

Annual Inspection Report 2022-2023

Brookfield Homecare Services

Domiciliary Care

9 & 16 November 2022



DHSC

We carried out this announced inspection on 9 and 16 November 2022. The inspection was led by an inspector from the Registration and Inspection team.

Service and service type

Brookfield Homecare Services is a domiciliary care agency based in Ramsey. The service arranges for others to be provided with personal care and support, with or without practical assistance, to those in their own private dwelling across the Isle of Man.

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

To get to the heart of people's experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well led?

These questions form the framework for the areas we look at during the inspection.

Our key findings

The service had systems in place to protect people from the risk of abuse and harm. The provider had recruited staff safely and had a sufficient number of staff to provide the level of services to each of their clients. People felt safe with staff who came into their home.

People had their needs assessed prior to a service commencing. Staff had completed a comprehensive induction programme and people told us that the staff were competent and sufficiently trained to meet their needs.

People reported that staff treated them with dignity, respect and compassion. Staff ensure that the care they provide protects people's privacy and respects their choices and rights.

The service was responsive to people's needs and the manager conducted regular reviews of their care, to ensure the services they received met their individual needs. The service had a comprehensive complaints and whistleblowing policy and procedure. Staff felt the manager was very approachable and they could raise any concerns and the manager would respond positively to their suggestions and ideas.

The manager completed a quality assurance process on an annual basis, to identify any improvements to the services provided. Staff spoke positively about the manager and felt supported. Improvements meant there were now effective communications throughout the management and team.

At this inspection, we found improvements had been made in response to the previous inspection.

About the service

Brookfield Homecare Service is registered as a domiciliary care agency.

Registered manager status

The service has a registered manager. 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

This announced inspection was part of our annual inspection programme, which took place between April 2022 and March 2023.

Inspection activity started on 7 November 2022. We visited the location's office on the 9 November 2022 and 16 November 2022.

What we did before the inspection

We reviewed information we received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR), notifications, complaints/compliments and any safeguarding issues.

During the inspection

A range of records was reviewed. These included people's records, staff recruitment records and a number of documents relating to the management of the service. The registered manager was available throughout and was able to discuss the service.

After the inspection

We spoke to four people receiving a service and three family members of other people receiving a service, about their experiences of the service provider.

We spoke to three members of staff, who told us about their experiences of providing care and working with the manager.

Our findings:

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. The service requires five improvements in this area.

We found this service was not safe in accordance with the inspection framework.

Systems and processes to safeguard people from the risk of abuse: Learning lessons when things go wrong

Systems were in place to safeguard people from abuse and harm. Staff had received training in safeguarding and had received refresher training every two years.

Three members of staff had received safeguarding training; however, they had not received refresher training within the two-year period. These staff members were scheduled to complete this refresher training shortly after the inspection. We recommend that all staff attend refresher training within the identified period.

The provider had policies and procedures regarding whistleblowing and safeguarding. Staff informed us they had been introduced to the policies and procedures during their induction period.

The manager had systems in place to monitor all accidents, incidents and safeguarding concerns. One logged safeguarding concern was reported to the Isle of Man Safeguarding Board; however, the service had not fulfilled their regulatory responsibility of informing the registration and inspection team. We recommend that the service inform the registration and inspection team of all notifiable events within the specified timeframe.

The service had notified the registration and inspection team of three episodes, where staff members had missed a visit to two service users, due to miscommunication. The manager had reflected on these incidents and had changed the methods of communication, to avoid missing visits to service users. The service users concerned with the missed calls had not made any formal complaints.

Staff knew the signs of potential abuse and the actions they must take if they suspected someone was being subjected to harm or abuse.

Feedback from people receiving a service determined that they felt safe with the staff that came into their home. One family member of a service user told us, “[My relative] feels very safe with the staff. They are always friendly. {My relative] is very happy with them”.

Assessing risk, safety monitoring and management

The manager carried out an initial assessment of needs prior to a service commencing. Following this, the care plans were developed and, if there was an identified risk of harm to people, appropriate risk assessments were established. A review of client files established that, for one service user, the manager had not identified all potential hazards to the client and had not produced appropriate risk assessments to remove or reduce the risk of harm.

Initial assessments, carried out prior to the introduction of a service, included a section for recording a household risk assessment. This section had been completed with information as to the location of the water stopcock, electrical fuse box and gas tap; however, a more

thorough assessment of the household, to determine the safety of the environment for staff and the service user, had not been undertaken.

