

Brookfield Homecare Limited

Hoylake Cottage

Inspection report

Cottage Hospital
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27 February 2020

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Hoylake Cottage is a domiciliary support service providing personal care to people 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 the inspection, 61 people were receiving support with personal care.

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

Records regarding medicine administration were not always maintained accurately and we made a recommendation regarding this. Staff were knowledgeable about safeguarding and concerns had been referred to the local authority appropriately. Staff knew how to respond in the event of an emergency and people told us they felt safe with the support they received. There were sufficient numbers of staff employed to meet people's needs and most people told us they received support from a consistent group of carers that they knew, although this was not always possible.

People's feedback regarding the quality of service they received was very positive. More formal systems could be implemented to ensure records regarding people's needs were always stored securely to protect people's confidentiality. People knew their core team of carers, but did not always know which carers would be supporting them each day, which some people felt could be improved. A range of regular checks were completed to monitor the quality and safety of the service, but these could be further developed to ensure they help drive forward improvements. Regular observations and spot checks were completed to ensure staff continued to provide high quality support to people. Systems were in place to engage with people and gather their feedback regarding the service, such as reviews, quality assurance surveys and a complaints process.

People received care that met their individualised needs and preferences. It was clear that support was adapted to meet people's changing needs. Care plans were detailed, although some required updating to reflect the care that was being provided and we made a recommendation about this. Staff worked flexibly to meet people's changing needs, including their religious needs. A complaints policy was available, and people knew how to make a complaint. Staff worked closely with district nurses to ensure people's needs were met well at the end of their lives.

People told us, "Staff respect me and my home" and they were "Very caring staff, they cannot do enough for me." Relatives agreed and told us, "I have no concerns that the staff look after [relative] at the highest standard." Staff spoke warmly about the people they supported, and language used in records about people was respectful and reflected the care people wanted. Satisfaction surveys were sent to people to gain people's views regarding the care provided to them and people told us they were involved in decisions about their care. People's privacy and dignity were maintained by staff and they never felt rushed.

Staff completed a comprehensive induction and were supported in their roles through regular training, supervisions and an annual appraisal. When people required support with meals and drinks, this was clearly recorded within their plans of care. Staff worked with other health and social care professionals to ensure people's needs were met.

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. When able, people consented to their care and if there were concerns regarding people's capacity to make specific decisions, the registered manager liaised with the person's social worker or GP.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 9 August 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Hoylake Cottage

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 Care Act 2014.

Inspection team

This inspection was undertaken by an inspector 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.

Service and service type

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

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

Notice of inspection

We gave a short period notice of the inspection to enable consent to be gained to visit people in their own homes.

Inspection activity started on 25 February 2020 and ended on 27 February 2020. We visited the office location on 25 February 2020.

What we did before the inspection

We reviewed information we had received about the service since the last inspection and we sought feedback from the local authority. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this

information to plan our inspection.

During the inspection

We spoke with 14 people who used the service and four relatives over the phone, about their experience of the care provided. We also visited four people in their homes to gain their feedback. We spoke with nine members of the staff team, including the registered manager.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Using medicines safely

- People did not raise any concerns regarding the support they received with medicines, however records regarding medicine administration were not always maintained accurately.
- It was not always clear if staff had supported people with medicines each day. One person's records reflected unexplained gaps in the recording of support. Another person's file showed creams staff were applying, were different to those recorded in the plan of care, as they had recently been changed.
- Staff recorded when they supported people to take medicines from a blister pack, but medication administration records (MARs) were not in place. The registered manager had already identified this and began making necessary improvements.

We recommend the provider reviews and updates its practices to ensure records regarding the administration of medicines are accurate.

- Medicines were administered by staff who had undertaken training and had their competency assessed.

Systems and processes to safeguard people from the risk of abuse

- Staff had undertaken safeguarding training and a policy was in place to guide them in their practice. Staff were aware of what actions to take if they suspected a person was at risk of abuse.
- Safeguarding concerns had been referred to the local authority for investigation as required.
- A whistleblowing policy was also in place and staff told us they would not hesitate to escalate a concern if they felt it had not been dealt with appropriately.

