

Brain Injury Rehabilitation Trust

35 Ninelands Lane

Inspection report

35 Ninelands Lane
Garforth
Leeds
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Website:

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This was an announced inspection carried out on the 12 January 2015. At the last inspection in November 2013 we found the provider met the regulations we looked at.

35 Ninelands Lane is a registered unit that provides rehabilitative support for up to two people with an acquired brain injury. The unit is part of the Daniel Yorath House, which forms part of the nationwide network of rehabilitation support services provided by The Brain

Injury Rehabilitation Trust (BIRT). At the time of inspection there were two people using the unit. The unit is situated close to local amenities and is used to assess a person's ability to live independently.

At the time of this inspection the home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

Summary of findings

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.

Staff training provided did not equip staff with the knowledge and skills to support people safely. There was no evidence staff knowledge and competency was checked following completion of specific training courses. This is a breach of Regulation 23 (Supporting workers); Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People told us they felt safe in the home and we saw there were systems and processes in place to protect people from the risk of harm.

People's needs were assessed and care and support was planned and delivered in line with their individual care needs. The support plans included risk assessments.

We found people were cared for, or supported by, sufficient numbers of suitably qualified and experienced staff. Robust recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work.

People received their prescribed medication when they needed it and appropriate arrangements were in place for the storage and disposal of medicines.

The home had policies and procedures in place in relation to the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards. The clinician understood when an application should be made and the procedure for doing this.

People were appropriately supported and had sufficient food and drink to maintain a healthy diet.

People's health was monitored as required. This included the monitoring of people's health conditions and symptoms so appropriate referrals to health professionals could be made.

We observed interactions between staff and people living in the home and staff were respectful to people when they were supporting them. Staff knew how to respect people's privacy and dignity.

Staff had good relationships with the people living at the home and the atmosphere was happy and relaxed. People attended meetings where they could express their views about the home and their care.

A range of activities were provided both in-house and in the community. People were able to choose where they spent their time.

The management team investigated and responded to people's complaints, according to the provider's complaints procedure. People we spoke with did not raise any complaints or concerns about living at the home.

There were effective systems in place to monitor and improve the quality of the service provided. We saw copies of reports produced by the management team.

We found the home was in breach of one of the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

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 was safe.

Staff we spoke with were aware of how to recognise and report signs of abuse and were confident that action would be taken to make sure people were safe.

Where there had been identified risks with people's care needs we saw that these were assessed and planned for.

People were supported by sufficient numbers of staff that were skilled to meet their needs and to maximise their independence.

People's medicines were stored safely and they received them as prescribed. Staff had undertaken training on the administration of medicines and people told us they were satisfied with the support they received with this.

Good



Is the service effective?

The service was not always effective in meeting people's needs.

Staff training provided did not equip staff with the knowledge and skills to support people safely and staff did not always have the opportunity to attend regular supervision.

A member of staff (clinician) knew the correct procedures to follow to ensure people's rights were protected. Staff we spoke with had a good understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. However not all staff had received appropriate training in these areas.

People were supported to have enough suitable food and drink when and how they wanted it and staff understood people's nutritional needs.

People had access to health care professionals to meet their specific needs.

Requires Improvement



Is the service caring?

The service was caring.

Staff had developed good relationships with the people living at the home and there was a happy, relaxed atmosphere. People told us they were happy with the care they received and their needs had been met.

Wherever possible, people were involved in making decisions about their care and staff took account of their individual needs and preferences.

We saw people's privacy and dignity was respected by staff.

Good



Is the service responsive?

The service was responsive to people needs.

Good



Summary of findings

People received support as and when they needed it and in line with their support plans.

People who used the service were supported to take part in a range of recreational activities in the home and the community which were organised in line with their preferences.

People who lived at the home told us they felt comfortable raising concerns and complaints.

Is the service well-led?

The service was well led.

The home was managed by an assistant manager who dealt with day to day issues within the home and the registered manager who oversaw the overall management of the service.

There were procedures in place to monitor the quality of the service and where issues were identified there were action plans in place to address these.

Accidents and incidents were monitored by the general manager and the provider to ensure any trends were identified and acted upon.

Good



35 Ninelands Lane

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 January 2015 and was announced. The provider was given 48 hours' notice because the location was a small care home for younger adults who are often out during the day; we needed to be sure that someone would be in.

At the time of our inspection there were two people living at the home who we spoke with during our inspection. We spoke with two members of staff and the assistant manager. We spent some time looking at documents and records that related to people's care and the management of the home. We looked at two people's support plans.

The inspection team consisted of two adult social care inspectors.

