

Team Brain Injury Support Limited

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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

When we last inspected Team Brain Injury Support Limited on 29 July 2015 and 03 August 2015, we found the provider had not always deployed sufficient numbers of suitably qualified and experienced staff to meet people's care needs and some records were inaccurate. During this inspection we found the provider had made improvements and was now meeting the regulations.

Team Brain Injury Support Limited is a domiciliary care agency providing personal care to people living in their own homes with complex needs following a brain trauma leading to cognitive impairment. At the time of inspection the service was supporting 18 people.

This inspection took place on 8 and 22 September 2016 and was unannounced.

There was a registered manager at the service. 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.

Family members felt their relatives were safe when they were supported by staff from the service. Staff had completed training with regard to safeguarding people and they gave us examples of the different types of abuse and what they would do if they suspected or witnessed abuse. People undertook a range of activities of their choice with the support of staff. Risk assessments were undertaken to identify and minimise risks to people's health and wellbeing whilst taking part in activities. People's needs were met by enough staff who worked in teams to ensure shifts were covered. The provider sought references and completed pre-employment checks before new staff could start work. People received support from staff to take their medicines as prescribed.

People were supported by staff who were trained and competent. Staff completed appropriate training and could access bespoke training. Staff were supported in their work through supervision, spot checks and appraisal. Staff had training in and understood legislation designed to protect people's rights. People were supported to eat and drink in ways which met their needs. Staff supported people to visit the GP and the dentist when appropriate.

Positive caring relationships were developed with people using the service. People were encouraged to express their views and be actively involved in making decisions about their care and support. People's privacy and dignity were respected and promoted by staff who understood how to support people with their personal care.

People received personalised care and support which was responsive to their needs. Initially, people's needs were assessed and this formed the basis of their care plan. People's care plans were detailed and showed people's needs, wishes and preferences and informed staff how people wished to be supported. The

provider had a complaints procedure in place and people and/or their relatives knew how to complain if they were not happy with the service provided. Complaints were investigated and responded to as well as changes made to improve the service.

The registered manager promoted a positive culture which was person-centred, open, inclusive and empowering. The registered manager had systems to monitor the quality of the service provided which included auditing the completion of records and following up issues identified. The provider sought the views of people using the service, their friends and family, as appropriate, through a system of spot checks, regular visits and an annual questionnaire which sought people's views about the specific staff who supported them. Action was taken, as necessary to improve the experience of people receiving care and support.

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.

Staff had completed training with regard to safeguarding people and were aware of how to use safeguarding procedures.

People had risk assessments in place to ensure every day risks were identified and minimised where possible.

Staff had been recruited following satisfactory pre-employment checks. There were enough staff to meet people's needs.

People received their medicines as prescribed.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who were trained and competent.

Staff had training in and understood the legislation designed to protect people's rights.

People were supported to eat and drink in ways which met their needs.

Staff supported people to visit the GP and the dentist when appropriate.

Is the service caring?

Good ●

The service was caring.

Positive caring relationships were developed with people using the service.

People made decisions about how they spent their time and what support they needed.

People's privacy and dignity was respected by staff.

Is the service responsive?

Good ●

The service was responsive.

People received care and support which was responsive to their needs.

The provider had a complaints procedure in place. Complaints were investigated and action taken to improve the service people received.

Is the service well-led?

Good ●

The service was well-led.

The registered manager promoted a positive culture which was person-centred, open, inclusive and empowering.

The provider sought the views of people using the service and their relatives.

The registered manager had systems to monitor the quality of the service provided.

Team Brain Injury Support Limited

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 8 and 22 September 2016 and was unannounced. It was conducted by one inspector and an expert by experience made telephone calls to people's relatives to ask them about the service. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we reviewed the information we held about the service. This included notifications about important events which the service is required to send us by law, our previous inspection report and completed surveys from 12 external community professionals and 18 staff. Before the inspection the registered manager completed a Provider Information Return (PIR) which we also reviewed. 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.

During this inspection we were unable to speak to people who used the service because of their particular health conditions. However, we spoke with seven relatives of people using the service in order to gain their views on the care their relatives were receiving, eight staff and the registered manager. We looked at a range of records including two care plans, staff recruitment files and training records.

Is the service safe?

Our findings

When we last inspected Team Brain Injury Support Limited we found the provider had not always deployed sufficient numbers of suitably qualified and experienced staff to meet people's care needs. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider had made improvements and was now meeting this regulation.

Family members felt their relatives were safe when they were supported by staff from the service. One relative said that due to their relative's needs, "[The person] may not always feel safe but does trust her support workers." An external care professional told us the service had "responded safely and effectively to the needs" of a person with complex needs who they worked with.

