Brain Injury Rehabilitation Trust

Daniel Yorath House

Inspection report

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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?	Good

Summary of findings

Overall summary

The inspection took place on 1 October 2018 and was unannounced. This meant the provider did not know we would be visiting.

At our last inspection in February 2016 we rated the service Good. At this inspection we found the evidence continued to support the rating of Good. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection. At this inspection we found the service remained Good.

Daniel Yorath House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Daniel Yorath House can accommodate up to 20 people with an acquired brain injury. At the time of our inspection there were 15 people using the service.

Daniel Yorath House is a specialist neurobehavioural rehabilitation centre for people aged 18-65 with acquired brain injury. It can also support people aged 16-18 and over 65 years. It forms part of the nationwide network of rehabilitation support services provided by The Brain Injury Rehabilitation Trust (BIRT).

A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. At the time of our visit, the registered manager had been on sick leave and had just left the organisation. The manager had been in post for 11 months and was now in the process of registering with CQC.

People we spoke with told us they felt safe at Daniel Yorath House. Staff had been trained in safeguarding issues and knew how to recognise and report any abuse.

People's medicines were managed and stored safely.

There were enough staff to meet people's needs. Any new staff were appropriately vetted to make sure they were suitable and had the skills to work at the service. The staff were given support by means of regular training, supervision and appraisal.

The therapy team of qualified health professionals worked alongside support staff to deliver a holistic rehabilitation approach to people.

Peoples dietary needs were fully understood and people told us staff encouraged them to eat a healthy diet.

People were supported, where appropriate, to manage their health needs. Staff responded promptly to any changes in the person's health or general demeanour.

People told us they knew how to raise a concern if they were unhappy with anything regarding their stay and we saw people were asked about their views of the service

Systems were in place for auditing the quality of the service and for making improvements. We saw the manager was keen to share learning from incidents and to take forward improvements they had identified through their quality assurance process.

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 remains good.	**Good**
Is the service effective? The service remains good.	**Good**
Is the service caring? The service remains good.	**Good**
Is the service responsive? The service remains good.	**Good**
Is the service well-led? The service remains good.	**Good**

Daniel Yorath House

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 1 October and was unannounced. The inspection team consisted of one adult social care inspector.

We reviewed other information we held about the service, including any statutory notifications we had received from the provider. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescale. Before the inspection, we also contacted the local authority commissioners for the service and the local authority safeguarding team to gain their views of the service provided.

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.

We looked at care records for people who used the service. We examined documents relating to recruitment, supervision and training records and various records about how the service was managed.

We spoke to five people who used the service, the manager, head of care, psychologist and three staff members.

Good

Is the service safe?

Our findings

At the last comprehensive inspection, we found the service was safe and awarded a rating of Good. At this inspection, we found the service continued to be safe.

People we spoke with told us they felt safe at Daniel Yorath House. One person told us, "I feel very safe here, I didn't in hospital. It makes such a difference and you get better quicker if you feel safe."

Staff told us that they regularly received safeguarding training. Staff told us they knew how to raise concerns and were confident that the manager would take the appropriate action.

Risk assessments were tailored to people's needs and covered issues such as dealing with emotional distress, diabetes and epilepsy. These assessments had been regularly reviewed. Staff had a good understanding of the strategies to be used to support people with their anxieties.

Regular checks of the premises and equipment were carried out to ensure they were safe to use and required maintenance certificates were in place. Accidents and incidents were monitored via an electronic system that the manager and provider reviewed to check for trends.

Staff had received a range of training designed to equip them with the skills to deal with all types of incidents including medical emergencies. The provider had ensured plans were in place to deal with any situation.

The provider's recruitment processes minimised the risk of unsuitable staff being employed. These included seeking references from previous employers and Disclosure and Barring Service (DBS) checks. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions.

People told us they felt there were always enough staff on duty. Staff was provided flexibly depending on the current number and needs of people using the service. One staff member told us, "We find maintaining a consistent team works well so if someone is on holiday or off sick will we use bank staff who know the home well."

