

Brockton Care Limited

# Brockton Care Limited

## Inspection report

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Date of inspection visit:  
25 October 2023

Date of publication:  
15 February 2024

### 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

### About the service

Brockton Care Limited provides personal care within people's own houses and flats. At the time of our inspection 164 people, were using the service. 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.

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

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.

The service was able to demonstrate how they were meeting underpinning principles of "Right Support, Right Care, Right Culture .

**Right Support:** The principles of the mental capacity act were not always observed to presume people had capacity unless indicated otherwise. Staff supported people to have the maximum possible choice, control and independence be independent and they had control over their own lives. People's involvement in their care assessment ensured they received a service that reflected their preferences.

**Right Care:** The management of medicines placed people at risk of not receiving their medicines as directed by the prescriber. People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. Staff understood how to protect people from poor care and abuse. Staff had training on how to recognise and report abuse and they knew how to apply it. Staff work practices ensured people were protected from the risk of avoidable infections.

**Right Culture:** The provider's governance was ineffective to review and ensure staff received relevant training in relation to people's health condition. Although, systems were in place to monitor calls, people at times experienced late and missed calls. Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing.

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

The last rating for this service was good (published 5 April 2018).

### Why we inspected

This inspection was prompted by a review of the information we held about this service. The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe, effective, responsive and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

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

## 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 caring?

The service was always caring.

Details are in our caring findings below.

**Good**



### Is the service responsive?

The service was not responsive.

Details are in our responsive 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**



# Brockton 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 Health and Social Care Act 2008.

#### Inspection team

This inspection was carried out by 2 inspectors and 1 Expert by Experience.

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

This provider 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 was a registered manager in post.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure the registered manager would be in the office to support the inspection. Inspection activity started on 16 October 2023 and ended on 25 October 2023. We visited the location's office on 25 October 2023.

#### What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well

and improvements they plan to make.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

During the inspection

During the inspection we spoke with 13 people who used the service and 6 relatives. We also spoke with 8 care staff, 1 staff counsellor and the registered manager.

We looked at the care records for 12 people. We checked the care people received matched the information in their records. We looked at 4 staff files with regards to staff recruitment. We looked at records relating to the management of the service, including audits carried out within the service.



# 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 good. At this inspection the rating 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.

### Using medicines safely

- The management of people's prescribed medicines were not always safe.
- We observed information relating to prescribed medicines contained in 1 person's care record did not correspond with their medicines administration record. After our inspection visit the registered manager told us the person's records had now been updated.
- At the time of our inspection we were not provided with any evidence of a written protocol for the use of 'when required' medicines. These medicines are also known as pro re nata (PRN). PRN medicines are prescribed to be given, only when required. For example, for the treatment of pain. We received conflicting information where 1 senior care staff said a written protocol was located in people's home. A different senior care staff said there were no written protocols in place. Both seniors were responsible for supporting people with their medicines.
- Since our inspection visit, the registered manager has provided us with evidence of protocols for the use of PRN medicines. However, if all staff are not aware of this protocol, this could place people at potential risk of not receiving their medicines as directed by the prescriber.
- One record showed the service did not support 1 person with their medicines, as this was carried out by the family. However, the registered manager provided us with a PRN protocol for a prescribed cream which would indicate that staff were applying this cream. This could lead to confusion to who should be applying the cream.
- We observed PRN medicines for 2 people who had been prescribed a topical cream, the MAR showed this had been applied every day, twice daily. However, the provider's PRN protocol showed, 'If it becomes clear that PRN is being given regularly or for 4 days or more, instead of when required, the service user should be considered for a medicines review and referred to the health professional who prescribed their medication.' There was no evidence this had been done.
- Prior to our inspection visit 1 relative had raised concerns that a medicine that had no longer been prescribed, had been administered to their relative. This medicine was not identified on the MAR. The registered manager acknowledged this error. This placed the person's health at risk of harm.

The management of medicines did not ensure people received their medicines as prescribed, placing them at risk of harm. This is a breach of regulation 12, Safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Staffing and recruitment

- People could not always be assured they would receive calls at the agreed time to meet their needs.
- People told us calls were sometimes late or missed. Five out of 13 people we spoke with told us they had

experienced a missed call. One person told us they had experienced a number of missed calls.

