

# Brooks Care and Nursing Services Limited

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## Inspection report

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## Ratings

Overall rating for this service

Inadequate ●

Is the service safe?

**Inadequate** ●

Is the service effective?

**Requires Improvement** ●

Is the service caring?

**Requires Improvement** ●

Is the service responsive?

**Requires Improvement** ●

Is the service well-led?

**Inadequate** ●

# Summary of findings

## Overall summary

Brooks Care and Nursing Services Limited is a domiciliary care agency registered to provide personal care for adults living in their own homes. At the time of our inspection care was being provided to 131 people. The service does not provide nursing care.

At our last inspection in January 2017 we found seven breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to Regulation 9 Person Centred Care, Regulation 11 Need for Consent, Regulation 12 Safe Care and Treatment, Regulation 13 Safeguarding service users from abuse and improper treatment, Regulation 16 Receiving and acting on complaints, Regulation 17 Good Governance and Regulation 18 Staffing. We also issued the registered provider with a warning notice in relation to Regulation 17. Following the inspection the provider wrote to us to tell us the action they would be taking to ensure they met all the relevant Regulations.

We undertook this announced inspection on the 1, 7 and 12 June 2017 to check that the registered provider had followed their action plan to meet the breaches of regulations. We found that the registered provider had addressed some of the concerns that we had identified at our previous inspection however, there were still areas which required further improvement which the registered provider was working towards.

Two registered managers were in post who were also the owners of the business. 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.

The overall rating for this service is 'Inadequate' and the service is therefore in 'Special measures'. Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe. If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to being the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of this registration.

This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration.

For adult social care services the maximum time for being in special measures will usually be no more than

12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures. The Care Quality Commission is now considering the appropriate regulatory response to resolve the problems we found during our inspection.

We found that the registered provider had made improvements in their auditing processes since our last inspection. However these had not highlighted the areas we identified during our inspection. There was not always sufficient numbers of care workers deployed to meet people's needs in line with their preferences and/or commissioned care packages. Some people also experienced late or missed calls. Recruitment procedures were not thorough to ensure people were suitable to work with vulnerable people. The management of medicines was not always safe which meant people did not always get their prescribed medicines as they should. In addition care workers did not receive regular observations of their practice including assessments to ensure they remained competent to administer people's medication. Although some risks were being better managed than they had been previously, we found at this inspection that some people were still at risk of not receiving appropriate support to keep them safe and maintain their health and well-being.

There was a complaints system in place however not all the people we spoke with felt their concerns would be listened to. Communication between the office and people who used the service, relatives and care workers was still ineffective and several people's family members expressed their unhappiness and concern.

Although the registered provider had implemented some new systems to monitor and improve the quality of the service provided, these have not been successful in establishing the required improvements in some areas and other improvements have not been embedded and sustained.

Since our last inspection we noted that improvements had been made to procedures in place for the management of safeguarding. Care workers had received training to protect people from harm and abuse and were clear on the procedures to follow if they suspected abuse.

The service was working towards the principles of the Mental Capacity Act 2005 (MCA). Care workers had received MCA training and understood the need to obtain people's consent prior to providing care and support. Care plan documentation had improved since our last inspection and was more person centred and reflected people's current care and support needs.

During this inspection we found there were four continued breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Inadequate** ●

The service was not safe.

There were not enough care workers who were effectively deployed to meet people's care needs.

Improvements were required to ensure robust recruitment procedures were in place.

Improvements were required to ensure the safe management of medicines.

Care workers understood their responsibilities to keep people safe from harm and abuse and how to report any concerns.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

Improvements were required to ensure care workers received regular structured supervision and observations of their practice to ensure they were appropriately trained to meet people's individual needs.

Care workers had an understanding of the principles of the Mental Capacity Act 2005 (MCA) and supported people to make their own decisions.

People were supported, if required, to access healthcare professionals.

### Is the service caring?

**Requires Improvement** ●

The service was not consistently caring.

Care workers demonstrated a good knowledge and understanding of the people they cared for and supported. People and their relatives told us that care workers were caring.

People were not always treated with dignity and respect.

Care workers encouraged people to maintain their

independence.

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

The service was not consistently responsive.

People were provided with information on how to raise a concern or complaint, however people told us that they did not feel these would be listened to or acted upon.