Staff had completed training with regard to safeguarding people and they gave us examples of the different types of abuse and what they would do if they suspected or witnessed abuse. The registered manager knew how to use safeguarding procedures appropriately.

People undertook a range of activities of their choice with the support of staff. Risk assessments were undertaken to identify and minimise risks to people's health and wellbeing. Thorough information was provided to assist staff in how to support people to meet their individual needs, for example, how a person should get into the swimming pool and how many staff were needed, depending on whether or not there was a lifeguard on duty at the time. Staff were clear about the risks to people they supported, for example, a person forgetting they were cooking and leaving food on the hob, creating a fire risk. Staff confirmed they were involved with creating risk assessments and if there were any changes, staff made the office staff aware so the risk assessments could be reviewed.

People's needs were met by enough staff who worked in teams to ensure shifts were covered. Relatives told us staff generally arrived on time. The registered manager sought to match people's preferences for how they wanted their staff support team to be made up. Comments from external community professionals included, "[The person] has a team of girls who are well matched and age appropriate, they share similar interests so to her it's like having her friends around her", "[The person] needs robust care workers because of her condition and they have done a very good job of matching them to her, she has a team and has had them for the last five or six years. This has helped her to maintain being in the community."

Teams were comprised of the number of staff needed to meet the complexity of people's needs. Where people needed extra staff hours, more staff were employed on the team. The registered manager calculated the staffing levels in each team so that capacity was built in. This meant holiday or other leave was easier to manage and people were supported by familiar staff. New staff in the team were introduced to people and spent time shadowing the existing staff to help understand people's support needs.

The provider sought references and completed checks through the Disclosure and Barring Service (DBS) before employing new staff. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

People received support from staff to take their medicines as prescribed. Comments from relatives included "Yes, her meds [medicines] are given safely. They are in a [sealed] box and are given and then recorded to that effect", "They do her medication in the evening if I am not there, I can check it's been given as they record it on the MARS [medication administration record sheet]", and "They are good with the medication, it is kept a close eye on as it changes regularly, but they have good communication with the GP."

Staff confirmed they had received training in supporting people with their medicines and were aware of the scope of the training; for example, staff knew they could not give injections. Any medicine errors were reported to the office staff and action taken to ensure people were safe initially, before staff undertook refresher training regarding medicines.

Is the service effective?

Our findings

People were supported by staff who were trained and competent. Relatives told us staff knew what they were doing when using equipment, such as hoists. Staff were enthusiastic about the training provided by the service. Refresher training was being provided on the day of the inspection and one staff member said, "Today was really interesting and informative; [the trainer] has a good style of teaching. The trainer enjoys what he does, he is interactive, he explains well." Other comments included "[The trainer] is brilliant, absolutely brilliant; we do update training which includes food safety, health and safety, basic first aid, safeguarding, medication, moving and handling which is general, and anything specific to the client."

Staff could access additional bespoke training to meet the specific needs of people they supported. One staff member said they had been told that if the person they supported needed to be supported with a hoist, a trainer would visit the person's home and provide individual training. Another said "Team Brain has always said, 'any extra or relevant training you want, come and see us'. They email to say what training is coming up."

New staff had completed the Care Certificate. The Care Certificate is an identified set of standards that health and social care staff adhere to in their daily working life. It provides assurance that care workers have the skills, knowledge and behaviours to provide compassionate, safe, high quality care and support. Staff told us about the induction training they completed, which included learning about brain injury. A person who used the service attended the induction training and gave new staff a presentation about care and what a difference it made to their life. A staff member described this as "brilliant."

Staff were supported in their work through supervision, spot checks and appraisal. Supervision and appraisal are processes which offer support, assurances and learning to help staff development. One staff member said they had supervision every three months and "I feel really supported. Anything I'm concerned about, I can ring [the office]."

Staff had training in, and understood the requirements of, the Mental Capacity Act 2005. 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 decisions made on their behalf must be in their best interests and as least restrictive as possible.

Staff gave us examples of how they supported people with this in mind. Comments included, "People can have capacity on one part of their life but not another, for example, making some decisions, understanding what would happen and the consequences", "If [the person] has the funds [to buy something] it's his decision, I just make sure it's informed" and "[The person is able to make simple choices between two options, he expresses choice through facial expressions or by pushing away what he doesn't want."

Where the registered manager had assessed there may be a change in a person's capacity to consent to care, they had referred to the relevant professional to undertake further assessment. Some people had

welfare deputies who supported them and they were involved in their care and welfare, for example, through care planning.