- People told us, when they telephoned the office about a call being late or missed, swift action was taken to address this. However, people told us no one from the office had contacted them to say the call would be missed.

- Staff told us people were provided with a rota so people would know who would be carrying out the call. However, people told us rotas did not always reflect who actually attended the call. People told us staff always wore a uniform and carried an identification badge. This provided them with some reassurance staff were authorised to enter their home.

- People could be assured they would be cared for by staff who had been recruited safely.

Staff told us before they commenced employment the provider obtained references and a Disclosure and Barring Service (DBS) check was carried out. 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 looked at 4 staff files that evidenced the undertaking of recruitment safety checks.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm. The service worked well with other agencies to do so.
- People told us they felt safe whilst receiving a service. One person told us, "The care I receive is safe. They [staff] work with me to see that I'm safe."
- Staff told us they had received safeguarding training and the training records evidenced this.
- Staff demonstrated a good understanding of different forms of abuse and knew how to safeguard people.

Assessing risk, safety monitoring and management

- People were involved in managing risks to themselves and in taking decisions about how to keep safe.
- One person told us, "A risk assessment is carried out every so often, and I am involved."
- Staff told us they had access to risk assessments to support them in carrying out their role safely.
- A person who used the service said, "They [Staff] are very fussy when it comes to safety, that is why I now have a shower chair and grab rails."
- We saw risk assessments were in place with regards to people's environment, equipment in use, moving and handling and other areas that could pose a risk to the person.

Preventing and controlling infection

- The service used effective infection, prevention, and control measures to keep people safe, and staff supported people to follow them.
- Staff told us they had received infection, prevention and control training and records evidenced this.
- People told us staff frequently washed their hands and wore personal protective equipment (PPE). One person told us, "Staff's hygiene standards are good."
- We observed 1 care plan provided information about encouraging a person to wash their hands prior to using a medical device.
- An infection, prevention and control policy was in place which, all staff had access to. This provided staff with a reference to safe hygiene practices.

Learning lessons when things go wrong

- The provider learned lessons when things had gone wrong.
- Prior to the inspection we had received concerns about the mismanagement of 1 person's medicine. The registered manager told us action had been taken to avoid this happening again. The staff member had been retrained and the medicines policy had been reviewed.



# 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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 MCA 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.

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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- One out of 8 members of staff we spoke with was unaware of the Mental Capacity Act, 3 members of staff did not have a clear understanding. Overall, we found the principles of the Mental Capacity Act were not observed.
- Although, some care records showed people had full mental capacity, we observed blanket mental capacity assessments had been carried out when not required. The principle of assuming capacity was not observed.
- Personal details relating to 1 person identified they had full capacity. However, other official documentation showed they lacked capacity. There were no details available about what decisions the person could make or where support was needed. There was no dementia care plan in place to identify how this affected their decision making.
- A few people had a power of attorney in place. A power of attorney (PoA) is a legal document that allows someone to make decisions for the person, or act on their behalf, if they are no longer able to or if they no longer want to make their own decisions. The registered manager had obtained evidence of PoAs, to ensure the individual had the legal right to make decisions on the person's behalf.
- Care records identified people had consented to care and treatment. All the people spoken with confirmed they were always asked before any tasks were carried out on their behalf.

Staff support: induction, training, skills and experience

- People were supported by staff who had received training and routine supervision sessions.
- People told us staff who had been in the role for a while were skilled and fully aware of their assessed needs. However, a number of people told us they did not always feel confident with newly appointed staff. One person told us, "The new staff are nice and pleasant, but they do not have any idea. I don't feel confident with the new staff supporting me to use the stand aid."
- The registered manager told us some staff had received the Care Certificate and others were working towards obtaining the Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

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

- Detailed assessments of people's needs were carried out prior to offering a service.
- Information obtained from the needs assessment was used to identify care tasks to be carried out by staff, to ensure the person received a service the way they liked.
- Care records reflected a good understanding of people's needs, including relevant assessments of people's communication support and sensory needs.
- People told us they were actively involved in developing their care tasks and reviews.

