

Brain Injury Rehabilitation Trust

Disabilities Trust - 3 Water Meadows

Inspection report

3 Water Meadow
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

3 Water Meadows provides accommodation for two people with an acquired brain injury. The service operates in partnership with The Woodmill, an acute rehabilitation service, which forms part of the nationwide rehabilitation support services provided by The Brain Injury Rehabilitation Trust (BIRT). People using this service are supported with their rehabilitation by the therapy and clinical teams at The Woodmill.

This unannounced inspection was carried out on 2 and 8 August 2016. At the last inspection on 5 June 2013 we found the provider was meeting the regulations we looked at.

At the time of the inspection there were two people using the service. The service aims to support people to live as independently as possible.

A registered manager was in place. The registered manager was also registered as the manager of two other small community based residential services. They divided their working hours between the services. 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.

People benefited from a clean home with no unpleasant odours. However, due to the current laundry arrangements there was a risk that cross infection was not fully controlled.

Not all aspects of the recruitment process were robust. Recruitment checks for one staff member did not include information about their full employment history to ensure they were suitable to work with people.

People enjoyed some group social events, and outings, but could not always pursue their individual hobbies and interests due to the way staff were deployed.

People received effective care from a small team of staff, who were familiar with people's needs and preferences. People were very happy at the service and described it as "home". One person said "I am perfectly happy here. It is just like living in a normal house – this is home." People enjoyed positive and respectful relationships with staff. Staff treated people with dignity and kindness. People spoke highly of the staff, one saying, "Staff are all perfect here...they are a bunch of really nice people."

People's care plans detailed how they wanted their needs to be met. Risk assessments identified risks associated with personal and specific behavioural and/or health related issues. They helped to promote people's independence whilst minimising the risks. People's medicines were managed safely and administered as the prescriber intended.

People's health and wellbeing were maintained and they received specialist input from a range of health

professionals. People's nutritional needs were met and there was a collaborative approach to meal planning and preparation.

Staff received the training and development they needed to care for and support people's individual needs. Staff were supported through regular supervision, staff meetings and training.

The service had taken the necessary action to ensure they were working in a way which recognised and maintained people's rights. They understood the relevance of the Mental Capacity Act 2005, Deprivation of Liberty Safeguards (DoLS) and consent issues which related to the people in their care.

An open culture had been developed and people were encouraged to contribute to the running of the service. The provider sought people's views on the service in order to develop and improve. Effective auditing systems were in place to monitor the quality and safety of the service. There were arrangements in place to monitor accidents and incidents.

We found one breach 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?

Requires Improvement ●

Some aspects of the service were not safe.

People benefited from a clean home with no unpleasant odours. However, due to the current laundry arrangements there was a risk that cross infection was not fully controlled.

Appropriate pre-employment checks had not been completed for all staff prior to them starting work at the service.

There were enough qualified, skilled and experienced staff to meet people's daily care and support needs. However the deployment of staff meant individual social activities were limited.

Staff were knowledgeable in safeguarding procedures and the service had processes in place to help protect people from the risk of abuse.

People were protected from the risk of avoidable harm as detailed risk assessments were in place.

People received their medicines safely and in the manner in which the prescriber intended.

Is the service effective?

Good ●

The service was effective.

People's freedom and rights were respected. Staff acted within the law and knew how to protect people should they be unable to make a decision independently.

People's individual needs and preferences were met by staff who had received the training and support they needed to care for people effectively and safely.

People were supported to eat a healthy diet and were supported to see health professionals to make sure they kept as healthy as possible.

Is the service caring?

Good ●

The service was caring.

Staff treated people with respect and dignity at all times and promoted their independence as far as possible.

People responded to staff in a positive manner. Staff knew people's preferences very well.

Is the service responsive?

Good ●

The service was responsive.

Staff responded quickly and appropriately to people's individual needs.

People's assessed needs were recorded in their care plans which provided information for staff to support people in the way they wished.

Activities within the home and community were provided for each individual, however activities could be tailored to ensure people's particular needs and preferences were met.

There was a system to manage complaints and people were given regular opportunities to raise concerns.

Is the service well-led?

Good ●

The service was well-led

People using the service and staff said the registered manager was open and approachable.

People's views were listened to and action taken if they had a concern about the services provided.

The registered manager and provider had carried out formal audits to identify where improvements may be needed and had acted on these.

Disabilities Trust - 3 Water Meadows

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 was planned to check 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 2 and 8 August 2016 and was unannounced. The inspection was completed by one inspector.