Improvements had been made to people's care plans to ensure they were person centred and reflected their current care and support needs.

**Requires Improvement** 

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

The service was not well led.

Improvements were required to ensure effective communication between office staff and the people using the service, their relatives and care workers.

Care workers did not always feel supported or valued by the registered provider or office staff.

Whilst improvements had been made to quality assurance processes since our last inspection these were on-going. We require a longer term delivery of consistent good practice for people using the service and staff.

**Inadequate** 

# Brooks Care and Nursing Services Ltd

## **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 1, 7 and 12 June 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection team consisted of two inspectors on the 1 and 7 June 2017 and one inspector on the 12 June 2017 and an 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.

Before the inspection we looked at the information that we held about the service. This included statutory notifications received from the registered provider. Statutory notifications include information about important events which the provider is required to send us by law. We also reviewed the Provider's Information Return (PIR). This is information that we have asked the provider to send to us to evidence how they are meeting regulatory requirements.

During our inspection we spoke with 25 people including five of their relatives and one health and social care professional. We also spoke with the registered managers, training manager and 28 members of staff. We reviewed a range of documents and records including ten people's care records, seven staff recruitment and support files, training records, arrangements for the safe management of medicines including reviewing ten people's Medication Administration Records (MARs) and quality assurance information.

# Is the service safe?

## Our findings

At our previous inspection in January 2017 we found concerns around staffing levels and the effective deployment of staff to ensure people's needs were met. We were also not assured that the provider effectively monitored late and missed calls which meant people were placed at risk of harm and neglect.

At this inspection people's comments about staffing levels were variable. Some people told us they received care and support from a consistent staff team, others told us they did not. People also told us that they did not always receive their call visits on time and that care workers did not always stay for the agreed allocated length of time. One person told us, "I feel very vulnerable when my carers are late." Feedback from other people included, "My [morning] call has been put back to 11.30am which means I have a cup of tea at 9pm the night before then have to wait until 11.30am when the girls arrive for another drink. I did speak to the office and was told 'how about using a flask?'. And, "We have had to cancel the evening call a few times lately because [care workers] are supposed to get here at 8.30pm but on a few occasions when they haven't arrived I've rung up and been told that they either haven't got anyone [care workers] at all or I'd have to wait till gone 10pm. That's too late for me so I have had to manage on my own instead." Another person said, "At the weekend I don't seem to have enough carers. Usually the carers arrive much later than when my regular carers look after me during the week and once or twice no one has come at all." A relative told us, "Weekends are the worse because you get all different [care workers] and you have to let the carers know how to treat [name of person using the service]."

Care workers told us that following our last inspection things had started to improve such as the inclusion of travel times between call visits but the majority of care workers we spoke with told us that 'things had started to slip back'. One care worker said, "There are lots of improvements to be made, when you inspected a few months ago I thought things would change, they did for a couple of weeks and then went back to exactly how it was. I am expected to work long hours with no breaks, it's heart breaking to watch my clients suffer, knowing that if I spend the allocated time with each person, some poor person will not get their lunch until 3:30pm." Another said, "You will occasionally have one minute between visits, the most I have seen is four minutes between visits, but this will be for someone who lives 20-30 minutes away from the previous visit. There is no way you can travel between the clients in this time. Generally there is no travel time between visits. You are told to add in extras [call visits], when you explain that you won't be able to give people the visit times they prefer, or be able to spend adequate time, definitely not the whole allocated time, they tell you just to 'put your skates on'. This is not why I came into care."

During our inspection the registered provider showed us a dependency tool which they had introduced to calculate the number of care workers required ensuring people's needs could be met. They also told us there was an on-going recruitment drive. However care workers told us they did not feel there were always enough staff. We looked at a sample of records to show how call visits were planned. We saw on several care workers' visit schedules that they had been rostered to be at two people's homes at the same time. Furthermore, although the registered provider informed us that they had factored in traveling time since our last inspection, we noted from the sample of schedules we looked at that these were not always realistic; we also saw examples where no travel time had been included.