Supporting people to eat and drink enough to maintain a balanced diet

- People received support to eat and drink enough to maintain a balanced diet.
- Staff had access to written information about suitable meals for people and the importance of having access to drinks. A number of overseas staff were not familiar with traditional English meals. Hence, the registered manager arranged for cooking lessons for these staff members.
- One person told us, "Staff help me with my food, they will cook for me, I tell them what I want. I need help to eat, and they help me, and they are very patient."
- Where a person required feeding via percutaneous endoscopic gastrostomy (PEG), staff had received relevant training. PEG is a type of feeding tube which is inserted through the skin of the abdomen into the stomach during an endoscopy. People may need a PEG if they are unable to swallow.
- We observed food and drink monitoring charts were in place where concerns had been identified about the amount the person ate and drank.

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support

- The provider worked with other agencies to ensure people received the care and support they needed.
- People were supported to access relevant healthcare services when required. A person told us a staff member was concerned about their wellbeing and called the emergency services for them.
- Care records provided information about specific healthcare professionals involved in people's care. Staff had access to healthcare professionals contact details, to enable them to share any concerns they may have.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- The care provided to people could be compromised due to shortfalls identified in the management of medicines, staff's lack of understanding of the principles of the mental capacity act and staff's lack of training in specific areas. However, people told us they were happy with the care provided to them.
- People told us staff always treated them with kindness and respected the choices they made. A relative told us, "There are a couple of staff who are diamonds. They all seem good and speak to [Person's name] nicely."
- One person who used the service told us, they needed some urgent support, and they contacted the office. They said, "They came out almost immediately to help me."
- Another person told us, "All the staff are very lovely, and some pay attention to detail. For example, they make sure [Person's name] collar is straight and that they look smart."
- We saw care records provided information relating to people's individuality in relation to their specific needs. For example, culture, religion, interests etc.

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

- People felt listened to and valued by staff.
- People told us they were actively involved in planning their care and were happy with the care and support provided.
- Staff told us they had access to care records which, were located in people's home. They told us these provided them with relevant information to enable them to provide care and support the way the person liked.
- The staff we spoke with demonstrated a good understanding of people's care and support needs as reflected in the care records.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy, dignity and independence were respected by staff.
- Staff demonstrated a good understanding and empathy in promoting people's right to privacy and dignity. One person who used the service, told us, staff allowed them privacy when supporting them with their continence needs.
- One person told us, "My relative is very shy, and the staff do respect their privacy and dignity."
- Care records provided staff with information about the importance of respecting people's right to privacy and dignity.

- Some people told us they had been specific about whether they wished to have a male or female care staff and their wishes were respected.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met.

Improving care quality in response to complaints or concerns

- People, and those important to them, could raise concerns and complaints.
- Prior to our inspection we received a complaint about the service provided to 1 person and the mismanagement of their medicine. We shared this complaint with the registered manager to enable them to investigate these concerns. The registered manager told us a medicine error had occurred. However, because another relative for the person had made several complaints, the registered manager told us they had terminated the person's contract. This did not demonstrate a responsive service.

End of life care and support

- People were supported at the end of their life by staff.
- The registered manager told us they provided a service to people at the end of their life. However, there was no evidence staff had received end of life training. A senior care staff told us staff watched a digital video disc (DVD) on death and bereavement. We do not know if this training included how to actively support someone with end of life care.
- We reviewed the care record for 1 person who was receiving end of life care. This provided staff with information relating to their health condition and how to carry out care tasks. There was no end-of-life care plan in place. However, we did not find any evidence that this impacted on the care and support provided to the person.
- A senior care staff told us they worked with the local hospice and other healthcare professionals to care for people at the end of their life.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People told us some staff's first language was not English, and at times they found it difficult to communicate with them. One person wanted salmon for their lunch. They told us, "The carer didn't understand what salmon was. I tried telling them 5 times and showed them with my hands that it swam in the water."
- Although, some of the staff we spoke with lacked understanding of the Accessible Information Standards. All the people we spoke with who used the service confirmed they received information in a format they understood.
- A person who had visual impairment, told us they appreciated care staff reading their correspondence for

them.

