We confirmed from our review of staff records and discussions with staff, that staff were suitably qualified and experienced to fulfil the basic requirements of their posts.
- We saw evidence that supervisions and spot checks took place regularly as well as a yearly appraisal.
- One person we spoke with said, "I am very happy with the care, we have struck up a good relationship, they [staff] are so competent and I feel safe with them."

Supporting people to eat and drink enough with choice in a balanced diet

- Where needed staff supported people to have their choice of food. Care plans documented how food or drinks should be presented. For example, the care plan documented that one person prefers a certain cup for their tea or drinks with a straw. A staff member said, "One person prefers a plastic plate because it is light." One person was losing weight prior to receiving support from Brookleigh Caring Services - Gloucester House, which was affecting their health. Their care plan documented that staff were to encourage nutritious foods and document this on a food and fluid chart. We saw that staff were unable to complete this chart

correctly due to them not being with the person 24 hours a day. The registered manager said they would update the chart to support staff with this.

- Office staff contacted people each month to check they were happy with the service provided. One person had said, "[Carer's name] is fantastic and makes beautiful meals."

Staff providing consistent, effective, timely care

- Speaking to people and staff we were told that they saw the same group of staff continuously and rotas confirmed this. We saw where people had mentioned they liked a certain care worker this care worker would be placed on that person's rota as much as possible.

- One staff member said, "People are receiving a better quality of care because we are small, we have experienced carers, good communication with the office staff and we have more time. Hopefully this will not change."

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- People we spoke with were happy with the care provided. Comments included: "They are kind and caring, and very respectful towards me", "I am so lucky to have such good carers, they go out of their way to help" and "They are all caring, very honest and respectful people, I really couldn't manage without them."
- Relatives we spoke with said, "They [staff] are very careful wonderful carers, they lift [person's] moral when they are here, we look forward to them coming" and "They [staff] seem very efficient, are more than able to do what is required for [named person] I am very happy with all that they do for us."
- We asked the registered manager how they supported people's human rights and promoted equality and diversity. They said, "We do this by involving them in completion of their person-centred care plan, by asking how they want their needs met and by giving them choices to help maintain independence. All customers are treated equally, but we acknowledge customer's diversity and right to live their lives as they choose."

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

- Staff supported people to make decisions about their care. They understood people's communication needs and this was documented in care plans. For example, the care plan stated 'speak slowly and clearly and ask one question at a time, provide time for the person to answer.'
- One staff member said, "We always include people and ask questions such as what you want to wear, what do you want to eat and where would you like to sit."

Respecting and promoting people's privacy, dignity and independence

- Staff explained how they respected people's privacy and dignity. One staff member said, "I always ask if they [people who used the service] want me to stay go, curtains are closed and I provide them with space."
- Staff we spoke with explained how they promoted people's independence. One staff member said, "We encourage people to do things themselves. I have one person who I cook with, so they feel involved." We saw in one person's care plan they had been supported to become more independent and now only needed one carer to support them rather than two.
- People we spoke with said their independence was promoted. Comments included: "I think they use their discretion, and always ask me if I want any help" and "I feel very safe in their care, they make me confident to try things for myself." A relative we spoke with said, "[Named person] has become more mobile with the carers help, they encourage them to do things, this has really helped them maintain their independence."

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

People's needs were met through good organisation and delivery.

Personalised care and how people's needs are met

- Care plans contained some good personalised information such as the person's life history. There were detailed plans with a step by step guidance on how each call should go from entering the person's home to provide support to leaving the property.
- We saw people and relatives were involved with the development of their care plans. One person said, "My care plan was discussed recently, and they listened to what I had to say, they know me so well, we can almost read each other's minds." One relative said, "They [Brookleigh Caring Services - Gloucester House] review the care plan regularly and they let us have a say in what is needed."
- Staff we spoke with knew people well and could easily explain people's preferences and wishes. For example, one person was losing their sight and staff said they had transcribed certain things into large print for them and read to them. This person had also put in a future wish of how they would like to be cared for if their sight fully deteriorates.
- We found a lot of staff knowledge was not documented in the care plans. The registered manager said they would get staff together, so they could start documenting this.