Care workers told us that they had spoken with management when they had been issued their rotas to advise they were not practicable, resulting in people not receiving their care at the time they wished or receiving their prescribed medication in a timely way. One care worker told us, "I always tell the office and get told 'we'll sort it out next week', they don't seem to understand the knock on affect it has on the clients or on us." This view was shared by the majority of the care workers we spoke with. Care workers also told us that they felt pressured to take on additional call visits and that they would also be contacted by the office on their days off or when they were on leave to see if they were available to work. One care worker told us, "In my opinion there isn't enough staff or maybe there is but due to the lack of morale in the company carers tend to phone in sick at weekends which impacts on the clients where the rounds are running late and [care workers] having to knock on doors late at night."

Since our last inspection the registered provider had implemented a system to monitor late and missed calls each month. We noted that the service had identified that a number of call visits had been missed for those people who only required support from one care worker. To try and mitigate this risk they had introduced a system whereby all 'single' call visits were highlighted in red to alert care workers and to avoid missed calls. However this system had not been effective as records showed that in May 2017 there had been eight missed calls of which all were people who received support from one care worker. We could therefore not be assured that the systems in place to monitor missed and late calls were robust. We discussed this with the registered provider who told us they were unclear as to why the number of missed visits continued as they were trying their utmost to mitigate this. They went on to tell us that they would shortly be implementing a new electronic system which would record when care workers arrived at, and departed from, people's homes. The system would also generate an immediate alert for any missed calls.

This remained an area of service delivery which required further development; improvements were required to ensure the service had enough trained and skilled care workers available to provide the care and support people required within acceptable time scales.

The above demonstrated a continued breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

When we last inspected the service we identified improvements were required to ensure the safe management of medication. At this inspection we asked people whether they received their medicines on time; we received variable feedback. One person told us, "My regular carer is always bang on time and is very reliable so I know exactly when to take my tablet as it needs to be taken 20 minutes before I get started each morning. When she is away or ill I never know who is coming and they can arrive anytime between 7am and 9am so taking my tablets is really hit and miss." Another said, "My carer gives me my tablets out of the blister pack, passes me a drink and once I've taken them they write it down in the book." We saw at this inspection that the provider had implemented new systems such as the introduction of colour coded medication administration records (MARs), had delivered medication workshops to care workers and ensured care plans contained more detailed information on people's prescribed medicines. However although new MARs had been introduced including a specific MAR in relation to PRN (as and when required) medicines, there were no protocols in place to explain to care workers when PRN medication should be given to people. A PRN protocol provides guidance for staff when people lack capacity to ensure these medicines are administered in a safe and consistent manner.

At our last inspection we found unexplained gaps in people's MARs and concerns regarding the administration of time specific medicines. At this inspection we inspected a sample of people's MARs and found some unexplained gaps therefore it was unclear as to whether people had received their medication as prescribed. We also saw for one person who had been prescribed Alendronic Acid that they had received



this medication at the same time as their other medicines. Alendronic Acid is a medicine which is administered once a week and should be taken at least 30 minutes before any other medication; the person's MAR did not include any specific instructions for giving this medication in line with the prescriber's instructions. We brought this to the immediate attention of the registered provider. We also found that MAR charts had been handwritten and completed by one member of staff; good practice is for another member of staff to check that the information on the MAR has been completed accurately.

Following our last inspection the registered provider had completed a monthly audit of a sample of people's care plans. We saw that this included medication however the audits did not show what was specifically looked at as part of the medication audit. Although the registered provider had implemented some new systems for the safe management of medicines since our last inspection, further improvements were required to ensure people received their medicines safely and as prescribed and completing competency checks of care workers' competencies to administer medication.

At our last inspection we identified that improvements were required to ensure appropriate measures were in place to mitigate identified risks to people. At this inspection we found that whilst some risks were being better managed than they had been previously, some people were still at risk of not receiving appropriate support to keep them safe and maintain their health and well-being. For example, there were no risk management plans in place, where appropriate, for catheter care, pressure area management and for those at risk of seizures. We discussed this with the registered provider and, following our inspection, risk management plan templates were forwarded to us by the registered provider.

The sample of care records we looked at showed that guidance was available to care workers for the use of slide sheets however there was no detailed guidance for staff on the safe use of hoists in people's homes. One person told us that their ceiling hoist was not used by staff and they stayed in bed. We saw in one person's home that a health and care professional had arranged for appropriate equipment to be put in place including a portable hoist and ceiling hoist following the person's discharge from hospital. There was no guidance in the person's care plan on how to safely use the hoists and care workers told us they had not received training on how to use the ceiling hoist. We could not therefore be assured that the registered provider had comprehensively assessed the risks to people who used the service and/or had taken appropriate action, where necessary, to manage known or related risks.

