Brain Injury Rehabilitation Trust

Kent House

Inspection report

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Date of inspection visit:
15 January 2019
16 January 2019

Date of publication:
13 February 2019

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

This inspection took place on 15 and 16 January 2019. It was an unannounced visit to the service.

Kent House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. Kent House is registered to provide support up to 22 older people. At the time of the inspection 20 people lived at the home.

Kent House is a purpose built unit, it is made up of single bedrooms, one bedroomed bungalows and a first floor flat. It provides support to people who have an acquired brain injury. Some of the people who live at the home also have a physical disability and depend on a wheelchair for all mobility. The home has communal seating, dinning and activity areas. The home benefits from an onsite therapy room, in which a physiotherapist and an occupational therapist work. Clinical psychologist support was available when needed.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and 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.

We received positive feedback from people, their relatives and community professionals. Comments included "I like the staff, I get on with them" and "I have been here 11 years and have always been looked after, I am happy here." Another person told us "I am very happy." A relative told us "My brother [Name of person] has lived at Kent house for a number of years, without their good care and understanding I doubt if he would still be here."

People were supported to take and manage their prescribed medicines. We noted dispensing labels and medicine administration records (MARs) for thickening agent for drinks did not always match the advice from the speech and language therapist. We have made a recommendation about this in the report.

People were supported by staff who knew them well. However, care plans were not always updated following changes made. When we spoke with staff they were aware of the changes made. We have made a recommendation about updating records in a timely way.

People were supported by staff who had been recruited safely to ensure they had the right skills and attributes to work with people. Staff were supported with ongoing training to maintain their knowledge and skills.

People were supported to maintain their health. The service worked closely with external healthcare professionals. Where people were admitted to hospital the service ensured hospital staff were aware of the person's likes and dislikes.

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

People were supported to maintain family and friendships which were important to them. People had opportunities to attend community centres, where they could participate in cookery programmes, singing groups and gardening projects.

People told us the service was well-led, Kent House had an experienced registered manager in post who was supported by two assistant managers. The management team worked together to drive improvements to benefit people who lived at the home.

Further information is in the detailed findings below.

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**

Kent 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 comprehensive inspection took place on 15 and 16 January 2019 and was unannounced. The inspection was carried out by one inspector.

Prior to the inspection, we requested and received a completed Provider Information Return (PIR). We used information the provider sent us in the PIR. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. Throughout the inspection, we offered the registered manager and staff opportunities to share with us what they did well. We reviewed notifications and any other information we had received. A notification is information about important events which the service is required to send us by law.

During the inspection, we looked at four people's care records and four staff recruitment and training records. We observed medicine administration, checked records and storage of medicines. We observed a lunchtime meal. We spoke with four people who lived at the home. We spoke with the registered manager, two assistant managers and five staff. Following the visit to the home, we sought feedback from staff and relatives. We contacted health and social care professionals who had experience of working with the home.

Good

Is the service safe?

Our findings

People and their relatives told us care and support at Kent House continued to be good. Comments included, "I do feel that [Name of person] does receive the safest of care in Kent House otherwise we would not have left her there for seven years" and "Every time [Name of person] has a seizure or they think it might be a stroke they get the paramedics out straight away to her then let us know."

People who required support with the administration of prescribed medicines were provided with that by staff who had received training. We observed five people being supported with their medicines. This was conducted in a professional and calm manner. Staff carried out good hand hygiene throughout the administration. Staff ensured they spoke with people about the medicine and why it was given. The home had worked with the clinical commissioning group (CCG) pharmacist to improve medicine management. Systems had been put into place to manage homely remedies, which included paracetamol and senna as examples. Stock levels of medicines were managed well and records relating to stock were accurate and up to date. Medicines which required additional storage and record management due to their potential for abuse were stored safely and records were correct.

