

Brain Injury Rehabilitation Trust

Disabilities Trust - 3 Water Meadows

Inspection report

3 Water Meadow
Cullompton
Devon
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Summary of findings

Overall summary

3 Water Meadows provides accommodation for two people with an acquired brain injury. The service operates in partnership with The Woodmill, an acute rehabilitation service, which forms part of the nationwide rehabilitation support services provided by The Brain Injury Rehabilitation Trust (BIRT). People using this service are supported with their rehabilitation by the therapy and clinical teams at The Woodmill.

This focused inspection took place on 19 May 2017 and short notice was given to the registered manager. This was because it is a small service and we needed to ensure people would be available to speak to. At the last inspection, in August 2016, the service was rated overall as good, with safe rated as requires improvement as we found a breach of regulations in relation to infection control practice. At this inspection we found the provider had taken action to address the issue. This meant the service remained rated overall as good, and the safe domain was also rated as good.

A registered manager was in place. The registered manager was also registered as the manager of two other small community based residential services. They divided their working hours between the services. 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 not present during this inspection.

The service was safe and clean and action had been taken to reduce the risk of infection. The washing machine and tumble drier had been relocated to an enclosed utility area outside the kitchen. This meant staff were not accessing the kitchen with soiled laundry, which greatly reduced the risk infection.

People felt safe living at the service. They said staff were kind, caring and friendly and everyone got along well together. One person said, "I am safe and perfectly happy..." Another said, "I get on with staff and they keep me safe."

There were enough qualified, skilled and experienced staff to meet people's daily care and support needs. The registered manager was liaising with commissioners to increase funding for additional staff hours to enable people to have more individual social activities.

Risks to people's health and safety had been assessed and measures were in place to reduce any risk without restricting people's freedom and independence. People's medicines were safely managed. Staff had received training in the safe administration, storage and disposal of medicines.

People were protected by the provider's systems for safeguarding them against abuse or neglect. Staff understood what they needed to do to keep people safe and report any concerns.

The provider operated safe recruitment processes to ensure only staff that were suitable to work with

vulnerable people were employed.

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.

Improvements had been made to laundry facilities, which reduced the risk of cross infection.

There were enough qualified, skilled and experienced staff to meet people's daily care and support needs. The registered manager was liaising with commissioners to increase funding to enable people to have more individual social activities.

People felt safe living at the service. They were encouraged to take positive risks in their daily lives and action had been taken to maintain their safety.

Staff were knowledgeable in safeguarding procedures and the service had processes in place to help protect people from the risk of abuse.

Medicines were safely managed and people received their medicines as prescribed.

Robust recruitment procedures were followed to ensure only appropriate staff were recruited to work with vulnerable people.

Good 

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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 checked 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 19 May 2017 and was completed by one adult social care inspector. We gave short notice to say we were inspecting because it is a small service and we needed to ensure people would be available to speak to.

Prior to the inspection we checked information we held on our systems. This included reviewing statutory notifications which had been submitted to us. A notification is information about important events which the service is required to tell us about by law.

At the time of this inspection, two people were living at the service; we met and spoke with both people. We also met with two support staff and spoke with the registered manager before and after the inspection. We spent time observing the interactions between people who used the service and staff. We looked at two people's care records, medicines records, staffing rotas and records which related to how the provider monitored the quality of the service. We did not look at staff recruitment records as no new staff had been recruited since our last inspection. At that inspection staff recruitment was robust.

Is the service safe?

Our findings

At the inspection in August 2016, we found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because there was not an effective system in place to manage laundry which required additional precautions when handling. Following that inspection the provider sent us an action plan describing the work to be undertaken to meet the regulation. At this inspection we found improvements had been made and the breach had been met.

The washing machine and tumble drier had been relocated to an enclosed utility area outside the kitchen. This meant staff were not accessing the kitchen with soiled laundry, which greatly reduced the risk of infection. There were systems in place to protect staff and reduce the risk of cross infection when dealing with soiled laundry. Staff used protective equipment, such as gloves and aprons. Dissolvable laundry bags were used to limit the handling of any soiled laundry. Staff had received training about infection control and understood the importance of taking precautions with certain types of laundry.