The above examples demonstrated a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some further improvements were required to ensure the provider's recruitment processes were robust in all instances, although this had improved since our last inspection. We looked at the recruitment records for five care workers and found that references had been obtained retrospectively following their employment. One care worker's file showed that only one reference had been obtained. This was contrary to the provider's recruitment policy which stated, 'Two written references are required, one from previous or present employer of not less than three months and one character reference. Satisfactory written references must be received and placed on file and then confirmed by telephone prior to commencement of employment.' We also saw for one member of staff that the application form had only been partially completed and the missing areas had not been discussed and documented at their interview. The provider assured us these shortfalls would be addressed immediately.

At our last inspection we identified a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found that the registered provider had failed to recognise and report safeguarding incidents and had no structured systems in place to analyse safeguarding incidents. At

this inspection the registered provider told us that, following our last inspection, two managers had attended comprehensive safeguarding training and were now designated safeguarding leads for the service. Records showed that since our last inspection the registered provider had reviewed safeguarding incidents at monthly management meetings. They had also notified CQC of safeguarding incidents. Care workers told us they had received training in safeguarding people from abuse and harm and records showed that 99 out of 108 staff had received this training. The care workers we spoke with were able to demonstrate a good understanding of how to report any concerns of abuse and consistently told us that they would report these to management or to external agencies such as the Care Quality Commission or the local authority. The registered provider is no longer in breach of this regulation.

At our last inspection we found the registered provider did not have effective systems in place to monitor accidents and incidents. At this inspection records showed that accidents and incidents had been reviewed and discussed at monthly management meetings. This meant that the registered provider had an overview of accidents and incidents and would be able to identify any trends or to put measures in place to prevent reoccurrence.

People told us they felt safe when care workers were in their homes. One person told us, "I really didn't want to have strangers coming into my home, but although I sometimes get frustrated by the way things are organised, my carers keep me safe." Another said, "My carers need to let themselves in with the key safe and they always ring the bell first before unlocking the door and then as soon as they are through the door they will shout out their name so that I'm not panicking that someone else's got hold of the door key. I know I shouldn't worry but it's always a little concerning knowing that your front door key is on display just on your front wall for everyone to see." Some people told us that their regular care workers would telephone them if they were running late but this was not consistent practice across the service as highlighted at our previous inspection.

# Is the service effective?

## Our findings

At our last inspection we identified a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found improvements were required to ensure care workers received regular structured support and training to ensure their skills were up to date to meet people's needs effectively. At this inspection we found improvements had been made but some areas still required further improvement.

We received mixed feedback from care workers regarding supervisions. Comments included, "I receive regular supervisions which enable me to discuss all aspects of my job and the managers give me feedback on how I am doing." And, "Supervisions are done regularly but I have never had a spot check or observation done." However, the majority of the care workers we spoke with told us that they did not receive regular supervision. One care worker told us, "I have been with the company eight months now and I have had one supervision in this time, again this is not good enough as if this is happening with other carers then the office clearly do not know how their staff are performing." Another said, "I have had very little supervision. I've had no spot checks since I have worked there." Some care workers told us that supervision was not a 'two way process' and felt their views and concerns were not listened to. One care worker told us, "I have started to receive supervisions and had one in the last six months. The company doesn't listen to my views or concerns." Records showed that since we last inspected the service 85 of 108 care workers had received supervision and ten care workers had received spot checks during April and May 2017. The registered provider told us that, going forward, spot checks would be conducted by three nurses who had been recruited by the service following our last inspection. They went on to say that the nurses would be working closely with the training manager and a senior manager to ensure effective and robust procedures were implemented to ensure care workers received regular structured supervision and observations of their practice to ensure care workers were appropriately trained to meet people's individual needs.