Before our inspection, we reviewed all the information we held about the home. We contacted the local authority and Healthwatch who had no concerns about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Is the service safe?

Our findings

We spoke with both people who were using the service and they told us they felt safe and did not have any concerns. They were both confident that if they raised any concerns they would be dealt with appropriately and promptly. Staff we spoke with also said people were safe.

We talked with staff about their understanding of protecting vulnerable adults. They knew what to do if abuse or harm happened or if they witnessed it. All staff said they would report any concerns to the management team and were confident they would follow safeguarding procedures. Staff we spoke with told us they had received training in safeguarding and the staff records we saw supported this. The assistant manager told us they had not had any safeguarding incidents in the last 12 months.

The service managed risk in a positive way and regularly reviewed how they supported people to stay safe. People who used the service told us they had been involved in planning their care which focused on rehabilitation and included assessing risk. One person told us they had moved into this unit because they had made good progress and were safer doing things more independently. They said they had recently been assessed to spend periods on their own in the house without any staff support; we saw the assessment that confirmed this.

The staff we spoke with told us good systems were in place to identify and manage risk. They said because the service focused on rehabilitation, they often saw big changes in people's care needs in short spaces of time and felt this was well managed. They said there was good communication between this satellite unit and the main unit.

The staff we spoke with were able to describe emergency fire procedures and the actions they may need to take to protect people in the event of a fire. People had individual personal emergency evacuation plans. We saw the home's fire risk assessment and records which showed fire safety equipment was tested and fire evacuation procedures were practiced. We also saw records to show people living at the home had signed to say they understood the fire evacuation procedures.

We saw a range of environmental risk assessment had also been carried out which included the loft and garden areas, stairs, frying food, breakages and lone working.

People told us there was enough staff to support them to do what they wanted to do. They had weekly timetabled programmes which identified where they required staff support. Both people we spoke with said there was always sufficient staff to support them with their activities. We did however; note that on the day we announced the inspection one person's activity was cancelled and staff had recorded this was because they were preparing for the inspection. A member of the management team acknowledged this was unacceptable and gave assurance that this decision was made by a member of staff rather than a management decision and not because there was a lack of staff.

The general manager showed us the staff duty rotas and explained staff were allocated as key workers and supported people on a 24 hour basis. The rotas confirmed there were sufficient staff, of all designations, on shift at all times. The assistant manager told us staffing levels were assessed depending on people's need and occupancy levels and then adjusted accordingly. They said where there was a shortfall, for example when staff were off sick or on leave, existing staff worked additional hours. They said this ensured there was continuity in service and maintained the care, support and welfare needs of the people living in the home.

We looked at the recruitment records for three staff members. The assistant manager told us all new employees were appropriately checked through robust recruitment processes. We found recruitment practices were safe and relevant checks had been completed before staff had worked unsupervised at the home. We saw this included obtaining references from previous employers and a Disclosure and Barring Service check had been completed. This helped to ensure people who lived at the home were protected from individuals who had been identified as unsuitable to work with vulnerable people.

We looked at the arrangements in place for the administration, storage, ordering and disposal of medicines and found these to be safe. People's medicines were stored securely in a locked cabinet in the main office area of the home.

Medicines were handled safely. People who used the service talked to us about the arrangements for managing their medicines and both felt these were appropriate. One person talked to us about how they had progressed from having their medicines administered by staff to

Is the service safe?

self-medicating. They said each stage was agreed with staff and had been monitored carefully to make sure they could manage this safely. We saw there were systems in place to accommodate people who wished to self-medicate. This included a risk assessment process which ensured it was safe for the person to do so.

We looked at the medication records for two people and found the number of medicines stored matched with the number recorded on the Medication Administration Records. This indicated people received their medication

as prescribed. The assistant manager told us all staff who administered medication had been trained to do so. This was confirmed by a member of staff we spoke with and the training records we looked.

There were no controlled drugs administered at the time of our inspection. A member of staff told us they did not have any medicines that needed to be kept in a refrigerator. However, they said they had access to a lockable fridge that they would be able to acquire from a neighbouring home that was also owned and run by the provider if needed.

Is the service effective?

Our findings

We looked at staff training records which showed staff had completed a range of training sessions. These included safeguarding, infection control and medication. We saw staff also completed specific training which helped support people living at the home. These included introduction to brain injury and epilepsy. However, we did see staff had not completed training or refresher training for some of the specific training courses. For example, 10 of the 27 staff had not completed brain injury training since 2011. Only seven of the 27 staff had completed Mental Capacity Act (2005) or the Deprivation of Liberties Safeguards training. The assistant manager told us that this was the case and no further competency checks were carried out to ensure staff had an up to date knowledge base. The provider could not be sure staff training equipped staff with the knowledge and skills to support people safely. We saw there was a mechanism for monitoring training to show what training had been completed and what still needed to be completed by members of staff.

