

# Inspection Report

## 2023-2024

## Brookfield Homecare Services

Domiciliary Care

27 February 2024



**DHSC**

**Under the Regulation of Care Act 2013 and  
Regulation of Care (Care Services) Regulations 2013**

We carried out this inspection under Part 4 of the Regulation of Care Act 2013 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements, regulations and standards associated with the Act. We looked at the overall quality of the service.

We carried out this announced inspection on 27 February 2024. The inspection was led by an inspector from the Registration and Inspection team.

### **Service and service type**

Brookfield Homecare Service is a domiciliary care agency based in Ramsey. The service arranges the provision of personal care and support with or without practical assistance to those in their own private dwelling covering the area from Kirk Michael and the north of 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**

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

The service had systems in place to protect people from abuse and harm and staffing levels were adapted to the needs of the clients enabling the level of services to be responsive and timely.

People had their needs assessed prior to a service commencing which remained person centred, following initial assessments any identified risks are assessed and documentation set in place to remove or reduce such risks.

Families and Staff told us that these were updated and amended according to need.

Staff had completed a stringent induction programme, both online training and face to face training at all levels, training needs are identified and actioned with support from Managers.

Staff were complimentary about the managers always finding them to be approachable and that they were able to raise any concerns. Positivity relating to suggestions and ideas were appreciated.

Documentation was well organised and alignment across the care pathways and assessments were clear and concise.

We did find some area of improvement, these included continued attendance and updating for mandatory training, and an awareness of medication and competencies relating to administration were also discussed and Supervision.

All care and support staff must receive formal supervision at least 3 monthly. Written records are kept relating to content and outcome of supervisions, staff are given their own copy.

**About the service**

Brookfield Homecare Service is registered as a Domiciliary 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 inspection was part of our annual inspection programme which took place between April 2023 and March 2024.

We visited the location office on the 27<sup>th</sup> February 2024

**What we did before the inspection**

We reviewed information we received about the service for example the statutory notifications the provider had sent us. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make, complaints/compliments and any safeguarding issues had also been collated.

**During the inspection**

A range of records were reviewed. These included people's records, staff recruitment records and a number of documents relating to the management of the service. We spoke with the Provider and Registered Manager.

**After the inspection**

We spoke to two family members of other people receiving a service about their experiences of the service provider.

We sought feedback from staff members, who told us about their experiences of providing care and working with the managerial team.

Following the inspection we received updated supervision records and a training matrix to support some of the areas identified in the report as requiring improvement, these were all concise post inspection.

**Our findings:**

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

We found this service was not always 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, Staff had received training in safeguarding and received refresher training every two years. Some members of staff had not received safeguarding refresher training within the two year period, these staff were due to complete the refresher training shortly after the inspection. We recommend that all staff attend refresher training within the identified period.

Staff informed us they had been introduced to policies and procedures during their induction period. Records showed incidents were recorded and actions were taken to protect people and keep them safe. Staff were encouraged to raise concerns and following feedback we were informed that it was seen as a mark of good practice and development, staff felt supported with reporting such incidents.

The manager had a system in place to monitor all accidents, incidents and safeguarding concerns reporting to the Safeguarding Team and the Registration and Inspection Department. The provider is committed to the safety of its employees and clients this was evident in the risk management policy.

The provider was proactive in informing the registration and inspection team of all notifiable events within the specified timeframe. The registered manager told us they worked hard to maintain an open door policy for both staff and clients both were supported to come forward with any concerns.

**Assessing risk, safety monitoring and management**

Initial assessment of need documentation was available and for each identified risk there was a care plan providing staff with instructions on how to support the person safely. The registered manager told us that the member of staff assigned to work with an individual looked for changes in people and assessed risks to their safety, environmental and household risk and these identified risks were factored into the assessment.

Staff knew about each person's risks and need for support. Records identified peoples care plans were updated where risks had been established, and alignment between care plans and risk documentation was evidenced. Staff were aware of

the signs of potential abuse and the actions they must take if they suspected someone was being subjected to harm or abuse, staff feedback confirmed the process when issues or concerns are raised they are referred appropriately .

Staff Rota's were reviewed and the manger discussed with us that there were sufficient numbers of staff to meet people's needs and provide individualized care in a timely manner. There were arrangements in place to ensure there were sufficiently skilled and suitable staff working on each shift and this varied depending on the needs of people.

### **Staffing and recruitment**

The provider had recruited safely and had checked that staff were suitable to support people before they began working alone with people in their own homes. Records showed that recruitment of staff had been managed safely and within timelines.

We observed through examining records that checks were made with the Disclosure and Barring Service (DBS) prior to staff 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 had matched staff members to clients by taking into consideration their personality, their training and experience. Staff recruitment records were well maintained and all contained the required documentation.