People benefitted from a clean environment, with no unpleasant odours. Staff undertook the majority of cleaning and cleaning schedules were completed daily and weekly to demonstrate staff had completed these tasks.

People said they felt safe living at the service. One person said, "I enjoy living here and I get on well with all the staff and (the other person)...I feel perfectly safe and happy." Another person said, "Life here is very good. (Staff's name) looks after me superbly. She is a star. They know me well and understand my moods and teases."

At the last inspection we found there were sufficient staff to meet people's day to day care and support needs. However staff were not always deployed in a way that enabled people to enjoy different activities and interests outside the service. Since the last inspection one person's independence had been limited due to their health. This meant they were unable to go out independently as they had previously done, so their social opportunities had reduced.

There was one staff member on duty for each shift, which included a sleep-in shift. People using the service said staff were always available when needed. However, staffing levels could sometimes restrict the activities people undertook as they had different interests. One person said their only problem was the lack of activity outside the service as their health had declined since the last inspection. They still enjoyed a regular pottery class twice a week but they felt other opportunities for socialising were reduced. They added, "I am not managing to get out independently now and it can be a long boring day." Staff said they did as much as possible to provide one to one support for activities, but there were limited opportunities as there was only one member of staff on duty. People were supported to access regular activities outside the service, including visits to local shops, pubs and cafes, but they always had to go out together and compromise about where to go and what to do. Staff had time to engage people in activities within the home, including encouraging and supporting daily living activities, such as preparing and cooking meals and light cleaning. During the inspection staff had plenty of time to sit and chat with people, read, watch TV

or play word games.

We discussed staffing with the registered manager, who explained that since the last inspection they had been in contact with funding commissioners to increase funding, as currently one to one staff time for activities was not included. The registered manager and consultant psychologist had written to commissioners explaining the changes to one person's health and independence, with the aim of securing additional funding.

People benefited from a safe service where staff understood their safeguarding responsibilities. Staff had received training to help them understand and recognise safeguarding issues. There were policies and procedures in place to guide staff, along with the contact details of the local authority safeguarding team. Staff said they would report any concerns immediately to the registered manager. They were confident action would be taken. The registered manager was aware of their responsibility to report any safeguarding concerns to the local authority and the Care Quality Commission (CQC). People using the service said they had no concerns about their safety. Both people described the friendly and caring relationships they had established with staff; and both said they would be able to speak with staff or the registered manager about any concerns or worries.

Risk assessments were in place to support people to be as independent as possible. These protected people but supported them to maintain their freedom. For example, where people's mobility had decreased their risk assessment reflected their changing needs and the change in any mobility equipment or support needed. Records provided instructions to staff on how they were to mitigate people's risks to ensure people's continued safety. Risks relating to people's health had been assessed, for example the risks associated with epilepsy and there were instructions and protocols for staff to follow should a person experience an episode. Risk management plans also considered risks related to people's behaviour. People had positive behaviour support plans in place for staff to follow to avoid incidents or support the person following an incident. A positive behaviour support plan is a document created to help understand and manage behaviour that could cause harm to the person or others, or could pose a challenge.

Risk assessments relating to the service and the premises, were in place, including those related to health and safety. However we found some window restrictors on the first floor had been disabled. Staff took immediate action to re-engage the restrictors to reduce the risk of falls from windows. Personal Emergency Evacuation Plans (PEEP's) were in place. These informed staff and the emergency services about the level of support each person needed in the event of an emergency evacuation of the building. There was always a trained first aider on duty. This showed there were arrangements in place to keep people safe in the event of emergencies at the service.

There were suitable arrangements for the safe storage, management and disposal of medicines. There had been no medicines errors at the service since the last inspection. Medicine administration records (MAR) were accurately and fully completed, showing when people received their medicines. All staff had received training to ensure medicines were managed safely; this included the use of rescue medicines used in relation to epilepsy recovery. There were clear protocols in place for the use of 'when required' medicines and we saw these were used as prescribed. A regular medicines audit was undertaken, which included checks of the MAR.

No new staff had been recruited since the last inspection. At the last inspection we found effective recruitment practice was in place which protected people from unsuitable staff.