During our inspection we spoke with members of staff and looked at staff files to assess how staff were supported to fulfil their roles and responsibilities. When we looked in staff files we were not able to see evidence that each member of staff had received supervision on a regular basis. For example, one staff file showed supervision had been carried out in July 2014 and another staff file showed supervision had been carried out in May and September 2014. The assistant manager told us staff supervision should be every three months. The assistant manager showed us an appraisal rota which indicated dates on which staff appraisals had been completed in 2014. We saw in two of the staff files we looked at appraisals had been completed for 2013. However, we were not able to see these had been completed for 2014.

We were told an induction programme was completed by all new members of staff on commencement of their employment. We looked at staff files and were able to see information relating to the completion of induction.

Staff training provided did not equip staff with the knowledge and skills to support people safely. There was no evidence staff knowledge and competency was checked

following completion of specific training courses. This is a breach of Regulation 23 (Supporting workers); Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People who used the service told us they were involved in making decisions about their care and had regular meetings to talk about their rehabilitation programme. People said they could were involved in making long term and day to day decisions and were happy with these arrangements.

We spoke with one member of staff who was a clinician who was based in the main unit but oversaw the care in the satellite unit. They discussed the arrangements in place for assessing capacity and demonstrated a good understanding of the Deprivation of Liberty Safeguards (DoLS) and the key requirements of the Mental Capacity Act 2005 (MCA). They talked about considering people's capacity to take particular decisions and legal requirements when they supported people who did not have the mental capacity to make decisions for themselves. They were aware that any decisions had to be in the person's best interests.

Staff we spoke with told us they were confident people's human and legal rights were respected. They said clinicians were responsible for assessing people's mental capacity and ensuring any additional requirements were followed up. When people moved to the satellite unit they will have been assessed as having the capacity to make most if not all decisions about their care and treatment. However, only seven members of staff had completed MCA and DoLS training.

People's care files contained information that helped staff understand how to support people with decision making and showed people had consented to their care and treatment. One person's file contained an application for a DoLS authorisation which was dated August 2014. The clinician explained this had expired but agreed it was unclear from the records. They agreed to introduce an additional form to ensure any DoLS authorisation was clearly evidenced and where they had expired relevant forms were removed.

People we spoke with said they enjoyed the meals and always had plenty to eat and drink. They said the arrangements worked well and they liked the food that was

Is the service effective?

provided. People told us they planned menus and were responsible for preparing and cooking meals. They received appropriate assistance from staff when required and were able to shop for the provisions needed.

We saw that the kitchen was well stocked with a variety of fresh produce for main meals and snacks. We saw information displayed around the home to help people understand healthy eating and hydration.

People's health needs were assessed and met. People's care records contained good information to show clinicians had directed people's rehabilitation programme and monitored their health care needs. A range of clinicians were involved in providing care and we saw this was well co-ordinated.

We also saw from the care records that people used community health care services such as the dentist and visited their GP. A member of the management team explained that people's health needs were assessed when they started their rehabilitation programme which commenced in the main unit. When we reviewed one person's record we could not establish when they last had a dental check-up and there was no information to show this was discussed when they moved into the service. A member of the management team agreed to follow this up.

Is the service caring?

Our findings

We received very positive feedback about the home from the people who were receiving the service at the time of our inspection. They both said they were happy with the care they received. One person said, "It's very nice here. I'm happy with it all. The staff are helpful and caring." Another person said, "The support has been good. It's a different experience and close to real life for me. It seems to be a good service. The staff are skilled and friendly." I don't think they could do it better." The home provided a person centred service and ensured the care people received was tailored to meet their individual preferences and needs.

We observed people spending time at the home and saw good support being provided. Staff were friendly and reassuring. It was evident people were being enabled to do things for themselves and staff were available if required.

There was a good balance between giving people their own space and making sure they were comfortable with the task in hand. People enjoyed the company of staff and discussed their programme and plans for the day.

People were comfortable in the unit and decided where to spend their time; one person chose to spend time in their room and the other person spent time in the communal area. They selected what they wanted to watch on TV.

All the staff we spoke with were confident people received good care. Staff talked about how they ensured people's privacy and dignity was maintained and gave good examples of how they did this. Staff knew and understood how to support people to make sure their identified needs were met. One member of staff said, "It's a great place to work. It's a really good service; people have good programmes which are definitely person centred."