At our last inspection we found training records were kept on several systems and we could not be assured as to whether care workers had or had not received training in line with the service's policies and procedures as the systems provided conflicting information. At this inspection we found training records had been centralised onto one system. Care workers were complimentary about the training manager, one care worker said, "[Name of training manager] is lovely, I recently had dementia training and had to put on special glasses, gloves and headphones to experience what it is like for people living with dementia. The training really gave you an insight of what a person can/cannot do; until you experience it yourself you don't have a clue." Another care worker told us, "[Name of training manager] is amazing and puts you in the situation of the service user – it really opens your eyes. I cannot fault her. She is the best trainer I've had in 12 years of working in care." Although feedback from care workers regarding training was positive, some of the care workers told us that their training would sometimes be cancelled which they found frustrating. One care worker said, "I was supposed to get refresher training today but it was cancelled as needed to cover calls, this keeps happening." Another said, "I have not had any training since I started with the company. Don't get me wrong I have all my training which is up to date from my previous company. Two weeks ago I received a schedule from [name of training manager] which gave me all the training. I phoned my manager and said yes I want to do this training and asked to be taken off my [rota] to do this, I was told yes that is

absolutely fine as we need you to do it, but again when I received my rota none of the training had been put on and I had my normal work shifts. I do not think this is good enough especially when they say on the letter that if we do not attend the training we will be taken off of our work."

Care workers received an induction when they started work. Care workers we spoke with were positive about their induction, one told us, "The induction included training, [name of training manager] is very thorough." Another said, "I think the training at induction should be longer, for example how to use slings and hoists as [going out into people's homes] is very different from the training environment." The induction programme covered areas such as core values, understanding your role and behaviours and conduct. Following their induction care workers would work alongside more experienced care workers before being 'signed off' as competent to carry out their role. One care worker told us, "The regular staff monitor new employees and feedback to the office." However there was a lack of supporting documentation to evidence these arrangements were robust. The registered provider informed us that they would be working with the training manager to develop more robust documentation to demonstrate that care workers had completed their induction satisfactorily. The registered provider also told us new care workers would be completing the Care Certificate. The Care Certificate is a work based achievement aimed at staff who are new to working in the health and social care field and covers 15 essential health and social care topics.

We asked people whether they felt care workers were trained and had the skills to deliver and meet their care needs. Generally people were positive and felt the majority of care workers were well trained. One person told us, "I don't really need much help other than with my bath and the carers manage my bath lift without any difficulty. "And a relative told us, "It's very hard living with someone with dementia, Brooks have been the best so far out of the services we have used." However some people told us they were not confident that all care workers had been sufficiently trained to use equipment and aids to support safe moving and handling. One person told us, "I have a sliding sheet for the carers to move me about on the bed. Some insist on using it, but others don't seem to like it and would rather man handle me instead." Another said, "I can't quite work out why all the carers don't like using the sliding sheet. I think it's because it can take a bit longer to manage with it and some of them [care workers] are really in a hurry." This told us that some care workers were not always following safe practice or supporting people in line with their care plans. Records showed that since our last inspection 19 out of 108 care workers had received refresher training in moving and handling. Following our inspection we spoke with the training manager who told us they were now delivering refresher training every six months including sessions at weekends for those staff who were unable to attend during the week. They told us that they planned to complete refresher training for all care workers within the next couple of months.

With the lack of observations of care workers' practice and assessment by the registered provider of how effective training had been or how care workers were implementing their learning we could not be assured that people's needs were always safely being met.

The above examples demonstrated a continued breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

At our last inspection we identified a breach of Regulation 11 of the Health and Social Care Act 2008

(Regulated Activities) Regulations 2014. We found that the registered provider had not always ensured that the care and treatment provided was with the consent of the relevant person. Records also showed that only 26 out of 113 care workers had received MCA training and, where people lacked capacity, care records did not show that their mental capacity had been assessed and any decisions had been made in their best interest and in the least restrictive way.

At this inspection we found improvements had been made and the registered provider was no longer breaching this regulation. Training records showed that 91 out of 108 care workers had received MCA training and, although not all the care workers we spoke with were able to demonstrate an understanding of the requirements of the MCA and what this meant for people using the service, they were able to demonstrate the importance of giving people choices and how to support people that could not always make decisions and choices themselves. The registered provider had also ensured that, where appropriate, people's capacity had been assessed and decisions made in their best interests. Since our last inspection we noted the registered provider had obtained copies of lasting powers of attorney (LPA) to check people's representatives were legally able to make decisions on behalf of people using the service. However this was not in place for everyone where it had been recorded in people's care plans that a LPA was in place; the registered provider informed us they were chasing families for copies of the LPA documentation.