People were supported to eat and drink in ways which met their needs. Some people prepared their own food with support from staff whereas staff cooked and prepared all meals for some people. Staff knew people's needs in this regard. One staff member said of someone they supported, "He is independent, I can support if he is cooking; sometimes he forgets what he's cooking. He is variable day to day."

Some people had a care plan in place around food and drink which had been written following input from a speech and language therapist. Staff said of one person who required a soft diet "The speech and language therapist was involved, we have guidelines in their home and we carry one around with us so when we are out he can read them and remember when making choices. We record food and fluid, and when you go on shift, you read the last person's notes."

Staff told us about how they decided what meals to prepare when people did not make their own choices. One staff member said that one person they supported did not make choices about their food even though "we did lots of tasks with [the person] following [the speech and language therapist's advice]. We know what he likes, if he doesn't eat it we don't give it to him again. He tends to communicate what he doesn't like." People were offered alternatives if they did not eat their meal.

Where people received their nutrition through a percutaneous endoscopic gastrostomy (PEG), staff had the necessary training. A PEG is a tube that allows food and medicines to be given directly into the stomach. The training was specific to the person they were supporting as it was important for staff to know what might cause the tubes to block.

People were supported to maintain good health and had access to healthcare services. A relative said, "The support workers will discuss with me if they feel he is unwell" and another said, "Sometimes things do go wrong but Team Brain Injury deal with it very well, they will even bring in other healthcare workers if they need to, for instance, a psychologist."

Staff supported people to visit the GP and the dentist when appropriate. One staff member told us how they always arranged the GP appointment with the person in the room so they were included in the process. Some people lived with relatives and staff said if they noticed any difference in the health of the person they would tell the relative.

Is the service caring?

Our findings

Positive caring relationships were developed with people using the service. Relatives we spoke with told us that care workers were kind and caring and that they had a regular team of staff. Comments from relatives included "He has three regular carers and they know him very well", "He has four regular carers... they are very good with him as he cannot communicate but I see him smile at them a lot so I know he is happy", "She has five different care workers and she knows all of them. They have a wall chart with their names and photo under each day so she can recognise them" and "She is improving every day, they are very good with her and support her well." A staff member said "Working for Team Brain Injury is refreshing because not only do they care about the support they give to the client but they also care about the staff that are supporting clients."

Where appropriate, people were supported to maintain relationships which were important to them. This could be by staff accompanying them to visit friends and family or by ensuring birthday cards were sent from the person to their friends and family.

Staff said they encouraged people to express their views and be actively involved in making decisions about their care and gave us examples. One staff member told us how they supported a person with activities and ensured they used tools safely. They said "We make suggestions, [of activities the person enjoyed]; for example, if he doesn't want to get up because the weather is not nice, we suggest indoor things." Another staff member told us how they responded to the person's body language which indicated what they would like to do. They said "We've created his own sensory room, he will direct you there. He will direct you to the door if he wants to go out for a drive."

Staff offered people choices with regard to everyday decisions as well as bigger decisions. Comments from staff included "I will bring a choice of two and he chooses" and "I will ask, are you ready to take your [medicines], get in or out of bed, have a shower?" An example was also given where staff had supported a person to choose a new kitchen.

People's privacy and dignity was respected and promoted by staff who understood how to support people with their personal care. Relatives told us that people's privacy and dignity was respected and people were supported as much as possible to stay independent. A relative told us "[Staff] always pull the curtains and use a towel to cover her" and another said "[Staff] encourage [my relative] to help when they are dressing him." A staff member also said they kept curtains and the bathroom door closed, and described how they kept the person covered and had a towel ready for when they got out of the bath. Another staff member explained how there were two staff supporting one person but one staff member would leave the room whilst the person was being supported with personal care, to enable more privacy.

Is the service responsive?

Our findings

People received personalised care and support which was responsive to their needs. Initially, people's needs were assessed and this formed the basis of their care plan. People, their relatives and professionals involved with their support needs were all involved in creating care plans which were relevant and age appropriate. An example of this was that one person using the service was a child and their care plan was written and illustrated in a way that would be engaging to a child. Relatives told us about care planning and comments included "Her care plan is very complex and we have a separate agreement set up which is recorded regarding her moods, so it's updated all the time", "His care plan is in the process of being updated, there are weekly changes and this is discussed with me" and "The office will send me a copy of her care plan and I sign it., I can also log on [to the computer] and see if there are any problems, but they will always let me know."