The initial assessments also included a section on mobility and the use of aids; however, for people who had mobility aids within their home, the manager had not regularly audited the equipment to ensure they continued to be safe to use.

An incident, involving a service user, demonstrated that a member of staff had not checked the safety of the mobility aid they were using, resulting in an accident. There was insufficient evidence to demonstrate that the member of staff, supporting the person with their mobility, had received training in moving and handling.

To ensure that service users received the most up-to-date care, the manager reviewed the care plans and risk assessments regularly. Feedback from people confirmed that review meetings had included service users, and their family members, where appropriate.

Care records were kept in a locked cabinet within a secure office.

Staffing and recruitment

The provider had recruited staff safely. The provider completed appropriate checks prior to any staff member commencing employment.

Staff members had completed mandatory training in safeguarding adults, health and safety, moving and handling, first aid and administering medication.

The manager had considered people's needs and matched staff members to them by taking into consideration their personality, their training and experience and, for one service user, their physical stature. The service allocated a small team of staff members to each service user, ensuring that, if any member of staff takes annual leave or sickness absence, this did not affect the continuity of service provision.

Using medicines safely

A medication policy and procedures was in place. Initial assessments, completed by the manager prior to a person receiving a service, had identified their medication needs. This information was used to develop a medication risk assessment, informing the staff of their responsibilities in supporting the service user with their medication regime, as necessary. We recommend that, for people receiving support with being administered medication prescribed 'pro re nata' (PRN), their medication care plan and risk assessment identifies the circumstances as to when this medication is to be administered.

Staff had received training in the administration of medication; however, they did not have their competency assessed for administering medication on an annual basis. At the time of the inspection, the manager had developed a draft 'competency assessment' document and had trialed it on one member of staff. A discussion was had with the manager to include 'what if' scenarios within future competency assessments.

One member of staff had not received medication administration training; however, this staff member was scheduled to complete this training shortly after the inspection.

Preventing and controlling infection

The provider had updated the infection control policy and procedure in January 2021.

The manager had supplied all staff with PPE for their health and safety, and for the safety of the service users. PPE was stored in people's homes and the staff carried extra supplies in their car. One person told us, "The staff always use gloves and those aprons when they come to my house, for my own safety".

All staff had completed training in infection control and food hygiene during their induction programme.

Learning lessons when things go wrong

Staff members were informed of their responsibilities, to report any concerns or changes to a service user's care needs, during their induction period.

The manager had a system in place for regularly reviewing accidents, incidents and safeguarding concerns. Following any incident, the manager would review the circumstances to establish any learning and create changes, to protect all parties from harm. The manager demonstrated that, following three similar incidents, where staff members had missed a visit to two service users due to miscommunication, a process of reflection and learning had created a change in working protocol, thus reducing the possibility of missing visits in future.

Staff felt that, if they raised any concerns, the manager would take them seriously and act immediately to any emergency.

At the time of the inspection, the manager did not produce a Business Continuity Plan, a document used to address any potential disruptions to the business. The responsible person only had access to this document. We recommend that the manager also have access to the business continuity plan.

Action we require the provider to take

Key areas for improvement

- Following the initial assessment of needs, if there is an activity with an identified hazard, the manager must produce appropriate risk assessments, informing staff on how to support the person in removing or reducing the potential risk of harm or injury.
- The manager must complete a thorough assessment of the person's home to identify any potential hazards and produce comprehensive risk assessments, instructing staff on how to remove or reduce the potential risk of harm, or injury, to any person.
- The manager must complete an audit of all aids and equipment, used by staff for the benefit of the service user, and develop a system to ensure those aids and equipment are checked for faults and defects, on a regular basis.
- Staff must receive mandatory training, including moving and handling and medication administration.
- All staff, who support people with their medication, must have their competency in administering medication assessed annually.

Inspection Findings

C2 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. The service requires two improvements in this area.

We found this service to be effective in accordance with the inspection framework.

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

The manager and responsible person had completed assessments of people’s needs prior to them receiving a service. Information from the assessments then formed the basis of the care plans. If there was an identified risk of harm to any person, the manager then produced a risk assessment.

The person receiving the service, or their family member, had signed their initial assessments, care plans and risk assessments.

People and family members told us they had been involved with the initial assessments and in developing the care plans.

Staff support; induction, training, skills and experience

The inspector examined staff training records. One staff member required training in medication administration and several staff, working with people diagnosed with Alzheimer’s or dementia, required training in dementia awareness and challenging behaviour. The manager confirmed that training for each of these subjects was in the process of being rolled-out and will be available to all staff, in the near future. We recommend that the manager maintain this training schedule and all staff receive this training as soon as possible.