Improving care quality in response to complaints or concerns

- People had access to information on how to make a complaint and we read that where people had complained, these matters had been investigated and responded to. We asked people if they felt their concerns were responded to and overall people said that things were actioned immediately. Five complaints had been received since the service was registered in June 2018. We read that all, except one that was still ongoing, had been acknowledged, investigated and responded to by the registered manager.
- Comments from people and their relatives were, "At first there were problems with timekeeping, but once we discussed this with the office, they sorted it out, we are very happy with the timekeeping now" and "I have not complaints everything is going very well for me."

End of life care and support

- At the time of our inspection the service was not providing end of life care to anyone. The provider had a policy and procedure for managing end of life care and enabling people to have a dignified death. We saw evidence to show staff had received training on this subject.

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Service management and leadership was inconsistent. Leaders did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- The medicine policy stated, "MAR charts will be completed by a care co-ordinator or senior care assistant and double checked and signed by another member of staff." When we spoke to staff they said they do not have any senior care assistants. We discussed this with the registered manager who provided evidence that one member of staff was a senior. However, this member of staff was not completing the MAR charts and there were no double signatures. This meant that there was no clear staffing structure as staff were not aware of each other's job roles and the service was not following their own policy.
- Risk assessments relating to people's health needs were not always in place and the ones that were in place required further information adding to support staff to mitigate this risk.
- Improvements were needed with the medicine audit. At the time of the inspection the provider was mainly looking for gaps on the MAR chart. However, we found there were concerns with handwritten medicine administration records, when required medicine administration and staff were not following their own policy.

The providers monitoring systems had not picked these issues up. This was a breach of regulations in relation to safe care and treatment and good governance and records.

- Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC) of important events that happen in the service. The registered manager of the service had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.

Continuous learning and improving care

- At the time of the inspection the provider used a paper-based system and phone calls to follow up on late or missed calls. As they had a small team of six staff this was manageable. However, the service was planning to expand the week after the inspection and would be caring for approximately another 100 people and an extra 40 staff. We asked the registered manager how they were going to manage this. They said, "We will continue the way we are working, which is to do a rota check each morning and evening. At this moment we have no checks on late calls as we have no set times in place due to being rapid response. We will keep reviewing this system to make sure it is working."
- One person we spoke with said, "I get calls three times a day, I have never had a missed call and timekeeping is good. I get a weekly rota."

Engaging and involving people using the service, the public and staff

- People and staff were encouraged to air their views and concerns.
- The provider completed monthly phone calls to people to gain their views on the service provided. We saw where people had raised a concern one month, for example call times were too early/late, this was acted upon and followed up the next month.
- The majority of people were complimentary about the office staff stating they were very helpful and were able to change appointment times with no problems. One person said, "This is a fantastic company, it is comforting to know that good people are helping me."
- However, one relative said, "I am unhappy with the service, I have to keep on top of them, they don't have any common sense." We passed this and all comments onto the provider.
- Staff we spoke with told us they enjoyed working at Brookleigh Caring Services - Gloucester House. One staff member said, "I absolutely love working here, it is pleasant and a nice environment, we are updated constantly, if you ring the office they answer straight away and any concerns are dealt with."

Working in partnership with others

- We saw that the service worked closely with other external healthcare professionals such as social workers to support care provision.

Leadership and management

- Staff said they were supported by the management. Comments included, "They [management] are very accommodating, I am stress free and I have time to get to my calls", "[Registered manager's name] is fairly new to the role but they are on the ball, they scrutinise everything, they read every care plan and comment book. Anything we have missed they phone us to ask us to pop in and chat, it is a pleasant chat" and "We are all supported, it is such a small team."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance We found the provider did not have systems and processes in place to improve the quality and safety of the service. Regulation 17(1)(2)(a)(b)(c)