Assessing risk, safety monitoring and management

- Risks to people had been assessed and measures were in place to reduce risks when possible, such as staff ensuring people wore their falls alarms and using equipment to safely aid mobility.
- Staff knew how to respond in the event of an emergency, such as if a person was unwell or had fallen.
- People had contact details for the service and an on-call system was in place. This helped to ensure advice and support was always available to people and staff.
- People told us they felt safe with the support they received. Their comments included, "I have the same carers which makes me feel safe", "I feel so much safer at home as I know they are coming in" and "[Staff] ensure I am safe."

Staffing and recruitment

- Most safe recruitment checks were evident in staff files, although not all staff had their full employment

history recorded. The registered manager agreed to ensure this was available for all staff and following the inspection, confirmed this had been completed.

- Sufficient numbers of staff were recruited to meet people's support needs. The registered manager told us they only took on new clients once they had the staff in post and trained to support them. Some bank staff were also employed to help cover staff holidays and sickness when required. Senior carers were not allocated regular calls, so were always available to cover if needed.
- Staff rotas were arranged in small geographical areas to enable them to travel between people's homes in a timely way. If staff had to travel a significant distance to the next person, they would be allocated time for the journey.
- Most people told us they received support from a consistent group of carers that they knew, although this was not always possible.

Preventing and controlling infection

- Staff had access to gloves and aprons to help prevent the spread of infection.
- Infection control training was provided, and a policy was in place to help guide staff.

Learning lessons when things go wrong

- Accidents and incidents were reported and recorded appropriately.
- All incidents were reviewed each month by the registered manager to look for any trends and assess whether future incidents could be prevented.

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 the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed prior to support commencing, to ensure staff were aware of, and could effectively meet their needs.
- Plans of care were developed based on initial assessments, as well as assessments provided by other health and social care professionals.
- The service helped people and their families to achieve positive outcomes. A relative told us, "[Staff] make a difference to [relative's] life."

Staff support: induction, training, skills and experience

- Staff completed a comprehensive induction and annual refresher training in areas necessary to provide safe and effective care to people. Training was provided through the completion of care certificate workbooks, as well as face to face training. Staff told us they received enough training.
- Staff received regular supervisions and spot checks and told us they felt very well supported in their roles.

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

- When people required support with meals and drinks, this was clearly recorded within their plans of care.
- People told us they were happy with the meals provided by staff, that they were well prepared and always of their choice. One person told us, "I'm always asked what I would like to eat or drink."

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

- Staff worked with other health and social care professionals to ensure people's needs were met. For instance, they had recently worked with a social worker to ensure a person's finances were managed safely.
- Staff told us they supported people if needed, to contact their GP if they were unwell, or to attend medical appointments.

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 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.

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.

- Records showed that when able, people consented to their care, including their needs assessment, risk assessments, care plan and consent for staff to support with medications.
- If there were concerns regarding people's capacity to make specific decisions, the registered manager told us they would liaise with the person's social worker or GP.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- People told us they were treated with kindness, respect and compassion by staff. Comments included, "The staff really care about me", "Wonderful caring staff", "Staff respect me and my home", "They take the time to listen to me" and "Very caring staff, they cannot do enough for me."
- Relatives agreed that staff were respectful and treated people well. They told us, "[Staff] are so caring", "I have no concerns that the staff look after [relative] at the highest standard" and "They make a difference to [relative's] life."
- Staff spoke warmly about the people they supported, and language used in records about people was respectful and reflected the care people wanted. One staff member told us, "I treat [people receiving support] as though they were a member of my family."
- Staff knew people's individual needs and preferences. There was an equality and diversity policy in place to guide staff and the statement of purpose discussed key legislation that helped to ensure people were not discriminated against.

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

- Records showed that people were involved in regular reviews of their care and changes made based on their feedback. One person told us, "Care planning is good and they do come and see me and review it."
- Satisfaction surveys were sent to people to gain people's views regarding the care provided to them. The most recent survey included comments such as, "We are delighted with the help we get", "I feel myself lucky to be included in the [this] care programme" and "The staff are all excellent and assist me endlessly."
- When people required support with decision making, the registered manager told us they knew how to access advocacy services. People told us, "Staff encourage me to make decisions".

