

Brain Injury Rehabilitation Trust

North Paddock Court

Inspection report

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Lings
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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?	Requires Improvement ●

Summary of findings

Overall summary

This unannounced inspection took place on 12 April 2016. This residential care home is registered to provide accommodation and personal care for up to three people. At the time of our inspection there was one person living at the home.

There was a registered manager in post. 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 were not always able to receive the care and support they required because of the way the provider had set up arrangements for reviews to people's care. The manager and staff were reliant on the support and involvement of a clinical team that were not based at the home. As a result people's care plans and risk assessments were not updated, reviewed, or created in a timely manner and as people's needs changed which put people at risk of not receiving the care they required.

Improvements were required to the risk assessment, and care planning procedures to ensure they were in place to meet people's current needs, and were reviewed on a regular basis. Further improvements were also required to the quality assurance systems in place by the registered manager to ensure they identified and actioned areas of care that required improving.

People felt safe living in the home. Staff understood the need to protect people from harm and abuse and knew what action they should take if they had any concerns. Staffing levels ensured that people received the support they required at the times they needed. There were sufficient staff to meet the needs of the people and recruitment procedures protected people from receiving unsafe care from care staff unsuited to the job.

People received care from staff that were supported to carry out their roles to meet the assessed needs of people living at the home. Staff received training in areas that enabled them to understand and meet the care needs of each person.

People were supported to take their medicines as prescribed. Records showed that medicines were obtained, stored, administered and disposed of safely. People were supported to maintain good health and had access to healthcare services when needed.

People were actively involved in decisions about their care and support needs. There were formal systems in place to assess people's capacity for decision making under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

People received care that was person centred and focussed on empowering people; personal choice,

ownership for decisions and people being in control of their life. People were empowered to complete activities and tasks they enjoyed and were in control of how they did this. Staff were passionate about providing good care and people were relaxed around staff.

Procedures were in place to ensure staff could meet people's needs before they moved into the home. People were encouraged to make their own choices, and staff supported people to achieve their goals. There was a suitable complaints procedure in place.

The culture within the home focussed on people's individual needs and on supporting people to be as independent as they could. Staff worked well together as a team to ensure a consistent approach consistent with the provider's values.

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.

People felt safe and comfortable in the house and staff were clear on their roles and responsibilities to safeguard them.

Appropriate recruitment practices were in place and staffing levels ensured that people's support needs were safely met.

There were systems in place to manage medicines in a safe way and people were supported to take their prescribed medicines.

Is the service effective?

Good ●

The service was effective.

People were actively involved in decisions about their care and support needs and how they spent their day. Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People received personalised support. Staff received training which ensured they had the skills and knowledge to support people appropriately and in the way that they preferred.

People's physical health needs were kept under regular review. People were supported by health care professionals when necessary to ensure they received the support that they needed in a timely way.

Is the service caring?

Good ●

The service was caring.

People were encouraged to make decisions about how their support was provided and their privacy and dignity were protected and promoted.

There were positive interactions between people living at the house and staff. People were happy with the support they received from the staff.

Staff had a good understanding of people's needs and preferences and these were respected and accommodated by staff.

Staff promoted people's independence in a supportive and collaborative way.

Is the service responsive?

Good 

The service was responsive.

Pre admission assessments were carried out to ensure the home was able to meet people's needs.

People were listened to, their views were acknowledged and acted upon and care and support was delivered in the way that people chose and preferred.

People living at the home knew how to raise a concern or make a complaint. There was a transparent complaints system in place.

Is the service well-led?

Requires Improvement 

The service was not always well-led.

Improvements were required to the systems in place to ensure people received the support they required and their records were up to date.

Quality assurance systems were in place however improvements could be made to ensure they identified and actioned areas that required improvement.

A registered manager was in post and they were active and visible in the house. They worked alongside staff and offered regular support and guidance.

The culture within the home focussed on supporting people to lead fulfilled and independent lives.

North Paddock Court

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 12 April 2016 and was unannounced. The inspection was completed by one inspector.

Before the inspection, we asked the provider to complete 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. The provider returned the PIR and we took this information into account.

We reviewed the information we held about the service, including statutory notifications that the provider had sent us. A statutory notification is information about important events which the provider is required to send us by law. We also contacted health and social care commissioners who place and monitor the care of people living in the home.

During our inspection we spoke with one person living at the home, two members of care staff and the registered manager.

We looked at care plan documentation relating to one person, and three staff files. We also looked at other information related to the running of and the quality of the service. This included quality assurance audits, training information for care staff, staff duty rotas, meeting minutes and arrangements for managing complaints.

Is the service safe?