We noted one person's medicine administration record (MAR) stated they required a thickening agent to be added to their drinks. The instruction on the MAR stated, "Three scoops in 100 mls or as directed", when the staff member prepared a drink for the person, we observed they added one and a half scoops to a cup which measured 100 mls of liquid. We questioned this with the staff member and the assistant manager. The staff member told us the liquid would be too thick if three scoops were added. We asked the assistant manager what advice had been given by the speech and language therapist. We checked the records and found the advice given was for one scoop of thickener in 100 mls. We checked other records for people who required thickener. We found two other records where the MAR stated, "As required". We discussed this with the registered manager and the assistant manager. We were assured staff had a good understanding of the required thickness of people's drinks. We observed the assistant manager confirming with the pharmacist that labels and MARs needed to reflect the advice from the speech and language therapist. We had confirmation following the inspection records had been changed.

We recommend the services ensures measures are put into place to check the accuracy of MARs and dispensing labels when new medicines are delivered.

People were protected from the risk of abuse. The service had a safeguarding procedure in place. Staff received training on safeguarding people. Staff were able to tell us about what would alert them to a safeguarding concern and what action they would take. One member of staff told us "Report concerns to management, follow the Trust's protocol and keep record of any injuries or conversations about the situation."

People were protected from unsafe premises. The required checks were completed to ensure water and electricity was safe to use. Equipment used to help people move, for instance, ceiling track hoists and mobile hoists, were serviced regularly to ensure they were safe. Each person had a personal emergency

evacuation plan (PEEP) to advise staff on what support they required in an emergency.

Risks posed to people as a result of their medical condition were well managed. People who had been identified as at risk from falling had a falls risk assessment in place and a falls screening tool completed. Risk assessments gave staff guidance on how to manage risk and reduce the likelihood of harm. Where people had behaviours, which could have the potential to challenge staff. Clear guidance was given to staff on how to identify when situations were escalating and how to diffuse the event.

People told us there were enough staff to support them. One person told us, "There is always someone around." Some people were given one to one support, we observed it was clearly recorded which member of staff was providing the one to one support. The registered manager told us they had a number of staff vacancies, they told us they were using agency staff and bank staff to ensure appropriate numbers of staff were on duty. In addition, the assistant managers had worked with people. The registered manager had raised the staffing issues with the provider and both were actively recruiting new staff.

When new staff were employed this was done so safely. The registered manager was aware of the requirements and procedures for recruiting staff with the appropriate experience and character to work with people. Pre-employment checks were completed for staff. These included employment history, references and Disclosure and Barring Service checks (DBS). A DBS is a criminal record check.

People were supported to live in a home which was kept clean. People told us they felt the home was clean and tidy. Staff had access to personal protective equipment (PPE), like gloves and aprons. Staff who helped prepare food had received appropriate food safety training.

The registered manager received national safety alerts and responded to any actions required. The provider and registered manager had systems in place to share learning. A 'manager's bulletin' was produced each Tuesday, which shared important information. It was colour coded to highlight areas which registered managers were tasked to take urgent action.

Good

Is the service effective?

Our findings

People told us they continued to receive effective care. Comments included, "I think the staff are well trained" and "I do feel motivated most of the time, I am just waiting to join the exercise group."

Prior to people moving into the home the registered manager ensured the service could meet their needs. A pre-admission screening tool and assessment was completed. This gathered essential information about the person and what they required support with. A pre-admission checklist and an admission checklist was completed to ensure everything was in place prior to a person moving in. Due to the nature of people's medical conditions, relatives were asked to complete a document about their family member. The information requested helped the staff to understand about a person's likes and dislikes and their interests prior to their acquired brain injury.

The whole staff group worked together to deliver effective care. A regular multi-disciplinary meeting was held. Each person was discussed and changes were made to their support as a result. The service had a physiotherapist, occupational therapist and a therapy assistant who supported care staff. The therapy team had been re-assessing people's posture to prevent permanent body shape changes. As a result, we were informed people had been issued with new wheelchairs and specialised sleep systems. We observed therapy staff informing care staff about one person's new sleep system. Therapy staff provided pictorial information for care staff to ensure people were supported appropriately.