Respecting and promoting people's privacy, dignity and independence

- Hoylake Cottage worked with the local authority to provide short term support packages to people, to assist with rehabilitation and help people to regain their independence. People told us they were encouraged to do as much for themselves as they could, but one person said, "If I need more help some days, [staff] will help me."
- People told us their privacy and dignity were maintained by staff and that they never felt rushed. Staff were able to describe what actions they took to help ensure people's privacy and dignity were protected when providing personal care.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- Although care files were detailed, they were not all up to date. For instance, one person's mobility had deteriorated recently, the service had responded and increased the number of carers who visited them to ensure their safety, but this had not been updated in their care plan. We raised this with the registered manager and the care plan was updated the following day.

We recommend that the provider reviews and updates its practices to ensure care plans all reflect current support provided to people.

- People received care that met their needs and preferences. It was clear that support was adapted to meet people's changing needs. A relative told us, "If [relative] needs more help when she isn't well, they will accommodate this."
- Care plans were reviewed regularly, and people and their families were involved in these reviews to ensure care remained effective.
- Staff were informed of people's needs before they provided support to the person. This helped to ensure they knew how people wanted their needs to be met. We discussed this further in the well-led section.
- The service provided support to help ensure people's religious needs were met. For instance, one person received an early call one day each week to enable them to attend church.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs had been assessed and staff knew how to best communicate with people.
- Although not needed at present, the registered manager told us care plans could be provided in different formats, such as large print if needed.

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

- When required, people were supported to access activities of their choice.

Improving care quality in response to complaints or concerns

- A complaints policy was available, and people were provided with information as to how to make a

complaint if they needed to.

- People told us they knew how to make a complaint and would not hesitate to raise any concerns. Nobody raised any complaints with us during the inspection.
- Complaints were recorded, and records showed they were responded to appropriately.

End of life care and support

- Staff had completed end of life training and there was an end of life care policy in place to help guide staff during these times.
- The registered manager told us they worked closely with district nurses to ensure people's needs were met well at the end of their lives.

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 the last inspection this key question was rated as good. At this inspection this key question has now deteriorated 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.

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

- Records regarding people's care were stored securely in the office. However, to ensure staff were aware of people's needs prior to supporting them, they were provided with some information about their needs. More formal systems could be implemented to ensure these records are always stored securely to protect people's confidentiality.
- People told us they were very happy with the support that they received. Although they knew the core group of carers that supported them, they did not always know which carers would be supporting them each day, which some people felt could be improved. We discussed this with the registered manager who agreed to look at ways of ensuring people knew which carers would be supporting them each day.
- People's feedback regarding the quality of service they received was very positive. Comments included, "They need to continue doing what they are doing as its excellent" and "I am extremely happy with the care."
- Staff told us they enjoyed their jobs, were well supported in their roles with regular supervisions and could raise any issues they had with the registered manager or office staff. Their comments included, "If I have any problems, I can always have a word with [registered manager]", "There is always someone on the end of the phone if needed" and "[Registered manager] is very easy to talk to. I wouldn't hesitate to speak to them."
- Staff told us they would recommend Hoylake Cottage if their family members required care in their own homes.

Continuous learning and improving care

- A range of regular checks were completed to monitor the quality and safety of the service, but these could be further improved.
- The registered manager had already identified some areas that required improvement, such as those relating to the recording of medicines. They had implemented new records and processes to help drive forward improvements in this area. However, the systems were not always effective, as some care plans required updating and full employment histories were not in place for all staff.
- Regular observations and spot checks were completed to ensure staff continued to provide high quality support to people.
- Responsive action was taken to any issues raised during the inspection.

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

- An out of hours system was in place to ensure people using the service and staff could contact a senior member of staff if required.
- A range of policies and procedures were in place to help guide staff in their roles and help ensure staff were aware of their responsibilities.

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

- There had been no recent occasions when the service had to act on its duty of candour. However, the registered manager was fully aware of their responsibilities in this area and a policy was in place to support this.
- Accidents, incidents and complaints were comprehensively reviewed, recorded and acted upon to ensure the service acted in a transparent way.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Systems were in place to engage with people and gather their feedback regarding the service, such as reviews, quality assurance surveys and a complaints process.
- Completed surveys had been reviewed and actions taken to address any issues raised.
- Staff meetings were held to enable staff to share their views regarding the service and receive updates regarding the organisation, any changes and sharing of good practice.
- The registered manager and staff worked with other professionals involved in people's care when required, to achieve good outcomes for them.