Our findings

People's known risks had been identified and staff had a good knowledge of how to keep people safe. People were aware of potential activities or situations which could put them at risk and had been involved in deciding on the level of support they received from staff to manage this. One person told us, "I need staff to help me in the kitchen when I'm cooking. I can't manage everything by myself so they just come and guide me." Staff were aware of the support they needed to give people, and balanced this carefully between promoting their independence and keeping them safe. The registered manager accepted that there were improvements required to record and review people's risk assessments and had taken action to arrange this with the provider.

People were safeguarded against the risk of being cared for by unsuitable staff because there were appropriate recruitment practices in place. Staff employment histories were checked and staff backgrounds were checked with the Disclosure and Barring Service (DBS) for criminal convictions before they were able to start work and provide care to people.

There were enough staff to keep people safe and to meet their needs. One person told us that there was a member of staff available when they needed them. They said "The staff keep me safe. They guide me, advise me and help me whenever I need it." Staff told us that there were enough staff available to meet people's needs and to ensure people received good support throughout the day. The registered manager completed care shifts and on rare occasions used agency staff to ensure all shifts were fully staffed. The registered manager was committed to ensuring there was a consistent staff team that understood people's individual needs. We examined the staff rota and found that the staffing levels allowed people to receive attentive support from staff. We saw that staff spent time sitting with people and engaging them in conversations or activities they enjoyed.

People were supported by staff that knew how to recognise when people were at risk of harm and knew what action they should take to keep people safe. People living at the home and their visitors had access to an easy read guide about how people were kept safe and provided an explanation about safeguarding procedures. The easy read guide provided contact details for people to use themselves if they were concerned about the care they received. Staff received training in safeguarding and knew how to report it if people were at risk. The staff we spoke with were able to explain different types of abuse and the signs that people may show if they had been harmed. One member of staff confirmed, "If I was concerned, I'd report it straight away to the manager, or I could go talk to their manager if I needed to." The provider's safeguarding policy explained the procedures staff needed to follow if they had any concerns and the registered manager had a good knowledge of the procedure. The registered manager had taken prompt action following a safeguarding concern and the registered manager ensured that measures were in place to support people and ensure their safety.

There were appropriate arrangements in place for the management of medicines. One person said, "I ask staff for my medication, or if I forget they remind me, and they keep it safe for me." One person described how they obtained and administered their medicine which was appropriate for the person's needs. People

had a comprehensive understanding of what their medicines were for and were fully involved in deciding how they would be supported. Staff were knowledgeable about the support people required with their medicine, and followed the procedures that were in place to ensure people had the appropriate support. Medication Administration Records (MAR) were in good order, and people received their medicines as prescribed. There were suitable arrangements in place to order, store and dispose of medicines and one person confirmed they had never run out of their medicines and were happy with how staff managed them.

Is the service effective?

Our findings

People received support from staff that had received training which enabled them to understand the needs of the people they were supporting. One person said, "The know me and understand me very well. They're very good." New staff were supported in their role to understand and learn about the people they were supporting. Each training programme was tailored to reflect new staff member's knowledge and experience. New staff were required to 'shadow' a variety of shifts to observe how staff engaged and supported people. One member of staff said, "The training can be difficult to access but it covers what we need." The training covered basic aspects of care which included first aid, infection control and safeguarding but it also included additional training specific to the needs of people that lived at the home. Staff told us they felt the training prepared them well to meet people's needs, for example how to support people with brain injuries and the techniques they could use to support people through difficult times, or anger management techniques. A program was in place to ensure experienced staff refreshed their training and knowledge about current practices on a regular basis.

Staff had guidance and support when they needed it. Staff were confident in the registered manager and were satisfied with the level of support and supervision they received. One member of staff told us, "She [the registered manager] is always available. We can phone her anytime if we need to. I feel completely supported." Supervisions and appraisals were used to discuss performance issues and training requirements and to support staff in their role. We also found that the registered manager regularly worked a care shift, or met with staff at the home to provide informal supervision.

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. We checked whether the service was working within the principles of the MCA and we saw that they were. 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.

The management team and staff were aware of their responsibilities under the MCA. We found that staff received relevant training in line with this. We saw that staff had considered one person's mental capacity in relation to money handling and personal relationships and put procedures in place to respect their ability to make decisions for themselves in a safe manner. Staff spent time with each person discussing with thought processes and encouraging them to consider outcomes and to take control of their actions in a positive and balanced manner. People were supported to provide consent other care by being fully involved in decisions about the support they would receive.