Before our inspection we reviewed the information we held about the service, which included the Provider Information Return (PIR). This is a form in which we ask the provider to give us some key information about the service, what the service does well and any improvements they plan to make. We also reviewed other information we held about the service including safeguarding alerts and statutory notifications which related to the service. Statutory notifications include information about important events which the provider is required to send us by law.

During this inspection we spoke with the two people who lived at the service. We also spoke with two care support workers. Following the inspection we spoke with the registered manager. We spent time observing the interactions between people who used the service and staff. We looked at two people's care records, one staff recruitment record, the staff training records, medicines records, staffing rotas and records which related to how the provider monitored the quality of the service.

Is the service safe?

Our findings

People benefited from a clean home with no unpleasant odours. However, due to the current laundry arrangements there was a risk that infection was not fully controlled. This was because there was not an effective system in place to manage laundry which required additional precautions when handling. There was a risk assessment in place for dealing with soiled laundry but this did not sufficiently reduce the risk or monitor the prevention and control of infection. We discussed our concerns with the local environmental health officer, who confirmed that the washing machine in the kitchen posed a risk to the prevention and control of infection. Following feedback to the registered manager a new risk assessment was developed along with procedures for dealing with soiled linen outside of the service. The provider was exploring a long term solution, including constructing a utility room, which would not be accessed via the kitchen to reduce the risk infection.

This was a breach of Regulation 12 (h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection the registered provider reviewed the risk posed by the current arrangements. They submitted a risk assessment which showed in the short term any soiled laundry would be sent outside of the service to be laundered. In the long term the provider was planning to build a separate utility space which would mean soiled laundry would not enter the kitchen area.

The management of soiled laundry was a regular task for staff. Staff used disposable gloves and aprons, as protection when dealing with laundry. Soluble red laundry bags were also used for separating soiled laundry, which helped to reduce the risk.

Recruitment checks for one member of staff did not include information about their full employment history, nor were gaps in employment history explained within the recruitment records. Discussing gaps in employment history would ensure that people were protected from staff that may not be fit to work with them. Other important information was present and had been obtained prior to new staff starting work at the service. For example, application forms, proof of identity, two references from recent employers and a satisfactory Disclosure and Barring Service (DBS) check. A DBS check provides information about any criminal convictions a person may have. Following the inspection the registered manager sent CQC evidence of the person's full employment history.

People at the service said they felt safe. One person said, "I am never scared here. Staff tell me what is going on and why...they are really nice people." Another said, "It is excellent here. I have no complaints or worries."

There were sufficient staff to meet people's basic day to day care and support needs. However staff were not always deployed in a way that enabled people to enjoy different activities and interests. There was one staff member on duty for each shift, which included a sleep-in shift. People using the service said staff were always available when needed. One said, "They (staff) are always here to help me. That's why I am never

scared." However, staffing levels could sometimes restrict the activities people could undertake as they had different interests. Staff said they did as much as possible to provide one to one support for activities, but that this mainly happened on alternate weekends when one person left the service to spend time with family. We discussed staffing with the registered manager, who explained that funding did not include any one to one time for activities. However, they agreed to look at ways of improving one person's opportunities for social activities.

People were protected from the risk of abuse. Staff had received safeguarding training and knew how to recognise the signs of abuse and what actions to take if they felt people were at risk. Details of who to contact with safeguarding concerns were available in the office and in the policies and procedures. Staff said they were confident to report any concerns if they needed to. Staff said any concerns raised with the registered manager would be taken seriously. The registered manager was full aware of their responsibility to report any safeguarding concerns to the local authority and the Care Quality Commission.

Risks to people's personal safety and well-being had been assessed and plans were in place to minimise these risks. Guidance was available for staff on how to manage and reduce the risks associated with individual's needs and activities. For example, the service had identified the risks associated with a specific medical condition and how these related to the individual. There were clear instructions for staff to follow in order to manage and reduce this risk. People were supported to take risks, for example, one person said how much they enjoyed visiting the local town and pub independently. The arrangements in place included a procedure should the person not return when expected. The person said, "I am fairly independent which I like..."

Risk assessments relating to the service and the premises including those related to health and safety and use of equipment were in place. Personal Emergency Evacuation Plans (PEEP's) were in place. These informed staff and the emergency services about the level of support each person needed in the event of an emergency evacuation of the building. A critical incident plan was also in place. There was always a trained first aider on duty. This showed there were arrangements in place to keep people safe in the event of emergencies at the service.