Staff received training to handle medicines safely, and medicine administration records (MARs) were correctly completed. Medicines were safely and securely stored, and stocks were monitored to ensure these were available when they needed. People were supported to manage their own medicines and we saw assessments were in place to ensure this was done in a safe manner.

Good

Is the service effective?

Our findings

At the last comprehensive inspection, we found the service was effective and awarded a rating of Good. At this inspection, we found the service continued to be effective.

People told us that the staff were motivated and made sure the service met their needs. Information from visiting professionals described how staff worked well with the people who used the service. They said, "Our overall experience has been favourable and we believe the service is a very valuable resource, as due to their brain injury expertise and understanding they are able to support and work with very complex and challenging clients."

People's individual needs were robustly assessed before they started using the service. This included any physical disability, cognition and psychological difficulties and communication preferences. People's abilities and needs were regularly reviewed by a multi disciplinary team to make sure they were still getting the right support.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS) authorisations.

Staff understood when the requirements of MCA applied and when DoLS authorisations would need to be sought. We found that in line with the MCA code of practice a capacity assessment was only completed when evidence suggested a person might lack capacity.

Staff received mandatory training in a number of areas to support people effectively. Mandatory training is courses and updates the provider thinks are necessary to support people safely. This included training in areas such as health and safety, fire safety, first aid, infection control, moving and handling and food hygiene. Additional training was also provided in areas such as working with people with diabetes and people who presented risks to others.

Staff we spoke with during the inspection told us the management completed supervision sessions and conducted an annual appraisal with them. Supervision is a process, usually a meeting, by which managers provide guidance and support to staff. We saw records which showed that staff had received an annual appraisal and supervision sessions on a regular basis. We saw qualified staff also received the appropriate clinical supervision from external peers to ensure they could discuss and reflect on their practice.

We saw evidence in care plans that staff contacted external healthcare professionals such as GPs, nurses and specialist doctors, when needed. The service worked with other health and social professionals involved in people's support. One external care professional said, "The team there communicate well and involve the client's case manager in regular review meetings."

Everyone we spoke with told us the food provided by the service was good. One person told us, "The food is great, if there is anything you don't like they'll make you something else." A small number of people were supported with special diets or softened foods. Not everyone required assistance with meals, but where necessary their nutritional health was assessed. People told us they were able to be fully involved in arranging their own meals, including menu planning, shopping and preparing meals, with some guidance if necessary. Support workers encouraged people to understand the benefits of a healthy lifestyle on their nutritional well-being.

Good

Is the service caring?

Our findings

At the last comprehensive inspection, we found the service was caring and awarded a rating of Good. At this inspection, we found the service continued to be caring.

People we spoke with told us, "The staff are all great," and "They are great, spot on, you can talk to them about anything."

We saw staff treated people with dignity and respect. We witnessed a staff member come into the lounge and ask, "I am down to clean your room today, do you mind if I do it?" They went on to ask the person, "Do you want to do it with me?" This not only respected the person's private space but also encouraged the person to be involved in this task.

The service encouraged people to be as independent as possible, whilst balancing potential risks. For example, some people told us how they had been able, with staff support, to develop the skills to travel independently in the local area and other described how they were working with staff to learn those skills.

We spoke with the manager about their plans to involve people more in their rehabilitation plan and the service. The manager told us this was an area they had identified for improvement. One staff member told us, "I deal with programme planning for people and I am trying to push more service user involvement to get an idea of people's interests. We need to get the PSW (personal support worker) 1:1 sessions in place and on people's programmes." We saw the manager and management team were exploring opportunities for people to be involved in their multi disciplinary review and the weekly meetings that took place to review everyone's progress.

Some people used additional communication methods to support their speech. There was a speech and language therapist based on site and we saw people's care plans reflected any support needed to help their communication needs.

We saw people were supported to maintain relationships with those close to them. The service had improved its technology to ensure that people had wi-fi and they had also responded to requests to put more electrical sockets in for personal electrical equipment. The service sent newsletters to relatives and people we spoke with told us their friends and relatives were able to visit them at appropriate times whilst respecting their rehabilitation programme sessions.

The service supported people to access advocacy service and the manager told us they were attending a local event next week to make further relationships with advocacy services locally. The service provided information in accessible formats for people.