### **Using medicines safely**

A medication policy and procedures was in place. Initial assessments identified medication needs with associated care plans and risk assessments as appropriate, a comprehensive training matrix is in place and identified training competencies for the service. Medication Risk Assessments are utilized in informing the staff of their responsibilities in supporting the service user with their medication regime when required.

At the time of Inspection however there were some staff who were not up to date with medication competencies / awareness training, following discussion with the manager this is scheduled to commence shortly after the inspection, an updated Training Matrix and Supervision Matrix were received by us following inspection.

### **Preventing and controlling infection**

Policies and procedures were clear and up to date. Staff used PPE (personal Protective Equipment) as appropriate.

### **Learning lessons when things go wrong**

Staff had raised concerns to management, and these had been acted upon. Records were all in place and documented appropriately. Staff felt assured if they raised any concerns, the manager would take them seriously and act immediately to any emergency.

## Action we require the provider to take

Key areas for improvement:

- Staff must receive mandatory training including moving and handling and medication administration. This is required in line with Regulation 16 of the Care Services Regulation 2013 - Staffing
- All staff, who support people with their medication must have their competency in administering medication assessed annually. This is required in line with Regulation 16 of the Care Services Regulations 2013 - Staffing

## 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 one improvement in this area.

We found this service to not always be effective in accordance with the inspection framework.

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

Initial assessments were undertaken and information from these formatted the pathway of care moving forward to develop care plans and risk assessments. Records examined and Feedback from the manager also supported the involvement of people and members of their families in the process. The documentation was signed by the person receiving the service, or their family member.

Evidence was seen of the service utilising a multi-disciplinary approach by working with other professionals in achieving the best standard of person centered care for clients, within a holistic framework. The reasons for decisions were clearly recorded in peoples care plans, where people had not received a mental capacity assessment they and their families, where appropriate, had been included in making decisions regarding their care and treatment.

Staff told us they supported people who found it difficult to communicate, one member of staff said “You get to know the people you assist”, they show you what they want and it is clear in their care plans. Some people received food and drinks prepared by care staff and others were supported by staff to prepare meals themselves to encourage their independence.

Staff told us how one person’s health needs had changed and how their support requirements had been updated, collaborating with other health professionals to establish and enable them to provide better support for changing needs. Records showed staff monitored people’s health needs and referred them to other health professionals, such as physiotherapists, when needed. Changes to people’s needs and advice given by health professionals, were updated in care plans, so staff had access to up to date information.

#### **Staff support; induction, training, skills and experience**

Staff undertook a comprehensive induction period, and shadowed more experienced staff for a minimum of two weeks during this period, until they felt confident to work alone. Staff were comfortable and supported with the training they received and were appropriate for the services they delivered. Staff with the correct experience and training are identified, and allocated to clients with the additional needs. Inexperienced staff would not be placed with clients with complex needs until they had shadowed experienced staff and built up the skills and confidence required to ensure they offered safe and appropriate care.

Staff told us that they were supported by senior staff in staff supervision meetings to request training that enabled them to meet people’s needs effectively. Staff said they were supported to do training linked to people’s needs, such as dementia awareness, epilepsy.



Staff told us they felt well supported by the provider and the registered manager to develop their skills to help them provide more effective care to people. Staff were encouraged to develop within their roles. The manager planned training events in advance to support care staffs development. Staff had regular opportunities to discuss and reflect on their practice to improve the quality of care people received.

The registered manager told us how they used supervision to focus on staff development and review their competencies" We look at learning and development, stress, workload ", any support or training needs. They explained staff were supported by having debriefs following any incidents. Some staff had not received formal supervision with the manager every three months, including their annual appraisals.

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

Initial assessments identified any areas for additional support, such as staff leaving ready prepared foods, sandwiches and drinks hot and cold. A persons dietary requirements and the preparation of meals were part of the initial identification of need and care plans are developed as required. The multidisciplinary team would be engaged through referral to Northern Partnership giving the provider access to Speech and language Therapists (S.A.L.T), dieticians, GP's to ensure the most appropriate and safe levels of care are provided.

Engagement with family members is promoted to assist them in understanding the needs of the client around diet and with a collaborative effort, assurance can be given that the client is as safe as possible.

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

Staff made sure people were supported to maintain their health through regular appointments with healthcare professionals. Evidence was seen in initial assessments and also demonstrated in care plans which highlighted detailed guidance for staff about how to recognize changes in people's health and what action to take to maintain their well-being.

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

We do not have guidance relating to the Mental capacity Act currently on the Island, which would provide a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. Care plans showed decisions were made in people best interests, where they did not have capacity to make them. Family, significant others and health professionals were involved in supporting people to make decisions.