Since our last inspection the registered provider had introduced a more detailed care plan to ensure people's food and fluid needs were met; where appropriate food and fluid charts were completed. People were generally happy with the support they received from care workers with regards to their dietary needs. One person told us, "My carers get all my meals ready for me now. I usually have cereal for breakfast, a microwave meal for lunch and they also make me a sandwich or something on toast for my supper." Another said, ""My carer always makes sure I have plenty to drink, she makes me drink much more than I would if I was left to my own devices." However some people did express concern particularly when care workers were late. For example one person told us, "It is one of the things that does concern me, because my carers always make sure I have a hot drink while they are here with me and then they always leave me a cold drink within easy reach to last me until they come later on in the day. That's alright, but if the next call is later than it should be I can begin to get a bit thirsty and also I get to a point where I need the commode and sometimes even end up having to soil the continence pads." Another person told us, "I don't need help feeding, but I can't manage to prepare my meals anymore. They never mind making whatever I'd like, although a new carer last week heated my meal, put it on a tray for me and then went and it was only when I tried it that I realised it was still stone cold."

Where appropriate, people were supported to access health professionals. People told us that generally their families would support them with their healthcare needs. Care workers told us if they had any concerns about a person's health and wellbeing they would report these to the office. During our inspection we heard staff in the office talking with people over the telephone asking whether they would like support to make an appointment to see their GP. We also noted in the daily communication records for one person who had a catheter in place that care workers had contacted a health and social care professional who had visited the person earlier in the day requesting that they revisit the person to check their catheter as they had concerns. A health and social care professional told us, "Brooks are very accommodating, the carers are very good especially [names of care workers], they always pass on the information."

## Is the service caring?

### Our findings

People told us that care workers were caring and treated them well. One person told us, "The girls are fantastic, so caring some are like family." Another said, "The carers never mind doing extra jobs for me and they always ask me if there is anything else I need at all before they go out of the door. Nothing is too much trouble." Another person said, "The carers may not be here on time sometimes but the care they give is exquisite." They told us how they had not been very well when they first started using the service and how they had formed a special bond with the care workers. However they went on to tell us, "I do have problems with the office staff and their severe incompetence to the point where I feel very worried at times as they don't answer the phone or I leave a message and they don't always call back." From the discussions we had with people and their relatives their frustration regarding late and missed calls and the lack of effective communication with the office was a common theme. We could not therefore be assured that the registered provider had fully implemented and embedded improvements to ensure people received a caring attitude from the service.

Overall people were treated with dignity and respect. Care workers were able to provide us with examples of how they ensured people dignity and privacy was promoted which was confirmed by people we spoke with during our inspection. One person told us, "The carers never make any bother about having to empty and clean out the commode for me each time they visit. It's not a very nice job to do and sometimes when I've had something that has disagreed with me it can be really nasty. But they never make any mention of it and I'm never made to feel embarrassed about it." Another person told us, "My carer knows that I like my shower to be nice and warm and she will usually go and run it first thing when she comes in, so that I don't have to stand about with just my towel around me getting cold. It's just little things like that that make the difference." A relative told us, "The carer comes to look after my [name of person using the service] and I usually hear her go up the stairs and she knocks on the bedroom door and calls out their name and then she always waits for [name of person using the service] to say they are ready for her to go in. I usually just catch the first part of the conversation as she is closing the door behind her. We are really very grateful to the carers that we have because they really do cheer [name of person using the service] up in the morning's when they see them." However one person told us that care team managers would often answer their work mobiles whilst providing personal care and support to them; they said, "It is off putting when you have someone constantly on the phone whilst providing personal care and the water gets cold, I don't want to listen to them [on the phone]." This was brought to the provider's attention for action and they confirmed they would speak with the staff members indicated so that this didn't happen again.

People were supported to maintain their independence. Care workers told us, and provided examples of how they encouraged people to do as much as they could for themselves to ensure people's independence was promoted. For example one care worker told us how a person they supported had been recovering from a hip replacement operation; they said, "[Name of person using the service] could hardly do anything now I am only assisting with their breakfast, I encouraged them to do things whilst providing reassurance that I was close by."