Staff had a good understanding of how to keep people safe and they were aware of their responsibility to report accidents and incidents. There had been no accidents or incidents in the past eight months. Accidents and incidents were monitored by the registered manager and the clinical governance group, which was made up of members of the multidisciplinary team, who worked for the provider group. The registered manager and wider team reflected upon incidents and accidents in order to consider how to reduce further occurrences.

Peoples' medicines were managed and administered safely. The Provider Information Return (PIR) showed there had been no medicines errors at the service in the past 12 months. Staff responsible for administering medicines had received training and up-dates to ensure practice was safe. One member of staff required additional training to safely administer 'rescue medicines', used in relation to post epilepsy recovery. There was a procedure to follow should 'rescue medicines' be required when this person was on duty. The registered manager said training for this person was planned. Records showed that people received their medicines as prescribed and there were clear guidelines for medicines prescribed as 'when required'. Medicines were securely stored at the appropriate temperature. A medicines audit completed by the supplying pharmacist in February 2016 showed good standards in relation to medicines management and minor recommendations were made, which had been addressed.

Is the service effective?

Our findings

People received effective care and support from staff who were well trained and supported by the registered manager and provider. People expressed their confidence in staff's ability and attitude. For example one person said, "I trust the staff completely. They know me well; they have known me for a long time. They know what I need." Another person said, "They (staff) understand me. They get my sense of humour and they look after my health for me."

People were supported by staff with appropriate skills and experience. Staff said they had received the training they needed to care for people and meet their assessed needs. Staff had access to a range of training delivered in a number of different ways, including face to face teaching sessions and on-line training. Staff shared examples of training courses they had completed, such as health and safety related topics, safeguarding, epilepsy and diabetes awareness, and managing challenging behaviour. All staff had completed specialist brain injury training devised and delivered by the provider. There was an up to date training and development plan for the staff team which enabled the registered manager to monitor training provision and identify any gaps. This helped ensure staff kept their knowledge and skills up to date and at the required frequency.

Staff met regularly with their line manager for support to identify their learning and development needs and to discuss their performance and any concerns or ideas. Staff said they were well supported by the registered and provider and there was a good sense of 'team work' within the staff group. One member of staff said, "I really enjoy working here. We have had some great times and great successes here..."

The provider had a supportive and effective induction training programme in place to help new staff understand their role and how to work safely with people. In line with good practice, the provider had introduced the Care Certificate Standards for all newly recruited and inexperienced staff. This is a nationally recognised induction for care staff.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who 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.

A clinical psychologist, in collaboration with the person and other staff and professionals, assessed people's capacity to make specific decisions. Assessments showed people had the capacity to make most decisions about their care and treatment. Staff knew people well and understood their needs and preferences. They obtained people's consent before they supported them and discussed plans and activities for the day with them in a way people could understand. People said they were always involved in decisions about their care, support and activities.

People can only be deprived of their liberty to receive care and treatment when this is in their best interest

and legally authorised under MCA. The application procedures for this in care home are called the Deprivation of Liberty Safeguards (DoLS). We found the service was meeting the requirements of the Deprivation of Liberty Safeguards. Applications had been submitted where required and granted as appropriate.

People's health needs had been identified and effectively assessed. Care records included a comprehensive history of the person's past and current health care needs. Where one person experienced epilepsy there were detailed instructions for staff to follow and staff had received training in order to support the person safely. Staff monitored the person's condition and recorded events in order that accurate information could be shared with other professionals involved in the person's health care. People had access to a variety of health care professionals, including GP; dentist, specialist consultants, and nurse specialists. They were supported to attend hospital appointments. People also had contact with the multidisciplinary team based at The Woodmill. For example occupational therapy; physiotherapy, psychologist and speech and language therapist. Detailed records of health and well-being appointments, health referrals and the outcomes were kept. Appropriate and timely referrals were made to health professionals when necessary. One person told us, "They (staff) look after me really well."

People were supported to make healthy living choices regarding food and drink. There were plenty of food supplies at the service, including lots of fresh fruit. Main meals were freshly prepared. Each person's preferences were recorded in their care plan and they were fully involved in planning weekly menus. There were always alternatives available should people want something different to the planned menu. One person said, "The food is lovely...we chose what we want. We get more than enough." Another person said, "The food is sometimes excellent but some meals are not so good..." The person went on to explain they were not fond of salad, which had been a regular feature on the menu. The staff were aware of the person's preferences and there had been a reduction in salad dishes offered since the person had given their feedback. Activities sometimes included eating out where individuals could make their own choices. Staff had received safe food handling and nutritional awareness training to support people to maintain a balanced diet.