The home had commissioned bespoke decorative designs for people's rooms. These included, a chosen theme such as a beach scene as an example. The rooms included LED screens with changeable themes (fish, nature, wildlife, under the sea) and included sounds effects. Each room had a coloured door. The service was forward thinking on how technology could be used to benefit people.

People were supported to ensure their human rights were protected. The service was compliant with the Mental Capacity Act 2005 (MCA). The 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. We noted mental capacity assessments had been carried out for specific decisions. Where the assessment concluded the person did not have capacity, it ensured a best interest decision was made and recorded.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. The home had made DoLS applications when required to do so. The registered manager was aware of the

need to inform CQC of any decision made on an application submitted.

Where people had specific dietary requirements, this was recorded in their care plan. People told us they liked the food. Each day the chef asked each person what they would like for their lunch. We noted a menu was displayed in the dining area and contained a choice. Where concerns were raised about a person's diet referrals were made to GP or dietitian.

People were supported to maintain their health. One member of staff had attended a chair based exercise training course. Since they completed the training they facilitated a regular exercise group. We observed a group taking place. People were fully engaged in the activity and were seen to be smiling and laughing. One person's health had deteriorated on day one of our inspection. This had been quickly responded to by staff and external healthcare professional advice was sought.

People were supported by staff who had received a through induction period, which included training which the provider deemed mandatory. Staff were supported to maintain their skills and knowledge through ongoing training. The registered manager had to report all mandatory training completed each month to the provider. The last monthly report demonstrated the service had been rated highly for completion of staff training. Staff told us they received regular one to one meetings with a line manager and felt supported.

Good

Is the service caring?

Our findings

People and their relatives told us they continued to be supported by staff who were kind and considerate. People told us "I like the staff, I get on with them" and "I have been here 11 years and have always been looked after, I am happy here." Another person told us "I am very happy."
A relative told us "My [Relative] has lived at Kent house for a number of years without their good care and understanding I doubt if he would still be here."

Throughout the inspection we observed positive, kind and compassionate interactions between people and staff. It was clear when talking to staff they were aware of people's needs and personalities.

People told us they were supported to maintain important family and friend relationships. One person was going to stay with family while their room was being re-furbished. They told us all about their family. A member of staff walked past whilst we were talking to the person, they also told us which family member was collecting the person and details about their extended family.

Each person had a keyworker, which was a named member of staff who supported the person to coordinate their care. Keyworkers were responsible in meeting with people on a monthly basis to ensure people had opportunities to be involved in decisions about their care and support.

People told us and we observed staff supported people in a dignified manner. The registered manager told us in the Provider Information Return (PIR) that "Staff and service users always celebrate National Dignity Day on an annual basis, with mini workshops an informal discussion groups often held in the interim, by means of an open forum where such topics may be discussed." One member of staff told us "I protect people's dignity by following the correct protocol for respect and dignity making sure no service user feels vulnerable and make them know they can speak to staff any time of the day and they will be protected."

We observed staff responded to people's requests for support quickly. We saw staff knocked on people's doors and waiting for a reply prior to entering people's rooms.

Information was readily available to people on how they could access advocacy services. Advocacy gives a person independent support to express their views and represent their interests.

People's information was kept confidential. Each person's care plan was stored in a cupboard in a locked room. Only staff who required access to information had it.

Good

Is the service responsive?

Our findings

People told us they continued to receive person centred care and support. Each person had personalised care plans and risk assessments. These were written following consultation with the person, their chosen representative and input from health and social care staff. Care plans were reviewed by the multi-disciplinary team. We noted the service held a multi-disciplinary meeting every four to six weeks. Notes were kept about the meeting and actions resulting. However, actions were not always acted upon in a timely way. We saw discussion had been made in a meeting held on 14 December 2018 and the person's care should have changed. We checked if the change had been made. We observed and the registered manager confirmed the change had not been made. However, on the second day of the inspection we were shown the updated version of the care plan. When we spoke with staff they were aware of the changes made at the meeting in December.

We recommend the service ensures procedures are in place to review and update care plans when people's support has changed.