People were supported to maintain a balanced diet and eat well. One person told us "I used to be obese but I have lost a lot of weight since I came here. Staff advised me about healthy eating and not getting too many takeaways and I don't ever want to be that fat again." People were able to plan their meals and decide what they wanted to eat, and when they wanted to eat them. Staff supported people to consider how they could

eat balanced and nutritious meals. Staff also provided encouragement and support for people to prepare their meals as independently as they were able to. We saw that people had access to information about eating well and people had a good knowledge about how they could do this.

People's healthcare needs were monitored and acted on in a timely manner. One person told us, "If I need to see a doctor we make an appointment and we go together." Staff confirmed that they offered encouragement and support when it was needed and responded quickly to any healthcare concerns. We saw that staff worked with people to monitor their annual healthcare needs and ensured people's annual health checks were completed. For example, people received regular support from the opticians and dentist as required.

Is the service caring?

Our findings

People were supported by staff that were passionate about providing good quality care, and people had developed positive relationships with staff. One person said, "They [the staff] are brilliant. They always ask if I'm happy here; but they know I'm happy here. This is my home, I love being here." Staff spoke passionately about the role they played in supporting people, and many staff had worked at the home for a long period of time. Staff told us they enjoyed their job spoke proudly of the progress people had made whilst at the home.

People were relaxed and comfortable around staff. Staff were engaging and encouraging and provided a person centred approach. One member of staff spoke with warmth and pride at the progress one person had made. They said, "[Name] has made a lot of progress since coming here." We saw that staff praised people throughout their daily activities and provided extra praise and positivity when they had completed a task independently or with little support. Staff explained that they were making progress towards the person having their own full independence. We saw that staff supported this by encouraging people to take on tasks for themselves, for example by making their own arrangements with friends.

Staff were knowledgeable about the issues that caused people anxiety and distress and looked for ways to support people with this. We observed that staff took time to understand the cause of people's anxiety and offered reassurance. Staff put people in control of their own actions and used reflective discussions to enable people to make their own decisions about how they could reduce their own anxieties. Staff took great care to balance the need for people to increase their independence and to ensure people were protected from unnecessary distress. There was a calm, relaxed and positive atmosphere throughout the home which focussed on supporting people's individual needs.

Care plans included people's strengths and positive qualities and staff praised people when they had taken positive action. One person told us that the staff knew them very well and had supported them to take on new challenges. For example, one person's care plan recorded how they enjoyed helping others, sharing with people and was very caring and understanding. We saw that staff had supported them to obtain a work opportunity in the community at a café which worked on their strengths to help others.

Staff understood the need to respect people's confidentiality and understood they should not discuss issues in public or disclose information to people who did not need to know. People who lived at the home were fully involved in their care, and information about the support they required was fully shared with them. Any information that needed to be passed on about people was done so in a respectful and confidential manner.

People's privacy and dignity were respected by the care staff. One person said, "They [the staff] treat me with respect – they don't come into the shower with me but I keep the door unlocked in case there is an emergency. They check I'm OK." Staff confirmed ways in which they maintained people's right to privacy and dignity with their personal care. People were encouraged to be honest and staff supported people respectfully, and with their agreement, when they needed additional help.

The registered manager showed good knowledge of the use of advocacy services and although nobody living at the home currently required the use of an advocate, the manager was able to provide examples of when an advocate had been used in the past, or when one may be required in the future.

People were encouraged to maintain relationships with family and friends if they wished to. Staff had gone to great efforts to meet with people's relatives and keep them informed and involved about the care and support people received. The home was accessible for people's relatives and visitors and people were encouraged to create their own support network to increase their independence. When people requested additional staff support to make arrangements with friends, staff reacted positively.

Is the service responsive?

Our findings

People's care and support needs had been assessed before they came to live at the home to determine if the service could meet their needs. People were encouraged to visit the home to gain an insight into whether they wanted to come and live at the home. Other people already living at the home were involved in the admissions process to ensure people would be compatible living together. People and their relatives or advocates were also encouraged and supported to be involved in the admission process to ensure the home would be suitable for prospective people. We saw that the provider created care plans specific to each person's needs and people were given additional staff support to help them settle into their new home and surroundings. Staff took immediate action to ensure all systems were in place before, or as soon as people had moved in. For example, the registered manager explained that some people had required labels on cupboards and these had all been put in place to ensure a smooth transition into the home.

Care staff that worked with people on a day to day basis adjusted the support people received in accordance with people's own development. We saw that care staff were knowledgeable about people's changing needs and encouraged them to develop and try new activities.

People's care and treatment was planned and delivered in line with people's individual preferences and choices. For example, one person told us about the staff support they required to manage their personal care and staff were knowledgeable about this, and respected people's wishes. Staff encouraged people to be as independent as possible with their personal care needs and only offered support when necessary. Staff kept records about the level of support people received, and reviewed this for trends and improvements.