People's care plans were detailed and showed people's needs, wishes and preferences and informed staff how people wished to be supported. People's needs were complex and all aspects of their lives (which staff supported) were considered in the way plans were written. We saw information for one person which showed how the person communicated, the sounds they made and what they meant. Staff gave us an example of how they used to shave a person, but stopped doing this because they became aware through his body language that he was distressed. Another example stated staff should spend time talking informally with the person before supporting them with personal care. Through talking to staff and reading records, we found people received the care and supported that was detailed in their care plans.

The service responded to people's wishes and preferences regarding when staff would support them; for example, staff supported one person throughout the week so the person could have the weekends free with their family.

The provider had a complaints procedure in place and people and/or their relatives knew how to complain if they were not happy with the service provided. One relative told us "A while ago we had a problem with a carer. The office listened and dealt with it; [they] have not been again." Another relative echoed this saying, "I did raise a complaint a while back after I had concerns over medication but they dealt with it well and it was sorted promptly." Staff were clear that people could complain and one staff member told us that a person had visited the office recently to make a complaint and that the complaint had been addressed to their satisfaction.

At our last inspection, we recommended that the provider consider best practice in respect of responding to complaints by people using the service or those acting on their behalf as people's experiences of making a complaint were variable. The registered manager kept records of complaints and the action they had taken. We saw that in response to one complaint, the registered manager investigated the concerns, arranged more frequent team meetings (for the staff supporting the person) which they held in the evenings so that more staff could attend. They had also made one staff member a team leader which had been beneficial to how the person was supported.

Another complaint focussed on staff not giving a person their medicines at the right time. The registered manager ensured the staff team undertook further training, reviewed the handover procedures (when the person's care was transferred from a different agency) and spoke to the complainant to tell them what action they had taken. During the course of investigating the complaint, issues were also found with the way medicines records were completed which resulted in more training and the records being collected monthly for audit.

Is the service well-led?

Our findings

During our last inspection of Team Brain Injury Limited, we found some records were inaccurate and not up to date. This was a breach of regulation 17(2)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider had made improvements and was now meeting the regulations.

The registered manager promoted a positive culture which was person-centred, open, inclusive and empowering. An external care professional told us "Team Brain Injury worked closely with me to improve standards, taking on board all of my comments" adding that the service had also worked well with another person whose behaviour could challenge others. They said "Team Brain Injury persevered, assigning one of their managers to work with the client on a one to one basis for many weeks, preventing my client from going into residential care. I think their care plans are very good and staff work to a very high standard. They have an excellent on-line records system and communication board, making it easy to keep track of care standards and [to] communicate with the staff." One staff member said "My area manager has always looked after me really well, they've bent over backwards for me, so has [the registered manager]. I'm always taken seriously." They felt the management were open and honest, saying, "I can go to [the registered manager] and [the area manager] and say what I need to." Other comments from staff included "I really enjoy it [here], I feel really supported, even simple questions get an answer", "I've had issues dealt with easily. [My area manager] is approachable", "[The registered manager] and [nominated individual of the provider] are always there if you need to talk, you can have a conversation with [the registered manager], she's always said she's there if you need her. It's a really good company to work for" and "You come into the office, everyone says 'hello', you can sit down with [the area manager] for a chat."

An external care professional shared their view of the service overall, writing "I find this service inclusive, flexible and safe in meeting my client's needs. Team members are generally very professional and experienced in working as part of an inter-multi-disciplinary team. I have always found the area manager well informed, professional, responsive and fully active in her support of our mutual clients."

People were supported by teams of staff, who were managed by an "area manager", based at the office. Area managers were then supported by the registered manager. Staff who worked as part of the team to support individuals had meetings together to share information and ensure consistency of support.

The registered manager had systems to monitor the quality of the service provided which included auditing the completion of records and following up issues identified. Area managers aimed to visit one or two people a week as part of their role and the registered manager monitored that these visits took place. Care plans were audited and spot checks were completed to observe how staff supported people.

The provider sought the views of people using the service and their friends and family, as appropriate, through a system of spot checks, regular visits and an annual questionnaire which sought people's views about the specific staff who supported them. Action was taken, as necessary to improve the experience of people receiving care and support. When staff were new they initially shadowed current staff and people

and their families were asked to complete a form to let the provider know their feedback about the new staff. One staff member said "The company are very organised and I have always felt that the company look after me and always check my progress with my clients."

Staff were able to contribute ideas to the running of the service. One staff member said "I quite frequently put forward new ideas, we are all quite vocal [in my team]. Some things have changed, some are still being worked on" Another said "If you've got ideas, you speak to the office, they will support you on it."