National Neurological Services Ltd

Ashbrook Neuro Rehabilitation

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

Ashbrook Neuro Rehabilitation is a purpose built residential care home providing care for up to seven people who have an acquired brain injury. There were six people accommodated at the time of the inspection.

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

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Safeguarding policies, procedures and staff training helped protect people from harm. All necessary checks on staff and the environment were undertaken to keep people safe. Risk assessments helped protect the health and welfare of people who used the service. The administration of medicines was safe.

People were supported to live healthy lives because they had access to professionals, a well-trained staff team and a choice of a nutritious diet. The service worked with other organisations to provide effective and consistent care. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were treated as individuals which helped protect their dignity. People's equality and diversity was respected by a caring staff team and where they wanted they were supported to continue with their relationships.

We saw that the service responded to the needs of people by providing meaningful activities, having regularly reviewed plans of care and any concerns acted upon. Staff training enabled them to care for people at the end of their lives.

The registered manager conducted audits and attended meetings to discuss best practice topics with other organisations to improve the service. People who used the service and staff said managers were available and approachable. People who used the service and staff were able to air their views about how the service was run.

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

Rating at last inspection (and update)
The last rating for this service was good (published 15 September 2018). Since this rating was awarded the provider has altered their legal entity. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected
This was a planned inspection based on the previous rating and in line with our current guidance.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-Led findings below.

Ashbrook Neuro Rehabilitation

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
This inspection was undertaken by one inspector

Service and service type
Ashbrook Neuro Rehabilitation is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We reviewed information we had received about the service since the last inspection. We asked the local

authority and Healthwatch Rochdale. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. Neither organisations had any concerns. We used all of this information to plan our inspection.

During the inspection-
We spoke with two people who used the service, the registered manager, the area manager, a trained nurse, a physiotherapist, a neuropsychologist, a relative and three care staff. We reviewed a range of records. This included three people's care records and three people's medicines records. We looked at four staff files in relation to recruitment and supervision. A variety of records relating to the management of the service, including audits, policies and procedures.

After the inspection
We looked at records sent to us electronically, which included the training records for the service, the statement of purpose and audits.

Good

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse
- People we spoke with said they felt safe.
- Staff were trained in safeguarding vulnerable people and had a number they could ring to report any incidents confidentially if they wished. Staff were aware of the whistle blowing policy and said, "I would be prepared to report any poor practice or abuse" and "I would be prepared to report any issues and confident managers would take action if I reported it."
- We saw the registered manager recorded and acted upon any safeguarding referrals and liaised with other organisations to seek satisfactory resolutions.

Assessing risk, safety monitoring and management
- We saw there were risk assessments for nutrition, falls, tissue viability (the prevention of pressure sores), moving and handling, epilepsy, activities and mental capacity.
- There was a team of staff (nurses, physiotherapists and occupational therapists) who were qualified to assess and plan support for people and provided them with equipment such as pressure relieving devices, mobility aids and dietary supplements. One staff member told us they used research to keep updated on acquired brain injury and where they found it to be beneficial put a case to the organisation to provide new equipment.
- Equipment in the home was maintained, such as gas boilers and the electrical installation system to ensure it was safe.

Staffing and recruitment
- The recruitment of staff was safe because all the required checks were undertaken prior to a person commencing employment.
- All the staff we spoke with said they felt there were enough staff to meet people's needs. We saw that people did not wait long when they required support.
- We also observed staff had time to sit and talk or completed activities with people who used the service regularly during the inspection.

Using medicines safely
- The administration of medicines was safe. We checked the systems for ordering, storing, administering and disposing of medicines. There were no identified errors.
- Staff were trained to administer medicines and had their competencies checked to ensure they continued to follow good practice.
- The medicines systems were audited to check for any errors and if found they were rectified, and advice

sought to ensure people had not come to any harm.
● Medicines were stored safely in a locked room and trolley which was attached to the wall. The temperature of the room and fridge was recorded to ensure medicines were stored to manufacturers guidelines.

Preventing and controlling infection
● A person who used the service said, "My room is ok. They keep it clean and tidy."
● We observed the home to be clean, tidy and there were no offensive odours. The cleanliness of the home was audited by management to ensure standards were maintained. There were policies and procedures for the prevention and control of infection staff could refer to if needed.
● Staff were trained in infection control topics and had access to personal protective equipment (PPE), which we observed being worn to help prevent the spread of infection.

Learning lessons when things go wrong
● There was an open culture to learning from safety concerns. Incidents and accidents were thoroughly analysed and shared for prevention and wider learning.