## **Action we require the provider to take**

Key areas for improvement

- The service must provide staff with a minimum of four supervision sessions per annum, to include an annual performance appraisal. [This improvement is required in line with Regulation 16 of the Care Services Regulations 2013 - Staffing](#)

## 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 caring in accordance with the Inspection framework.

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

The principles set out in the providers statement of purpose encompasses quality and compassion these key factors were apparent in the responses we received from staff and clients following inspection.

“We expect staff to treat clients with the dignity and respect that they or their family would want to be shown”.

Person centered care is about involving the individual as much as possible , encouraging them and making sure information is accessible and centered around them ,these are key factors that underline the principles of the service which was evidenced during inspection. Staff feedback acknowledged that this caring ethos was shared between the staff team and transcended to clients on a daily basis.

Staff told us they liked working at the service and some of them had worked there for several years and had developed strong relationships with people they supported , one support worker told us “ If I had to leave this job tomorrow , I would not go anywhere else within the care sector”. From discussions and viewing documentation we could see the values of the service had transcended down to the team enabling the provision of care to be person centered and caring.

Supervisions were available as a monitoring tool also to highlight concerns or feedback for further training for staff if required. Staff informed us they had training on equality and diversity and that they felt confident they could support people to maintain their individual cultural or religious traditions. Initial assessments and care plans had these values embedded in them.

Staff told us that they read peoples care plans and knew about people’s preferences and were able to support people in the way they preferred. All feedback received following inspection was positive and complimentary in relation to staff and the management team and their excellent provision of care.

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

Individuals and their immediate families had participated in the initial assessment and their care planning pathway. Regular reviews and updates of care plans and risk assessments, and the services they received ensured people were involved and holistically included in their provision of care.

Feedback from individuals explained how they have assisted people to understand information in different formats to suit their needs and characteristics, adapting language, and behaviour to accommodate the person's personality. Staff informed us that they felt they had opportunities to get to know the people they looked after and could spend time with them in an unhurried environment.

**How people's privacy, dignity and independence respected are promoted?**

The provider had a privacy and dignity policy and procedure which is reviewed regularly. Staff members were informed of the importance of promoting independence and maintaining privacy and dignity during their induction which was titrated down to the clients. People were addressed with respect by staff on arrival to their home. Staff demonstrated respect in their communication, asking for permission before carrying out individual needs.

Clients records were written with respectful and appropriate language, the manager told us "We are confident that our staff are a group of people that do understand, offer kindness and compassion". Communication needs were paramount in maintaining and moving forward with care provision for each individual's needs.

**Action we require the provider to take**

Key areas for improvement

## 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 need and provided staff with guidance on how to deliver the agreed support whilst maintaining a person centered approach. Support plans for those clients with complex needs were comprehensive and ensured people are well treated and supported.

Planned personal care was evident ensuring people have choice and control and to meet there needs and preferences. Staff confirmed they reviewed peoples care plans and that these provided them with guidance about the levels of support people needed. Responses from staff clarified that they were supporting people to develop and maintain relationships to avoid social isolation, giving clients the support to follow interests that are socially relevant to them.

#### **Improving care quality in response to complaints and concerns**

Clients and their relatives knew how to complain and had confidence that they would be listened to and taken seriously. The provider had systems in place to deal with concerns and complaints. The registered manager reviewed all complaints and acted accordingly. Feedback confirmed that the manager was approachable and clients and families felt assured that they would contact them of any concerns. The provider had a complaints policy and procedure. The service Users handbook contained information on how to make a complaint.

## Action we require the provider to take

Key areas for improvement

## 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 improvements in this area.

This service was found to be well led in accordance with the inspection framework.

#### **Promoting a positive culture that is person-centered, open, inclusive and empowering, which achieves good outcomes for people.**

The statement of purpose sets out the philosophy and values of the service. These were also published on the provider's website. There is an open and transparent culture and staff said they felt safe and confident to raise any concerns they may have. The staff described how the management were approachable and visible and provide support and guidance when required and are always focused on the improvement of the service for people. We observed staff to work very well together and there was a collaborative approach in place.

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

Some areas of improvement following the last inspection have been met and ongoing improvement has continued. There is an inclusive and positive culture of continuous learning and improvement, managers and staff share this forward thinking approach to their delivery of care for their clients. The staff are capable and compassionate and they are encouraged to raise concerns and to speak out with confidence when these develop. The provider continually promotes and develops the improvement and quality of the service provision.

### **Action we require the provider to take**

Key areas for improvement

If areas of improvement have been identified the provider will be required to produce an action plan detailing how the areas of improvement will be rectified within the timescales identified. The R&I team will follow up and monitor any actions undertaken.