People were supported to complete activities they enjoyed. One person told us they enjoyed cleaning and they also enjoyed colouring. The person told us they worked with staff to design a weekly planner to ensure they had enough time to do everything they enjoyed. We saw that staff encouraged people to complete spontaneous activities and try to new experiences.

People were encouraged to achieve their goals and significant milestones they wished to achieve. One person had informed staff that they wanted to go on holiday. Staff had supported the person to choose the kind of holiday they wished to have, and to ensure appropriate support was available. The person had been involved in understanding the financial implications, and how the holiday had been pre-organised. People were looking forward to their holiday.

Staff involved people to achieve their independence in a safe and measured way. One person wanted to visit the shops independently. They were involved in making arrangements to protect their safety, and to practice the skills they would need with decreasing staff support. Staff had worked with them to understand their money handling, and their personal safety if they were alone. People were supported by staff to increase their confidence and ability to handle new situations until they were ready to complete them independently.

A complaints procedure was in place which explained what people or their relatives could do if they were unhappy about any aspect of the home. People were aware they could complain if they wished and one person said, "If I was unhappy I would phone [name of registered manager] boss – but they [the staff] never act out of turn. They're great." Staff were responsive and aware of their responsibility to identify if people were unhappy with anything within the home and understood how they could support people to make a complaint. We saw that no complaints had been received in the last 12 months.

Is the service well-led?

Our findings

Improvements were required to the way the provider managed and facilitated people's support. For example, people that required regular input from the provider's professional team, including psychiatrists, did not always ensure that people received this input. As a result people did not always have their needs professionally reviewed as regularly as they expected. The provider had also put procedures in place so that the care staff team, and registered manager, were unable to update people's care plans without the input of the provider's professional team. As a result, people's care plans and risk assessments were not updated, reviewed, or created in a timely manner, as people's needs changes, as this was controlled by the provider. This meant that people's care plans were not always reviewed or amended regularly, did not contain adequate information and had out of date information.

People living at the home reacted positively to the registered manager and staff commented that they had confidence in the manager at the home but at times felt isolated from the provider. Staff explained that they had requested for meetings with people to take place at the home but these had not always been accommodated, and staff felt that on occasions this had led to unnecessary anxiety for people using the service. The registered manager felt supported in their role, and had regular meetings with the provider but recognised that systems set up by the provider had limited the opportunities to review the progress people made. The registered manager confirmed they had worked within the systems available to them, and had made suggestions to have better direct involvement to implement changes to people's care plans and this was being further developed with the provider. The actions that care staff took to keep people safe and progress their development was appropriate.

A programme of quality assurance was embedded into the service. This reviewed medication arrangements, storage, medicine records and checked that people had received the correct medicine for their needs. People's nutritional needs were also reviewed on a quarterly basis, which was appropriate for people's current needs. However, the registered manager accepted that the audit could be more effective in identifying and actioning areas for improvement with people's care plans. The provider had also arranged for an internal quality team to complete an audit and the results of those were awaited by the manager.

Systems were in place for people to provide their feedback during review meetings with the provider. The registered manager had taken action to request this meeting with the provider. We looked at the results of previous surveys and saw that they showed positive responses. People confirmed that staff frequently asked them if they were happy, or if there was anything they would like to change, and this was acted on. For example, one person required additional support and reassurance around contact with their family, and staff reacted positively to people's requests. Staff took time to observe people's reactions and body language to gain feedback from people about what they enjoyed or were unhappy about, and challenged people in a gentle and supportive manner if they felt people were unhappy. Regular staff meetings took place and staff were encouraged to share their thoughts and feedback.

The culture within the home focussed on supporting people to have happy and fulfilled lives, as independently as possible. One member of staff said, "I really enjoy working here. I'm proud of the quality of

life people have here. It's marvellous and we all try so hard." All staff worked to achieve these goals and they put people at the heart of what they did. The registered manager made additional efforts to remain open and accessible to staff and often visited the home on their time off. Staff worked well together to ensure a consistent approach for people that used the service and the registered manager ensured communication between the team was frequent and staff shared ideas of what had worked well, or if people had needed additional support.

The home had policies and procedures in place which covered all aspects of running a care home. This included safeguarding, complaint handling and medication procedures. The policies and procedures were sufficient and provided appropriate guidance for staff. Staff had access to the policies and procedures whenever they were required and staff were expected to read and understand them as part of their role. The registered manager was aware of the requirement to submit appropriate notifications to the CQC and could give examples of when it would be necessary to do so.