Good

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- There was an assessment of need for each person prior to admission to ensure people were suitably placed. The assessment could take several weeks to ensure everything was in place when a person was admitted. Care plans contained a full assessment of people's needs. These were reviewed and updated when changes occurred, which identified people's ongoing health and social care needs.
- People who used the service were also assessed when they were ready to leave this care service to ensure they were moving into accommodation that was adapted to their needs.
- We saw that protected characteristics were incorporated into the assessments and where required acted upon. This included gender, ethnicity, religion, sexuality and any disability. Protected characteristics are a legal protection for people and include race, age, gender, sexuality, religion or disability.

Staff support: induction, training, skills and experience

- A person who used the service said, "The staff are well trained and know what they are doing." A relative told us, "I think the staff are very well trained. They have shown me how I can help too." Staff we spoke with all said they thought they completed sufficient training to meet people's needs.
- All staff received an induction when they commenced employment to ensure they were aware of the facilities and services offered. Staff new to the care industry were enrolled on the care certificate which is a nationally recognised qualification
- Staff were given the training and support they needed to meet people's needs. All the staff we spoke with said they had completed all mandatory training and were encouraged to complete further training such as a health and social care diploma.
- Training included care of people with an acquired brain injury, care of people with epilepsy and how to safely manage people with behaviours that challenge.

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

- People who used the service told us, "My food is good. I help prepare it, plan my menu and do my own shopping" and "I chose my own meals." People were supported to make their own meals and plan what they wanted to eat.
- The service employed a speech and language therapist to ensure people got the right support and arranged for dieticians to assess people if required. This ensured people had a nutritious diet and took sufficient fluids.
- Each person had a kitchenette in their rooms to provide their own snacks. There was a further main kitchen for people to practice more advanced cooking skills.

Staff working with other agencies to provide consistent, effective, timely care

● We saw the service liaised with other organisations. One member of staff told us they had regular contact with staff who had the same qualifications to discuss best practice and had good relationships with NHS providers who specialised in acquired head injuries.

● We saw from the plans of care that people had access to specialists and professionals, many of whom were employed at the service. Each person had their own GP.

Adapting service, design, decoration to meet people's needs

● Where required people had equipment tailored to their individual needs. For example, the use of tracking hoists and mobility equipment such as for maintaining balance. Some staff had the necessary qualifications to assess and access specialised equipment. We saw people accessing therapy using ramps and portable steps to help improve their mobility.

● The building was a single storey and purpose built rehabilitation unit. The layout and décor were suitable for the provision of this care.

● We saw that where people were likely to stay for some time they had personalised their rooms to their individual tastes.

Supporting people to live healthier lives, access healthcare services and support

● From looking at the plans of care we saw records of attendance at hospitals for specialist treatment and routine appointments had been made with opticians, podiatrists and dentists. This helped to ensure people's assessed needs were being fully met, in accordance with their care plans.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

● We found the service were meeting the requirements of the act. Mental capacity assessments, best interest meetings and, where required, a DoLS had been implemented using the relevant organisations and paperwork. Two people were currently placed on a DoLS, which were reviewed to ensure they remained necessary.

● Where possible people were involved in developing their care plans and signed their consent to care and treatment. We saw staff waited for a person's response prior to undertaking any support.

Good

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People who used the service told us, "The staff are very good and look after me. The staff are kind and caring" and "The staff are looking after me and are very good." A relative said, "I am very happy with the care. Staff are all brilliant, are happy and smiling. My relative enjoys it here."
- We observed staff during the inspection. Staff had a good rapport with people who used the service, were professional but also kind and caring.
- We saw in the plans of care that there were good details about a person's past life, their likes and dislikes, interests and hobbies. This enabled staff to provide individual support to each person.
- Each person had a section of their care plan which highlighted their equality and diversity characteristics, such as gender, ethnicity, religion, sexuality or physical disability. The service made provision for people to spend time in private with partners and they could stay overnight if they wished.
- Families were also encouraged to stay if they wanted and this enabled them to learn more about their family members specific needs and how better to support them. One relative member said this was important because they were initially going to move into the family home.

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

- People who used the service were involved in their rehabilitation and had targets they helped set. Staff supported them to make decisions and reach their goals.
- People were supported to make decisions. This included what they ate, what clothes they wore, when they required rest periods and therapy sessions.
- People were asked in meetings and satisfaction surveys for their views of the home. We saw the registered manager responded to what people wanted. Satellite television was provided, a barbecue with family members was held and a new board game purchased to help meet people's needs.
- Information was available about advocacy services should people require their guidance and support. An advocate is an independent professional who acts on behalf of a person to protect their rights.

Respecting and promoting people's privacy, dignity and independence

- People who used the service told us. "They are helping me to move out and I can now do much more of my own care" and "I am learning to use my electric wheelchair. I am gaining confidence using it. It will help me be more independent." The ethos of the service was to help support people to move into more independent living.
- Staff received training about confidentiality topics and we saw all records were stored securely.
- Visiting was unrestricted and we saw people could see their visitors in private if they wished. A visitor told

us, "I come every day and sometimes stay overnight. The care is brilliant. [My relative] is a loveable rogue and the staff are so accommodating and welcoming to me."