## Is the service responsive?

### Our findings

At our previous inspection we identified a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the registered provider had not received and acted on complaints appropriately. At this inspection we found that the registered provider had implemented new systems for the management of complaints. This included a review of any concerns or complaints received at monthly management meetings. However, we received variable feedback from people and their relatives regarding the raising of concerns and/or complaints. The majority of the people we spoke with told us that they did not feel their concerns and complaints were or would be addressed. One person said, "I don't like raising issues at the best of times and, when nothing is done about it when you do, I really cannot be whittling about wasting my time anymore." Another person told us, "I have raised a number of concerns about the quality of some of the carers, timings of calls and a couple of 'no shows' last month in the evenings when I was waiting to go to bed. I have to say none of these issues were given much in the way of consideration by the agency and I have no confidence in anything being done about it." Another person who had recently started to use the service told us, "I'm very happy with the care provided by Brooks, no complaints; I would call the office if I did. We're all still finding our feet in the routines." People were provided with information on how to raise a concern or complaint.

Records showed that there had been four complaints received since our last inspection. These had been responded to appropriately in line with the registered provider's policy. Although the formal complaints recorded had been addressed the system for considering all concerns was not robust and people remained unhappy with elements of service delivery. Therefore the service is failing to effectively manage complaints as required.

This was a continued breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection we identified a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found that although staff intuitively knew people's needs, improvements were required to ensure people's care plans contained sufficient information and guidance to ensure care and support was provided in a way that appropriately met people's individual needs. We also identified that no formal audits of care plans had been completed which meant people were at risk of not receiving safe and effective support in regards to their health, wellbeing and nutritional needs.

The registered provider had reviewed and updated its care plan documentation to ensure people's care plans were person centred and reflected their current needs. The registered provider had also recruited three nurses to review and update all care plans. Care workers told us that the information contained in people's care plans had improved following the implementation of the new documentation. A relative told us, "The care plans have changed quite a bit and contain specific instructions to carers. The nurse that did the review was very good and asked lots of questions." Records also showed that the registered provider had now started to audit a sample of care plans on a monthly basis. At this inspection we found improvements had been made. The registered provider is no longer in breach of this regulation.

We received mixed feedback from people regarding their involvement in the planning and review of their care and support needs; this was a common theme for people who did not receive care from a consistent team of care workers. One person told us, "I have to say that I did feel fully engaged with organising my care and how it was going to be delivered. Sadly however, the promises that were made by the agency have not exactly been forthcoming around either the timings of calls, or frustratingly, some months after starting with the agency, I still haven't got a small number of regular carers who I see most of the time, as I was promised." However another person told us, "I do still enjoy going out and I can use my mobility scooter still. That's why I like an early morning call so that I can have my wash and breakfast and get it all out of the way and still have the morning to enjoy." Another person said, "I don't go out as often as I used to, but I do still enjoy getting out when I can or when the family invites me up for the day. I always have an early morning call so that I can be ready when I do want to go out or just if the weather is nice so I can make the most of it. It's just when my regular carers are off ill or on holiday that it can be more difficult to plan to do things because they are not always reliable or on time as my regular carers are."



## Is the service well-led?

### Our findings

At our previous inspection we found breaches of regulations and a Warning Notice was issued to the registered provider. This was due to the lack of robust monitoring of the quality of the service including the care provided to people using the service. Furthermore, there was an overall lack of oversight by the registered provider of the day to day management of the service. We requested the registered provider to send us an action plan which outlined the actions they would take to make the necessary improvements to ensure they met the breaches of regulations and Warning Notices. In response, the registered provider shared with us on 9 March 2017 their action plan detailing their progress to meet regulatory requirements.

At this inspection we found that, although the registered provider had taken actions to address some of the issues we had identified at our last inspection and were working towards completing their action plan, there continued to be on-going breaches of regulations. We noted that not all of the systems that had been put in place were fully robust and/or required further time to be fully embedded into the service, and sustained, to ensure people's health, safety and well-being. The registered provider told us that their priority following our last inspection was to ensure all the care plans for people using the service were reviewed and updated to ensure they were person centred and reflected people's current care and support needs.

The service was not effective at responding to people or their relatives. Throughout our inspection people and their relatives told us how communication with the office was poor. One person told us, "I don't even know who the manager is to be honest. It's difficult enough getting through to speak to someone in the office let alone trying to get a manager to call you back." Another said, "[We] don't usually like filling in surveys but we wanted to let the managers know that we weren't particularly happy with some aspects of the service at present and, when you tell the office, nothing seems to happen about it, we decided we'd fill in the questionnaire and write it down for them. Having said that, we still haven't heard anything further from them so we probably won't try again." A relative said, "Overall timing [of call visits] and communication are the biggest problems. Sometimes [call visits] are two hours late and they don't call us."