Is the service responsive?

Our findings

People were supported with their rehabilitation programme to achieve their desired outcome. Both people we spoke with talked about the success of their programme and were pleased with the progress made. They had regularly met with clinicians and other professionals to review their care and identify any other needs and choices. One person said, “They listen to what I’m saying. They see how I’m making progress and becoming more independent.”

People had support plans that contained comprehensive information. These showed care, treatment and support had been assessed and guidance was in place to make sure care delivery met people’s individual needs. People regularly attended meetings to discuss their care. They were able to invite their family members who were often involved in the rehabilitation process. The review meeting minutes showed that there was continuous assessment, monitoring and consultation with everyone involved. Staff who were providing care and support on a day to day basis completed a range of records to show how each individual sessions had progressed. They also faxed a daily report to the relevant clinicians.

Staff worked at the satellite unit on a rota basis. They said this worked well because they spent time in the main unit which gave them opportunity to get to know people and how to support them before they moved into the satellite unit.

We saw that people’s activity schedules were based on their individual preferences and promoted their

independence. People had the opportunity to shop for food and cook their own meal with staff support when needed. During our visit people cooked their own lunch. This showed that people were supported to be as independent as possible.

People were supported in promoting their independence and community involvement. Programmes were structured and agreed through the care planning process. One person discussed their activities which included adapted bikes, gym, swimming, self-catering, budgeting, attention process training and home alone.

We saw a resident meeting had been held in October 2014 which included discussions about trips and activities, quality matters and events planning. The assistant manager told us the meetings should have been monthly. However, they told us that feedback was gained from people and their relatives through direct conversations. They also said they had a rota for the meetings for 2015 and individual staff had been allocated to each month to help facilitate the discussions.

We saw there was a suggestion box in the hallway of the home and information on display in the home encouraging people to speak to the registered manager if they had any concerns. The assistant manager told us people were given support to make a comment or complaint where they needed assistance. They said people’s complaints were fully investigated and resolved where possible to their satisfaction.

People were encouraged to maintain and develop relationships. People were encouraged to visit their family members and to keep in touch.

Is the service well-led?

Our findings

At the time of our inspection the registered manager had been registered with the Care Quality Commission since the 16 May 2014. The registered manager worked alongside staff overseeing the care given and providing support and guidance where needed.

Our discussions with people who lived at the home and our observations during our inspection showed there was a positive culture and atmosphere, which was inclusive.

People told us they could talk to staff and management if they had any concerns. One person said, "If there is anything they need to check out they say they will get back to me and they always do."

Staff spoke positively about the assistant and registered manager and they were happy working at the home. They knew what was expected of them and understood their role in ensuring people received the care and support they required.

There was a system for auditing was in place. The audits included infection control and medication. We saw the quality assurance review for 2013 that had been published in January 2014. This included care, treatment and support for people who used the service. We looked at the health and safety audit for September 2014 which included fire safety, equipment and food hygiene. We looked at the information resident audit for November to December 2014 which included complaints, meetings and what information was displayed in the home. Where improvements had been identified as needed then action plans had been completed about how these would be achieved. The assistant manager also told us an internal specialist conducted a health and safety audit annually and the action plan was reviewed monthly to report on progress made.

We saw daily, weekly and monthly checks were completed at 35 Ninelands Lane depending on the area of the service being reviewed. For example, water temperatures, first aid boxes and cleaning schedules.

The assistant manager told us a monthly summary of accidents and incidents was completed. However, the summary incorporated two other of the provider's homes that were 35 Ninelands Lane was part of. They told us from January 2015 the accidents and incidents would be analysed by specific home. The assistant manager confirmed there were no identifiable trends or patterns in the last 12 months. We saw individual incident forms had been completed and where there had been incidents we found that learning had taken place and actions taken to reduce the risk of similar occurrences.

We saw staff meetings had been held on two occasions in May and November 2014. The November 2014 meeting only included discussions about the staff rota. The assistant manager told us the meetings should have been monthly. However, they told us that discussions with staff happened daily and staff were able to contact the management team at any time. They also said they would look at a more structured approach to staff meeting for 2015.

We looked at two people's support plans. These gave detailed information about people's health and social care needs. We saw that staff provided people with appropriate support that took account of the information in their plans of care. We found that people's needs and information about people's care and support needs was discussed at staff handover meetings to ensure people got continuity of care throughout the day.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff
Treatment of disease, disorder or injury	Suitable arrangements were not in place to ensure staff were appropriately supported in relation to their responsibilities to enable them to deliver care safely and to an appropriate standard.