● There were many thank you cards which were complimentary about the support given including, "I want to thank [staff member] for helping me to walk and make me reach my goals. You made my family welcome and I had some good, fun times at Ashbrook. You have done so much for my independence."

Good

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- A person who used the service told us, "My speech has improved greatly with the care and treatment I have had." The service employed a speech and language therapist who helped improve people's communication skills.
- Information was provided in a format suitable to each individual. We saw that some policies, for example, the complaints procedure had been simplified, information documents were provided in an easy read version, which included a 'hospital passport' (a hospital passport is necessary information another organisation would need to support people safely) and the service user guide, which told people of the facilities and services on offer.
- People also had access to aids such as pictures, a pen and paper or computer tablets to aid communication. One person told us this enabled them to talk to their family every day.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- A person who used the service told us, "I join in the activities. I keep busy. My skills are improving." Activities included maintaining and improving life skills such as cooking, managing finances and shopping.
- There was a weekly plan of activities for each person which included any therapies the person needed. Activities included going out to places of interest, games, exercises, going swimming and pet therapy. The occupational therapist had arranged for people to attend a gym. Activities also helped people achieve their goals such as moving back into the community.
- If a person was at a stage they could not join in some of the activities they were provided with individual ways to keep occupied. This included a sports channel for people who liked to watch football or other sports.
- The service had transport adapted for people to use and went to the cinema or other community events. Themed events were held and used as part of people's therapy. Decorating the home for Halloween was one example.

Improving care quality in response to complaints or concerns

- People who used the service told us, "I think they would listen to me if I had any concerns.
I am happy here and have no complaints" and "I have someone I can talk to if I have any concerns."
- There was an accessible complaints procedure for people to raise their concerns. The complaints

procedure informed people how the service would respond, the timescales of response and the details of other organisations if they wished to take a complaint further.
● We saw the manager responded to any complaints to reach a satisfactory conclusion and looked at ways to minimise them happening again.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences
● Plans of care were developed with people who used the service and reviewed regularly. The plans were detailed and gave staff sufficient information to deliver effective care.
● The therapists helped with planning care and we saw how this was put into practice with the exercises we observed.
● Plans of care were person centred and contained details of people's likes and dislikes to meet their individual needs.
● The registered manager and other key staff audited the plans to ensure they remained effective and were updated to reflect people's up to date support needs.

End of life care and support
● This is a rehabilitation service which means people are supported to achieve more independent living and therefore they do not provide palliative care at this time. One member of staff was attending the local hospice end of life care training program and could offer care and support for people who used the service, staff and families in times of bereavement. The registered manager said another member of staff was to be enrolled on the course.
● We saw people's end of life wishes had been discussed at a recent staff meeting and it was planned to record these in more detail if people wished to participate. Staff were in the process of gaining as much information as people would provide.
● The service had contacts with external professionals who would support the service should a person require end of life care. A person from the clinical commissioning group had commented, "I would like to thank you and your team for looking after [person who used service] in such a difficult time."

Good

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People who used the service said, "The care is great" and "The care has helped me improve and I cannot deny how much they have helped me. The manager is easy to talk to as are all the staff."
- Staff we spoke with said, "I like working for the organisation and feel valued. The team is receptive, and I feel it is making a difference. This manager is by far the best in the ones I have met", "All the managers are brilliant, and I feel I could go to them. The registered manager is good and very supportive and "The manager is supportive and approachable."
- Staff were able to attend regular meetings. Good practice information was discussed and staff were asked for their views to help improve the service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of their responsibility regarding duty of candour. The CQC had received notifications that providers must send to us in a timely manner. The current rating was displayed within the home and on their website.

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

- We saw that the registered manager conducted audits to maintain and improve the service. Audits included cleanliness of the building and infection control, plans of care,
- There was a clear management structure and staff felt supported at the service. There were qualified professionals employed by the service who worked together to meet the health and welfare needs of people who used the service.
- The registered manager was producing an aid to inspection using the key lines of enquiry to help meet their regulatory requirements.

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

- Staff received training around equality, diversity and dignity. This helped staff support people around their diverse needs.
- The service was committed to involving people who used the service during meetings and by asking for their views in quality assurance surveys. Staff, family members and stakeholders were also asked for their

views about how the service was performing.

Continuous learning and improving care

● The registered manager attended meetings within the organisation and the health and social care community to discuss best practice to help drive improvement.

● The provider was a member of a brain injury organisation to keep up to date with current treatments.

● There were handover meetings for managers and staff to discuss important issues, any appointments people needed to attend and the care of people who used the service.

Working in partnership with others

● We saw the service was working and liaised with many organisations within the health and social care sector including the NHS and local authority.