Is the service caring?

Our findings

The service provided care and support that was compassionate and personalised. People said staff were kind, helpful and friendly. One described a member of staff as "The house doctor" saying that was their "nick name" as they were able to sort all queries or requests made. People were obviously very fond of staff. One said, "The staff are very good, more like friends than staff to me. I have known them for a long time and I get on with all of them." Another said, "Staff are all perfect here..."

Throughout the inspection staff treated people with respect and as individuals. Although there was lots of friendly 'banter' staff were respectful and professional in their manner. When speaking with people, staff referred to them by their preferred names. They showed interest in people's happiness and well-being and spent time chatting with them about things that interested them, such as football. As people left to go out, staff made sure they had everything they needed and confirmed what time they would be home. One person said, "Living here is just like living in a normal house...it is home...I am very happy here..."

People were at ease with staff, this was apparent from the conversations and jokes shared. Staff demonstrated they knew people well and understood their individual characters. They understood people's past experiences and how their acquired brain injury impacted them. They were able to describe people's likes, dislikes, and the support they required. Staff were also aware of the important family relationships and friendships people had and supported people to maintain these contacts. People confirmed they visited their relatives and friends, or their relatives were welcome to visit them at the service when possible. People described the "good friendship" which had developed between them. One person said, "We understand each other...we are buddies..." This made for a very homely and relaxed atmosphere at the service.

People's dignity and privacy were maintained. Any assistance required with aspects of personal care were undertaken in private and staff were discreet in their encouragement and support of personal care. People could choose how they spent their time when at home and both people said they enjoyed quiet private time in their rooms. One said, "Staff listen to me...it is excellent here...I can do as a like..." People had personalised their private bedroom space with items important to them. One person said, "I love my room. I have chosen the decoration..."

People's independence was encouraged. People were able to freely help themselves to drinks and snacks. One person explained they enjoyed assisting with the cooking at times. Another person said, "I am able to be very independent here. I can choose what I do...it is important to be able to go out when I want..." Another person said, "I like them (staff). I can talk to them and they chat to me...They (staff) keep my mind working, keep me busy..." Throughout the inspection staff communicated with people in a positive way and ensured they were involved in any decisions made about the routine, activities or meals.

People who used the service were fully involved in planning the care and support they wanted. Both people were aware of their care records and confirmed that staff met with them regularly to discuss their care and support and whether they were happy or had any additional needs or requests.

Is the service responsive?

Our findings

The care and support provided was responsive and personalised to meet people's needs and preferences. People said the care they received was "excellent" and "10 out of 10".

Staff were aware of peoples' needs and were able to quickly identify when people required help or support. For example, helping one person to ensure they had everything they needed before leaving the service for the afternoon. Staff spoke in detail about each person in a respectful and sensitive way, demonstrating a good understanding of the individuals.

People were supported to follow their interests and hobbies where possible and they regularly accessed local services including shops, garden centres, restaurants and cafes. People were supported to attend events at The Woodmill, another service operated by the provider locally. This included attending weekly pottery classes, which one person said they enjoyed very much. People were also supported to visit friends in other local services, which they said was important to them.

One person shared with us how their rehabilitation and progress over time had enabled them to be more independent. They planned their day and undertook most activities in the local community independently. They were well known by local people and explained they had made "friends" at the local pub. However, one person's social activities were limited at times due to staffing levels. This person did not raise any concerns about this situation and explained they were able to "go out and about" to local shops or for walks most days. However they did say they would like to do more, for example, attend a football match or go swimming. Staff were keen to support the person to do more and the registered manager said they would look at how to improve this person's social opportunities.

Care and treatment was planned and delivered in a personal way that was intended to ensure people's safety and welfare. Prior to moving to the service, each person had a comprehensive assessment, completed by the multidisciplinary team (a team made up of psychologists; occupational therapist and physiotherapist). This helped to ensure the service was suitable and could meet people's needs and preferences.

Each person had a care plan, which provided detailed descriptions of the support they required, along with information about their preferences and strategies for managing any identified risks. There had been input into the care plans from people using the service, their families, and contributions from the staff team who knew them well. Care plans had been reviewed regularly by the staff team at the service and the multidisciplinary team based at The Woodmill. Care reviews provided an opportunity to discuss the person's progress and also any new risks presented by the person.