People had opportunities to engage in meaningful activities both within the home and in the local area. One person we spoke with told us they were going shopping to the local shops to buy food for their lunchtime meal. Another person told us they went to a local gardening group. We observed photographs of many of the activities which people had attended. These included baking, exercise groups and silent discos. A member of staff told us "We have had two silent headphone discos recently, which have been absolutely amazing. This is another activity that has a place within residential units, especially for our client group. Some feedback from Kent House residents include, 'When are they coming back again? I just loved the music!'" The member of staff went onto say "It was nice to have everyone together. Each user has their own Bluetooth headset and the DJ plays songs at their request."

Where people had highlighted their spiritual needs, they were supported to practice their chosen faith. Representatives from a local church visited the home on a regular basis. Staff respected people's cultural and lifestyle choices. Staff received equality and diversity training and the provider facilitated culture and values workshops. Three staff had attended the workshops.

The provider had complaints and compliment policies and processes. People were given information on how they could raise concerns. Where complaints had been made we observed they were responded to appropriately. People's feedback was used to make positive changes within the home. People told us they would always speak with the registered manager if they had any concerns.

The service ensured that people had access to the information they needed in a way they could understand it and were complying with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Staff told us how they communicated with people. One member of staff told us "Sometimes I use the [Tablet style computer] or if someone likes to write instead of talk I will use a note pad It depends what works well for that service

user."

At the time of the inspection the service was not supporting any one with end of life care needs. However, the service had recently supported a person to return to the care home for end of life care. The staff spoke about the person with dignity and respect. The care home had worked closely with external healthcare professionals to ensure the person received pain free care.

Good

Is the service well-led?

Our findings

People and their relatives told us the service was well-led. There was an experienced 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. The registered manager was supported by two assistant managers. A relative told us "I trust [Name of registered manager] and her staff completely with the care of my brother, if I have any concerns about anything they are always there for me and [Name of person]."

We observed all members of the management team were visible and available throughout the inspection. One person described the registered manager as "Super-duper." There was a clear culture to provide person centred care to people. We found the management team open and transparent throughout the inspection and keen to make positive changes. Following a recent quality audit carried out. The service had identified improvements were required in the daily recording. The management team had devised a new system in the form of a monthly booklet in which all daily records would be entered. At the time of the inspection the new system had been in place for seven days. The registered manager was keen to receive feedback on the new system from staff. The management team had already identified where further improvements were needed. We found there was a commitment from the management team for good record management and providing a high-quality service to people.

The registered manager told us in the Provider Information Return (PIR) "Members of the management team are active members of the local United Kingdom Acquired Brain Injury Forum (UKABIF) and attend meetings regularly to ensure that they are kept up to date with best practice within the field at all times." The registered manager and assistant managers attended the local provider forums facilitated by the local authority. They also attended conferences and networking meetings. It was clear the registered manager was aware of the current local and national challenges facing care homes.

The registered manager had to complete a monthly manager report to the provider. This included reporting on significant changes to peoples needs, tasks completed during the month for instance staff inductions and care plan reviews. The provider's senior management team monitored compliance at the service. A quality audit was completed. This rated the service in line with Care Quality Commission rating standards.

The management team carried out a programme of audits to monitor the service. An external pharmacy audit was completed in June 2018. One action was recommended. We discussed this with the assistant manager who was able to confirm the action had been completed.

People and their relatives were sent an annual survey to complete. We noted the home welcomed relatives to visit the service for a cup of coffee. We saw communication had been sent to relatives about support groups and information sessions.

There was a commitment from staff to help people engage in community activities. People who lived at

Kent House attended community centres, where they participated in cookery programmes, singing groups, gardening projects and a local gym facility. The staff worked in partnership with the local authority and clinical commissioning group to ensure people were offered the best support available. We received positive feedback from community healthcare professionals. Comments included, "In my experience staff are well informed about their service users, and always seem to have their best interests at heart…They always appear very caring to all service users, and respect their privacy when dealing with questions, and monitoring their care" and "I do not have any concerns about the quality of care provided by the staff. They can be a very difficult client group to work with but the staff appear to provide a very caring and safe environment."