

# Brooks Care and Nursing Services Limited

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## Inspection report

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Tel: 01268761459

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20 September 2023

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Brooks Care and Nursing Services is a domiciliary care service providing personal care to people who live in their own homes.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of our inspection there were 64 people using the service of which 60 people were receiving the regulated activity of personal care.

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

People's risks had been identified, reviewed, and updated. People received safe care from staff who knew them well. There was a safeguarding policy and the registered managers and staff knew how to identify and report any concerns.

Staff had received an induction and training to enable them to meet people's needs. We saw supervisions, spot checks, competency checks and meetings for staff were carried out and staff told us they felt supported by the registered managers to perform their role. People were supported with their medicines by trained members of staff where required.

Staff told us they had access to personal protective equipment (PPE) and there were effective infection control measures in place. People confirmed appropriate PPE was worn by staff when being provided with care and support.

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; the policies and systems in the service supported this practice.

We received positive feedback about the leadership and management of the service. Systems and processes were in place to monitor, maintain and improve the quality of the service.

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 requires improvement (21 March 2023).

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of

regulations.

At our last inspection we recommended the provider seeks advice and guidance from a reputable source about recording lessons learnt to ensure a formal process is in place to monitor and improve the quality of the service and ensure learning is shared with staff. At this inspection we found the provider had a more formal process in place recording lessons learnt, action taken and what changes had been made to improve the quality of service to people.

#### Why we inspected

At our last inspection of this service on 21 February 2023. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve in relation to medicines management and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements regarding the Warning Notice we previously served in relation to Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

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 changed from requires improvement to good. This is based on the findings at this inspection.

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

#### Follow up

We 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Brooks Care and Nursing Services Ltd

## **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 Health and Social Care Act 2008.

#### Inspection team

This inspection was carried out by 2 inspectors and an Expert by Experience who carried out telephone calls to people and their relatives. 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.

#### Registered Manager

The service is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there were 2 registered managers in post.

#### Notice of inspection

This inspection was announced. We needed to be sure the provider or registered managers would be in the office to support the inspection.

Inspection activity started on 15 September 2023 and ended on 28 September 2023. We visited the location's office on 20 September 2023.

#### What we did before the 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.

#### During the inspection

We spoke with 5 members of staff; these included the senior office manager, the registered managers, quality assurance nurse, and a medication officer. We spoke with 6 people who used the service and 6 family members. We looked at 4 people's care plans and medication administration records, 3 staff records in relation to recruitment, training, supervision and staff competencies and a variety of records relating to the quality assurance and management of the service.

Following the inspection to the domiciliary care office, we continued to seek clarification from the senior manager to validate evidence found. We spoke to a further 4 members of staff either by telephone or email correspondence.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

At our last inspection the provider's systems were not robust enough to demonstrate medicines were managed safely or effectively. This was a breach of Regulation 12 (Safe care and treatment) 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.

### Using medicines safely

- The provider had a safe medicine management system, which included weekly, fortnightly, and monthly medicines audits being carried out by their medication officers.
- Staff were trained and had their medicine competency assessments completed and knew how to report errors. A member of staff told us, "Our field manager comes out to carry out checks on us. They check the medicines box against the person's Medication Administration Record (MAR) chart and check we are administering their medicines correctly."
- People told us they received their medicines when they needed them and on time. A person told us, "They [staff] get my medication, it's in blister packs and they give it to me. I have it in the morning and at night and one tablet at tea time."

### Learning lessons when things go wrong

At our last inspection we recommended the provider seeks advice and guidance from a reputable source about recording lessons learnt to ensure a formal process is in place to monitor and improve the quality of the service and ensure learning is shared with staff. At this inspection we found the provider had a more formal process recording lessons learnt, action taken and what changes had been made to improve the quality of service to people.

- We saw evidence where lessons learned had been completed, how information was shared with staff to avoid reoccurrence and what changes had been implemented. Staff confirmed information was shared with them. A staff member told us, "Yes, its normally done either face to face, by email, text or through our private messaging group."
- Staff recorded accidents and incidents, these were analysed for any themes and trends and investigated where required by the management team.

### Staffing and recruitment

- People were recruited safely, and appropriate checks were completed, including Disclosure and Barring

checks: Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

- We found on 1 person's recruitment file a full employment history had not been obtained. The HR manager took immediate action and contacted the staff member and updated their employment history during our visit.
- Following our inspection, the registered manager sent us a copy of their application form which had been updated to include a prompt to ask for people's full employment history to be obtained.
- People and their relatives provided mixed feedback in relation to the timings of their calls, they told us, "I know what time they are arriving. It's not someone different every day, it's been pretty consistent." And "I have a window of time and the care workers do not always arrive between those times. On occasion it has been as late as 11.30."
- People were supported by enough staff. However, people and their relatives provided mixed feedback in relation to the timings of their calls and some said this was inconsistent. Where concerns had been raised regarding the timings of some people's calls the registered managers were able to evidence ongoing dialogue with people or their relatives to help find a resolution. The provider had a contingency plan in place to ensure there was enough staff to meet people's needs.
- The service had an electronic call planner which showed when visits started and finished. The system enabled monitoring of all calls in real time. The registered manager told us, "We complete a call and care monitoring report, analyse the times and any under 60% we investigate and establish the reason behind it."