People were aware of their care plans and confirmed they had regular discussions with staff about the care and support provided. Both people were happy with the service they received. Comments included, "The staff always tell me what is going on. They ask if I am happy. It is beautiful here..." and "I am 100% happy with everything here..." Relatives were updated regarding the wellbeing and progress of their relative as

appropriate and as agreed by the individual.

Information about how to make a complaint was displayed in the hallway of the service. People said they were aware they could make a complaint if they were unhappy about any aspect of the service. Both people said they had no concerns or complaints and would be happy to speak with the staff should they have any concerns. One person said, "I have nothing to complain about. I am perfectly happy." Both people felt confident that staff would listen to them and deal with any concerns in a positive way. There had been no complaints about this service since the last inspection. As staff met regularly with people to discuss their care and support, any minor 'niggles' were dealt with immediately. For example, one person felt salad was on the menu too often. Once raised with staff this was dealt with. This meant people's suggestions or concerns were taken seriously and addressed and appropriate action taken.

Is the service well-led?

Our findings

People using the service and staff were positive about the way the service was managed. Comments from people using the service included, "I think this is the best place ever!" and "I am very happy with everything..." Staff comments included, "I really enjoy working here." Staff confirmed they were supported by the registered manager and there was always a senior person on call should they need support or advice out of office hours.

The registered manager visited the service weekly and staff confirmed the registered manager was available on the telephone at other times. The registered manager demonstrated a good understanding and awareness of their role and responsibilities. A team leader had been appointed to oversee the day to day management of the service and staff. People using the service and staff spoke highly of this person. Staff said they worked well as a team; there was good communication between them and they found each other supportive.

The service promoted a positive culture. There was an open and collaborative approach and people were encouraged to participate in the daily running of the service and make decisions. Staff spoke about the service "being people's home" and how important it was that they were involved in all decisions. For example, people made decisions about how to spend their day; they were fully involved in menu planning and they were being consulted and involved in the redecoration plans of the communal sitting room. One person said, "Staff always let me know what's going on. They listen to me..."

Quality assurance systems were in place to monitor the quality of service being delivered. The provider had gathered people's views about the service. Surveys had been completed in April 2016 to review all aspects of the service provided. Responses showed people felt safe at the service; there was good communication and information sharing, and they were satisfied with the support they received. One person had commented, "Staff treat me well..." People had regular review meetings with staff to discuss the care and support provided and what was working well and what could improve the quality of their support. Views and ideas from staff were obtained during regular team meetings and one to one supervision meetings.

The service had auditing systems in place to monitor the quality of the service and drive improvement. There was a well-established programme of weekly, monthly, bi-annual and annual audits undertaken. These audits reviewed aspects of health and safety, care records, staff training, medicines management, infection control, and the environment. These included both internal and external monitoring and audits.

The provider undertook annual health and safety audits and quality monitoring visits to look at all aspects of the service. Prior to the provider visits to monitor the quality of the service, letters were sent to people using the service, families and funding authorities inviting them to take an active part within the process of the quality review. The audits were detailed and identified shortfalls and any actions required. Where issues had been identified, these had been addressed. For example, a provider audit completed in April 2016 identified staff training was needed in relation to equality and diversity. Training records showed this had been completed by all staff by August 2016. A health and safety audit completed in January 2016 identified

several areas to address, for example that a lone worker risk assessment needed to be completed annually. The registered manager had completed this.

There had been no accidents or incidents at the service in the past eight months. However, there were systems in place to report and monitor any incidents or accidents for trends, which could be avoided.

The service liaised with health and social care professionals in order to achieve the best possible care for the people they supported. Appropriate referrals were made by the service and advice and recommendations were acted on.

The registered manager notified CQC about important events that affect the people using the service. For example, serious injuries, incidents involving the police, and allegations of abuse. The Care Quality Commission had been notified in a timely manner about incidents and events that had affected the health and welfare of people using the service. This enabled us to monitor potential risks at the service.

Records were stored securely and most were accurate and up-to-date, with the exception of one staff recruitment file. People's needs were reflected in detailed care plans and risk assessments. Other records in relation to the running of the service, for example audits, staff training records and policies and procedures were accurate, and up to date.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Due to the current laundry arrangements there was a risk that cross infection was not fully controlled.