Good

Is the service responsive?

Our findings

At the last comprehensive inspection, we found the service was responsive and awarded a rating of Good. At this inspection, we found the service continued to be responsive.

People described receiving a personalised service that was tailored to their specific needs. For example, one person with significant physical needs told us, "I ask for help if I need it but they try and get me to do as much for myself as I can."

It was clear that people were fully involved in decisions about how they wanted and needed their care and support to be provided. These were set out in very detailed care plans for staff to follow. Assessments and care plans showed how people's lifestyles and beliefs were respected, like their culture, religion or faith.

People described how the staff promoted their daily living skills, like cooking and shopping. We saw the service had an adapted therapeutic kitchen to support people in wheelchairs to cook. People were encouraged to be part of their local community and we were told people visited local shops and facilities such as gyms.

There was a wide range of therapeutic support provided by the service to encourage people's rehabilitation. This included music therapy which one person told us was "amazing" to people being supported to use transport independently. This went alongside people's individual therapy programmes supported by occupational therapists, speech and language therapy, physiotherapy and psychology, all based on site.

All the people we spoke with said they felt able to say if they were unhappy with the service. For instance, one person commented, "I didn't have hot water in my shower, I told a staff member and they replaced the shower head straight away, sorted." The provider had clear complaints information which was available in an easy read format and there were regularly meetings for people to share their views about the service.

Although not a usual function of this service, we discussed end of life care with the manager. We discussed the sensitivity of asking people about their wishes and preferences and saw that some people had wishes recorded in their plan of care. The manager stated they would try to embed asking people their views as part of the assessment process so this was consistently recorded.

Good

Is the service well-led?

Our findings

At the last comprehensive inspection, we found the service was well-led and awarded a rating of Good. At this inspection, we found the service continued to be well-led.

People said the service was well-run and they had confidence in the management team. All the people we spoke with described how they had the chance to chat to the manager or senior staff whenever they wanted.

There had been changes to the management team over the past year. The registered manager had been on sick leave and had just left the organisation. An experienced manager from another of the provider's services had been covering the role for the last 12 months and was now in the process of applying to be registered with the Care Quality Commission.

People and staff felt there was an open, transparent culture in the service which made people able to ask for changes or raise any issues. Staff members told us, "The manager is excellent, really motivated and a really good listener, she really wants to take things forward and now she has the role formally we are all looking forward to that happening." And, "There has been lots of change recently but staffing is now more consistent and it's a good mix of people." We saw monthly staff meetings and additional tutorial group support meetings led by the consultant neuropsychologist supported staff to raise any issues or concerns.

Daniel Yorath House had clear aims and values. These were apparent in the way people were respected and empowered to make choices about their care. The provider's values promoted people's rights to live ordinary and fulfilled lives. This was reflected in the care and support that people received. Staff said they enjoyed their work. One staff member commented, "Everyone here is very happy, the management is now very positive."

The manager had identified clear areas of improvement for the service and had a plan in place to address these. They told us they wanted to develop putting champion roles in place. For example having a staff champion for LGBT rights. They told us, "We respond where we can to ensure the protected characteristics are met here. We have a diverse workforce and a good mix of ages and sexes and sexualities and nationalities and I want staff to feel as supported as people using our service."

We also saw the service was planning a large refurbishment and the manager was keen to involve everyone in its planning.

The service worked in partnership well with others. The manager told us, "We are in process of working towards the Headway Approved Provider scheme and due to be inspected by January 2019. We work with them attending local events, family groups and access their nurse advisors and training so it's a great resource." They told us they were piloting this accreditation programme as previously the provider, The Brain Injury Trust had seen the Headway group as a competitor but now the services were working together to improve outcomes for people with an acquired brain injury.

The provider had a clear management structure and quality assurance system to make sure good governance arrangements were in place. Senior staff carried out regular checks of medicine management and care records. The manager carried out audits of the service which were sent to the provider's quality assurance department. An action plan was developed for any areas they could improve upon. The service was also supported by the provider's management resources such as health and safety team, data governance team and human resources department. This helped to make sure the service worked within the organisational expectations.