#### Assessing risk, safety monitoring and management

- People's risks had been identified, assessed, reviewed and updated when required.
- Staff told us they had received training on all the equipment they use. A member of staff told us, "I completed face to face training on how to use equipment and safe manual handling, I wasn't able to start work before I finished all the training. As a new starter, I would always work with an experienced care worker and was never left alone."
- Staff were able to describe the risks identified to people they support and how they were able to mitigate the risk. A member of staff told us "I support a person who is unsteady and at risk of falls. I ensure any transfers are kept to a minimum for safety, we have a routine. The less manoeuvres we do make it safer for the person."

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

- The provider had safeguarding policies and procedures, and staff received training on how to protect people from harm.
- The registered managers were aware of their responsibilities to report safeguarding concerns to the local authority and CQC.
- Staff we spoke with knew how to identify different types of abuse, and reported any concerns they had. They knew how to safeguard people from the risk of abuse. A staff member said, "I haven't come across anything like that at Brooks Care. If I did, I would notify the senior team, and document everything. The senior team would be on it, they are very hot on those type of things. However, if I was not happy with the outcome, I would let the local authority know."
- People told us they felt safe, comments included, "I've never had any trouble with them, I feel quite safe", and "Generally I feel very safe, they know what things need doing, they behave very professionally."

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed.



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 Mental Capacity Act (MCA). 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.

- People's care plans evidenced where they, their relatives or representatives were consulted and asked for their consent before being provided with care and support.
- Staff had received training and understood the principles of the Mental Capacity Act in relation to their role. A member of staff said, "It is very important for people to be able to make their own decisions even if it's something simple like which Shirt they are going to wear or what they going to be having for lunch. We try to encourage people to make their own decisions where possible."

#### Preventing and controlling infection

- Staff had received training in infection control practices. Personal protective equipment (PPE) such as gloves, aprons and masks were provided for them. A member of staff told us, "We can go to the office to collect our PPE, we have too much so we will not run out."
- People and relatives, we spoke with had no concerns regarding the use of PPE. Comments included, "They [staff] wear gloves, wash hands and dispose of the gloves in my rubbish bin straight away in the bin outside", and "They [staff] wear gloves and wash their hands."
- The registered managers had relevant policies in place to support effective infection prevention and control and were following current guidance.

# 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 requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection the provider failed to have effective systems in place to monitor and improve the quality of the service. This was a breach of regulation 17 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 17.

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

- Since the last inspection the provider had recruited 2 medication officers who had oversight of the services medication processes. This had provided a more robust monitoring and auditing system of people's medicines and Medication Administration Records (MAR). The registered manager told us, "Weekly and monthly auditing have identified issues quickly and partnership working between pharmacies and GP surgeries has improved."
- The service had quality assurance processes to monitor the safety and quality of the service. These included audits of call monitoring, care plans which included people's daily notes and analysis of any accidents or incidents. The registered managers completed a monthly and quarterly trend analysis of their findings and any recommendations and actions taken were documented.
- The registered managers, senior management team and care staff understood their individual roles and responsibilities, in order to provide consistent care for people using the service and continually drive quality improvements. Staff commented the management team were very approachable and supportive. A member of staff said, "I feel supported, If I need any help the managers are approachable."

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

- The service gathered people and relatives' feedback on the service they received. This was by surveys, courtesy calls, and focused feedback forms. These were audited regularly and identified what actions had been taken to improve the quality of the service being provided.
- The registered managers carried out regular staff meetings and supervisions with the staff team. This provided staff with the opportunity to share any ideas or concerns with them. A member of staff told us, "When we have staff meetings, they do different dates/ times. If you are unable to attend, they will let you know the outcome."

- People and relatives were positive about the service they received. Comments included, "The quality of the care is generally good. I'm very happy with it", "It's managed good, they come and do things, it's never too much trouble", And "Very well organised, the way they turn up on time and look after us when they are here."
- Staff were positive about working for the service. A member of staff told us, "Every time I go in the office, I am always asked if things are ok, they are fantastic." And "I feel supported, I love the staff, everyone is so friendly."
- The service provided people, relatives, and staff with a quarterly newsletter. These contained lots of information such as the introduction of new staff, carers of the month awards, and a list of all the senior team's contacts details as a way of keeping everyone informed of what is happening at the service.

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

- The registered managers were aware of the duty of candour to tell people (or, where appropriate, the person's advocate, carer, or family) when something had gone wrong, and to provide an apology, or offer an appropriate remedy or support to put matters right (if possible).
- The registered managers understood their responsibility to notify CQC of any incidents relating to the service. These notifications tell us about any important events which have happened at the service. We saw where required investigations had been undertaken and actions taken.

Continuous learning and improving care; Working in partnership with others

- The registered managers and senior team were committed to drive improvements across the service. They had implemented a service improvement plan (SIP) which included areas for improvement and dates they were working towards achieving this. A registered manager said, "Good quality care is achieved by a transparent culture, awareness of inclusion, diversity, and equality. We value the differences and challenges which staff and adults possess."
- The registered managers worked in partnership with external organisations and other healthcare professionals to support people's needs where required, such as the local authority, speech, and language therapists (SALT), District Nurses, Occupational Therapists and GPs.