The provider had three staff that had completed the ‘care certificate’; seven other staff had attained the National Vocational Qualification (NVQ) level 3, or equivalent, in Health and Social Care and another member of staff was in progress for attaining this qualification. One member of staff had attained the NVQ level 2, or equivalent, in Health and Social Care and two staff members were ex-nurses.

People receiving a service, and their families, felt that staff were suitably trained and competent in carrying out their duties. One family member told us, “I think they are well trained. They are very thorough and always know what they are doing”.

New members of staff had an opportunity to shadow a more experienced member of staff for a minimum of two weeks during their induction, or until they felt confident to work alone. One staff member told us, “I shadowed another member of staff as much as I needed, until I was ready to work on my own”.

Staff felt that the training they received was appropriate to the services they delivered. When we discussed training with staff, one member told us, “We get quite a lot of training, it’s always updated and we are also able to talk to [the manager] about any concerns”.

Staff reported that they had attended regular team meetings; however, some staff had not received formal supervision, with the manager, every three months, including completing their annual appraisal. Staff told us the manager was very approachable and felt confident they could express their views, make suggestions and talk with the manager about anything that was causing them concern.

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

Initial assessments were completed prior to a service commencing and had included nutrition and hydration assessments. A person's dietary requirements and the preparation of meals were identified as part of the initial assessment and care plans were developed, as required. Staff rotas also showed that the service had supported people with preparing meals and snacks.

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

The service supported joint working with other agencies. The initial assessments identified working with other agencies and health care professionals. Care plans demonstrated how staff supported people to attend appointments and work alongside medical professionals, where necessary.

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

A discussion was had with the provider regarding the expectations for recording capacity and best interest decisions when the Isle of Man Capacity Act becomes law. Family members and significant others to the person were instrumental in the setting up of their care package, where it was deemed necessary, due to the lack of capacity.

Feedback from staff members and service users confirmed that they always seek consent from the person prior to providing any personal care. One member of staff said, "I always ask them first and keep them informed with what I'm doing, just to re-assure them". Another member of staff told us, "I always ask permission from [the client] before offering personal care and make sure they're comfortable with what I'm doing".

Action we require the provider to take

Key areas for improvement

- Staff must receive specific training to meet the individual needs of the service users, including dementia awareness and challenging behaviour.
- The service must provide staff with a minimum of four supervision sessions per annum, to include an annual performance appraisal.

Inspection Findings

C3 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. The service does not require any improvements in this area.

We found this service to be to be caring in accordance with the inspection framework.

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

Feedback from service users, and their family, established that people were receiving a service from staff that were kind, respectful and compassionate. One person receiving a service told us, "The staff are always kind and very pleasant. They always go out of their way to help me as much as possible". Another said, "They always respect my dignity when offering personal care. I would give them 10 out of 10. They've got some really good staff".

One staff member told us, "I respect [the client] as an individual, respect their views and differences and remain non-judgmental. I do this with all of our clients". Another member of staff told us, "I like to talk to [the client] and get to know them and make sure everything we do they are happy with".

The initial assessments had identified a person's religious and cultural needs and the manager had developed appropriate care plans to support the person, as necessary.

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

People, and their family members, had been involved in the initial assessments and developing their care plans and risk assessments.

Feedback from service user's, and their families, confirmed that they had attended regular reviews of the services they received. One family member told us, "[The manager] met with us to discuss [my relative's] care package. There was no change because we're really happy with how it's going". Another service user said, "I have 6-monthly meetings and go through my care plan to make sure it's up-to-date".

Staff informed us that they felt they had opportunities to get to know the people they looked after and spend time with them. One staff member told us, "If I finish my tasks in time, I would spend time talking to [the client] to offer some company and get to know them better". Another said, "After I finish my chores, I sometimes get a chance to sit and talk to [the client]".

Respecting and promoting people's privacy, dignity and independence

People's privacy and dignity was respected. The provider had a privacy and dignity policy and procedure, which had been reviewed regularly. Staff members were informed of the importance of promoting people's privacy and dignity during their induction and some staff had attended privacy and dignity training. Staff told us they demonstrated respected people's dignity by talking to them and asking for permission before carrying out personal care. Staff were conscious of the environment; they would close doors and curtains, where necessary, to protecting the person's dignity.

The provider's statement of purpose and the service users' handbook both had information regarding what people can expect from the service, to promote their privacy, choice and dignity.

People confirmed to us that staff had always treated them with dignity and respect and encouraged people to remain as independent as possible.