During the course of our inspection people and their relatives told us that they did not feel the service was well led. Furthermore, 23 people told us that although they were happy with the care provided, they would not recommend the service. One person told us, "At the minute I don't think I would recommend. I love my regular carers but the service is just too unreliable when my regular carers are either ill or on holiday. When that happens I never know who is going to be coming or when which is very worrying at my age, therefore I would not recommend them to anybody." Another person said, "They need to employ the right type of carers to start with and more of them and then make sure they're not asking carers to look after too many clients on one shift. The carers are all lovely and do their best but they just rush around as if they are rushing against the clock, I don't think it would be fair to recommend them to anybody else at this time." A third person said, "The carers are let down badly by the office staff and their managers. I never know who is coming from one day to the next and if I phone to enquire even if it's about a carer coming that evening, they can very rarely tell me who it is and just tell me nobody has been allocated yet. I find that impossible to believe; I ran a small business myself for many years and if I had operated that way I wouldn't have stayed in business very long."

Some care workers told us they did not always feel valued and supported by the registered provider and stated communication with the office continued to be poor. One care worker told us, "I don't feel supported at all, I'm confident in my own capability but I'm not supported by the office." Another said, "Communication and support from the office is awful". This was a recurrent theme in the feedback we received from care workers.

We discussed the feedback we had received from people using the service and staff with the registered provider. They were surprised to receive this feedback as they felt that they had made improvements in this area since our last inspection and would look to see what additional measures they can put in place to address these issues. They told us, and records showed that they had set up a suggestion box and a dedicated email address for suggestions for improvements. We saw that suggestions that had been forwarded had been reviewed at monthly management meetings. The registered provider was also in the process of setting up a focus group. The membership of the group would consist of service users, former service users and a cross section of staff to look at ways of improving service delivery. The registered provider informed us that in addition to reviewing the support systems in place for care workers with regards to supervision and appraisal they were currently considering options of what schemes they could put in place to recognise care workers' performance and dedication, for example 'carer of the month'.

Although the registered provider had implemented a range of quality assurance systems and processes there had not been sufficient time since our last inspection for these to be fully embedded and sustained within the service. These failings included continued issues regarding staff deployment and late and missed calls, staff training not being adequate, medication management still failing in areas, risks were still not being identified in all areas and communication with people and their families have not improved and complaints systems were ineffective.

The registered provider informed us that following our last inspection they had joined a local independent association that provides support, knowledge and advice to the social sector. They had also approached other care providers who provided similar services for advice and guidance. The registered provider told us that they were committed to making improvements and to providing a good quality service.

This demonstrated a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Safe Care and treatment (12)(1) Care and treatment must be provided in a safe way for service users. 12(2)(a) Assessing the risks to the health and safety of service users of receiving the care and treatment. 12(2)(b) Doing all that is practicable to mitigate any such risks. 12(2)(g) The proper and safe management of medicines.

### The enforcement action we took:

Notice of Proposal to impose positive conditions

Regulated activity	Regulation
Personal care	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints  Receiving and acting upon complaints. 16(1) Any complain received must be investigated and necessary and proportionate action must be taken in response to any failure identified by the complaint or investigation. 16(2) The registered person must establish and operate effectively an accessible system for identifying, receiving, recording, handling and responding to complaints by service users and other persons in relation to the carrying out of the activity.

### The enforcement action we took:

Notice of Proposal to impose positive conditions.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Good governance.

17(1) Systems or processes must be established and operated effectively.

17(2)(a) Assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services).

17(2)(b) Assess, monitor and mitigate risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity.

17(2)(d) Maintain securely such other records as are necessary to be kept in relation to (i) persons employed in the carrying on of the regulated activity; and (ii) the management of the regulated activity.

17(2)(e) Seek and act on feedback received from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services.

**The enforcement action we took:**

Notice of Proposal to impose positive conditions.

Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Staffing</p> <p>18(1) Sufficient numbers of suitably qualified, competent, skilled and experienced persons must be deployed.</p> <p>18(2)(a) Persons employed by the service provider in the provision of the regulated activity must receive such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.</p>

**The enforcement action we took:**

Notice of Proposal to impose positive conditions.