- The registered manager demonstrated a good understanding of the Accessible Information Standards.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Support focused on people's quality of life outcomes and people's outcomes were routinely monitored and adapted as a person went through their life.
- People told us they were occasionally asked if they were happy with the service they received.
- People told us they were happy with the care and support provided to them.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to access leisure services within their local community.
- One person told us times of calls were flexible to enable their relative to attend day care service twice a week.
- People who used the service and their relatives confirmed they had developed a good relationship with staff.
- Staff told us a person who used the service occasionally visited the office.

# 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 good. 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.

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

- Governance processes were not always effective in keeping people safe.
- Medication administration records audits did not identify 'when required' medicines had been administered every day, without information for the reason why. The medication administration records audit did not identify 1 person had been prescribed a medicine with cautionary information. A senior care staff confirmed this information was not contained on the medicines administration record or within the person's care record. This placed the person at risk of potential harm. The provider's governance was ineffective to identify conflicting information relating to 1 person's mental capacity. This placed the person at risk of not being supported to make their own decision.
- A senior care staff told us systems were in place to alert them if calls were late or missed. However, a number of people told us they had experienced late and the occasional missed call. One person told us; their night call had been missed and they had to go to bed in their day clothes. They said, "Last week the teatime visit was 2.5 hours late." We shared this information with the registered manager who agreed to investigate this.
- The registered provider's statement of purpose identified they provided a service for people who have a learning disability and mental health conditions. At the time of the inspection the registered manager confirmed they were providing a service for people with these health conditions. However, they did not have a service user band for these categories. The registered manager assured us immediate action would be taken to apply for these service user bands. Since our inspection visit, we have received confirmation of the application to add these service user bands.
- We found the provider's governance was not robust to ensure staff had received training in relation to some people's health condition. For example, the provider offered a service to a person who had a diagnosis of epilepsy and another person who was receiving end of life care. However, a senior care staff responsible for staff training confirmed staff had not received training in these areas.

The provider's governance was ineffective to ensure all staff had access to relevant training or to adapt the principles of the mental capacity act. Vital information relating to people's prescribed medicines were not contained in their records, placing them at potential risk of harm. This is a breach of regulation 17, Good governance, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 manager did not always act on the duty of candour.
- The registered manager had received a complaint relating to the service provided to a person who use to use the service. Part of the complaint related to the mismanagement of the person's medicine of which the registered manager acknowledged. However, the registered manager did not apologise to the complainant and care and support was withdrawn. Hence, the principles of the duty of candour had not been applied.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager worked to instil a culture of care in which staff valued and promoted people's individuality, to enable them to live a fulfilled lifestyle.
- People were supported by staff who were aware of their specific needs and lifestyle. Staff told us the management team supported them in their role and would also undertake care tasks to ensure people's needs were met.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, and those important to them, worked with managers and staff to develop and improve the service. This was through routine reviews of the service delivery.
- People who used the service and where appropriate, their relatives were actively involved in their care.

Continuous learning and improving care

- The provider had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible.
- Care staff told us if information in people's care records were not reflective of people's needs, the senior care staff would be informed, and a review would be carried out.

Working in partnership with others

- The provider worked closely with healthcare professionals and external agencies to ensure people received a joined-up service.
- The registered manager operated the Situation Background Assessment Recommendation SBAR tool. This tool enabled staff to closely observe changes in a person's health and where necessary liaise with clinicians. This tool helped to reduce hospital admissions.
- The registered manager worked in conjunction with the local council and the Integrated Care Board (ICB) to keep a 'Mangar' in their office. This equipment was not only available to people who use the service but also to the local community. 'Mangar,' helps to reduce ambulance call out. A 'Mangar cushion' is an emergency lifting cushion that has been designed to provide a safe and dignified lift for those that have fallen. It is a manual handling device designed to lift a fallen person off the floor, with the support of only 1 person.
- Discussions with people and the care records we looked at confirmed they had access to other agencies to support them in meeting their specific care needs.



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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Medicines management were unsafe and people were at risk of not receiving their medicines as prescribed. Not all staff had access to protocols for the use of 'when required' medicines to ensure medicines practices were safe.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider's governance was ineffective to ensure all staff had access to relevant training or to adapt the principles of the mental capacity act. Vital information relating to people's prescribed medicines were not contained in their records, placing them at potential risk of harm.</p>