Inspection Findings

C4 Is the service responsive?

Our findings:

Responsive – this means we looked for evidence that the service met people's needs. The service does not require any improvements in this area.

We found this service to be responsive in accordance with the inspection framework.

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

Staff were familiar with people's needs and preferences. Care records identified a person's individual needs and provided staff with comprehensive guidance on how to deliver the agreed support. Support plans also included how to support a person with a diagnosis of dementia. One staff member said, "The care plans are very detailed and always updated. They really help, especially when learning about a new client". Another member of staff said, "Everything we need to know is in the care plans".

People receiving a service, and their family members confirmed that the support Brookfield Homecare provided was in a way that met their needs and personal choices. The service user, or their family member, had signed the initial assessments and care plans, indicating that they agreed to the level of service provision.

Feedback showed that people were very pleased with the level of services they received. The family member of a person receiving a service said, "I have no problems with the care [my relative] is receiving. Everything we have asked for, they deliver".

Meeting people's communication needs

The initial assessments had identified the person's communication needs and choices, which led to the manager developing person-centred care plans in communication, as necessary.

Improving care quality in response to complaints and concerns

The provider had a complaints policy and procedure. The service users' handbook contained information on how to make a complaint, ensuring people had the relevant information to hand and knew what to expect from the complaints process.

Some people, and family members of people receiving a service from Brookfield Homecare, knew the provider had a complaint's policy; others were not so sure. Feedback confirmed that people thought the manager was very approachable and would contact them with any concerns or complaints. All service users said they felt confident the manager would take any of their concerns seriously and act upon them.

The service had not received any complaints since the last inspection. Concerns or complaints formed part of the annual plan. The manager informed us that information from any accidents, incidents and safeguarding concerns would be processed and used to support any learning and improving services; however, there was one incident where a process of learning could not be demonstrated, which could have led to an improvement in services. We recommend that the manager reflect on all accidents and incidents to identify any potential areas of learning.

End of life care and support

The service provides people with end of life care and support and have experience with supporting their families during that difficult time.

Inspection Findings

C5 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. The service does not require any improvements in this area.

We found this service to be well led, in accordance with the inspection framework.

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

Care plans were found to be person-centred. The service users, and their family members, were involved with developing the care plans and the reviewing of them on a regular basis. This ensured that information was current and up-to-date.

People spoke very positively about the services they were receiving. One person told us, "I'm very satisfied with the services I get from them. The staff are like friends to me". Another said, "I couldn't get a better service from the staff that come to me".

Staff also told us they enjoyed working at the service and felt much supported by the manager. One staff member said, "This is a very good organization to work for. They respect people's individualities and will 'bend over backwards' to do as much for the clients as possible". Another said, "[The manager] is absolutely amazing and is always there for the staff and always listens to us".

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

The manager had in place a system for monitoring and reviewing the quality of care provided by Brookfield homecare. The manager and deputy manager also provided care to service users and the staffing rota identified their duties.

The manager has completed the Regulated Qualification Framework (RQF) level 5 in Leadership for Health and Social Care.

The provider had submitted notifications of significant events to the Registration and Inspection team, in line with regulatory requirements.

Appropriate insurance cover was in place.

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

The manager provided information about the service to the client, and their family, at the start of the service delivery. This information was in the client guide document, the service contracts and the statement of purpose.

The provider had given out quality assurance questionnaires to service users, and their families, on an annual basis. The manager used the information gathered from the questionnaires to monitor the quality of the services they delivered. This information also formed part of the annual plan.

Staff had not received regular, formal supervision with the manager; however, feedback confirmed that they felt confident about expressing their views and putting forward suggestions and ideas to the manager. The manager was very approachable and believed in an 'open-door policy'.

How does the service continuously learn, improve, innovate and ensure sustainability

Staff received on-going refresher training in all mandatory subjects, including Safeguarding, medication administration, health and safety, first aid and moving and handling. Staff did not have their medication administration competency assessed annually; however, there is a new process in place to ensure this is completed. Staff members told us they received training in subjects specific to the individual needs of the service users, which was updated regularly; however, the training records showed that some staff, working with people with dementia and Alzheimer have yet to receive dementia awareness training.

Systems were in place for the manager to monitor accidents, incidents and safeguarding concerns. There were examples where information from incidents had been used to support learning and improve the services they deliver.

Working in partnership with others

Information within the person's initial assessments, care plans and risk assessments showed that the service worked in partnership with other health care professionals and agencies, to provide person-centred care.