

# Brain Injury Rehabilitation Trust

## 27 Ledston Avenue

### Inspection report

27 Ledston Avenue  
Garforth  
Leeds  
West Yorkshire  
LS25 2BP

Date of inspection visit:  
10 January 2019  
11 January 2019

Date of publication:  
04 April 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

27 Ledston Avenue is a care home and provides rehabilitative support for up to two people with an acquired brain injury.

The service operates alongside a sister organisation and shares staff, management and governance systems with that service. At the time of our inspection there were two people using the service.

There had been changes to the management team over the past 12 months and at the time of our inspection an experienced manager from another of the provider's services was in the process of applying to be registered with the Care Quality Commission.

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.

At our last inspection we rated the service Good. At this inspection we found the service remained Good. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The service employed enough, competent staff to support people with their rehabilitation goals and staff understood their responsibilities to keep people safe from harm. Recruitment continued to be robust. The premises were well-maintained and good infection control practices were followed. Medicines were stored and administered safely and the service learnt lessons where shortfalls were identified.

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 involved in the development of their care plans and rehabilitation programmes. We saw people were supported to shop and cook their own meals and to maintain a healthy and balanced diet.

Staff told us they felt supported, well informed, that they were trained appropriately, supervised and appraised. We saw records that regular staff meetings had been held.

We noted the knowledgeable and caring nature of staff and witnessed people being supported to be as independent as possible.

We received positive feedback about the management of the service. People were supported to access the local community and told us they felt included in the running of 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?

Good ●

The service remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# 27 Ledston Avenue

## 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 10 January 2019 and was announced. We gave the service 48 hours' notice of the inspection because the location was a small residential service for younger adults and we needed to make sure people would be in. The inspection was carried out by two inspectors. Telephone calls to staff were made on 11 January 2019.

Before we carried out the inspection we referred to the information we held about the service. We reviewed past inspection reports and notifications sent to us by the provider. We contacted the local authority adult safeguarding and quality monitoring teams as well as Healthwatch, the consumer champion for health and social care to gain their views.

We reviewed the information the provider sent to us in the Provider Information Return (PIR). This is information we ask providers to send us at least once annually to give some key information about the service, what the service does well and any improvements they plan to make.

During the inspection we spoke with both people who used the service. We spoke with two staff members, the manager of the service, an occupational therapist and head of care.

We looked at both peoples care plans and medicines records. We checked the arrangements in place for recording and reviewing accidents and incidents and managing medicines. We reviewed three staff's recruitment records, supervision and training records, meeting minutes, audits and a selection of policies and procedures relating to the management of the service.

# Is the service safe?

## Our findings

At our last comprehensive inspection, we found that the service was safe and awarded the rating of Good. At this inspection, we found the service continued to be safe.

The provider employed enough staff to support people safely. Staff from a sister organisation worked at 27 Ledston Avenue on a rota basis. On the day of our inspection, there was one member of staff on duty. For the two people using the service, it was part of the assessment processes that this was deemed a safe and appropriate level of support to progress to independent living. Staff also had the support of health professionals including occupational therapists and psychologists employed by the provider. One staff member told us, "Much of the programme is delivered at [the sister organisation] which allows one to one support for the other person".

One person told us, there was a regular team of three or four staff and that they felt safe with their support. The staff we spoke with also told us one member of staff was appropriate to support both people using the service. Records showed that staff continued to be recruited safely since our last inspection.

At our last inspection we found there was a culture of positive risk taking in the service. At this inspection we found the same ethos applied, which was appropriate for supporting people with their rehabilitation. One staff member gave us an example of how positive risk taking had been balanced with a 'more natural' and true to life approach when staff had supported one person in developing road safety awareness. Appropriate risk assessments were in place to guide staff on how to support people safely and mitigate risks as much as possible in light of the positive risk taking approach.

The provider had policies and protocols in place to keep people safe from harm. Staff continued to receive training in the safeguarding of vulnerable adults. The staff member we spoke with about this could describe potential signs of abuse and how they would report concerns if they needed to. The manager of the service used an electronic recording system to ensure all concerns were correctly responded to in line with protocols.

We found medicines were stored and administered safely. We looked at the medicines administration records (MAR) for both people using the service and we found some minor recording errors for "as required" medicines. We raised this with the manager of the service who took immediate steps to address our concerns. Following our inspection, the manager provided us with assurances that action had been taken and lessons learnt.

The service upheld good infection control practises and the building was well maintained and records kept. We saw a clear fire evacuation procedure displayed in the front entrance and firefighting equipment was in date and available throughout the building. Personal Emergency Evacuation Protocols provided staff with clear guidance about how to help people in an emergency situation.

Electronic records of all accidents and incidents were kept and appropriately investigated and lessons

learnt. The manager told us the electronic reporting system enabled them to respond to incidents promptly. The records we viewed showed incidents and accidents were discussed with staff at team meetings and any changes to practice had been communicated.

# Is the service effective?

## Our findings

At our last comprehensive inspection, we found that the service was effective and awarded the rating of Good. At this inspection, we found the service remained effective.

Well trained, capable staff supported people to achieve their rehabilitation goals. Staff received regular supervision from more senior members of the team. One staff member told us supervision occurred every three months with their supervisor and included discussion about training, outside interests and professional development. The staff member we spoke with about this told us they felt well supported by the management team.

We looked at three staff files and records showed the provider continued to ensure staff received training across a broad range of subject areas, including safeguarding, moving and handling, equality and diversity and mental capacity. One staff member told us, "The online training is good because you can see what you have left to do."

We found a homely environment that was well suited to supporting people to regain their independence in a domestic setting. We noted subtle adaptations in the environment, such as in the kitchen, where discrete signs were displayed to alert people to the risks of some electrical appliances if not used correctly. One person told us, "It's just a normal house".

People were supported to shop and cook for themselves and to maintain a healthy and balanced diet. We saw fruit was readily available for people and the fridge was well stocked with fresh produce. In the kitchen we saw posters were displayed to remind people of the importance of keeping hydrated. One person we spoke with told us, "You do your own shopping and your own cooking and you can change your mind".

Health professionals, such as occupational therapists and psychologists, employed by the provider's sister organisation met regularly with people as part of their rehabilitation programme. During these sessions, any changes to a person's needs would be updated in their care plan.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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 Safeguarding (DoLS).

We checked whether the service was working within the principles of the MCA and found that they were. For one person using the service, a DoLS authorisation was in place and for another person an authorisation

had been applied for. Following the inspection, the manager of the service provided us with records of the mental capacity assessments that had been undertaken prior to applying for the DoLS authorisations in the best interests of both people.



## Is the service caring?

### Our findings

At our last comprehensive inspection, we found the service was caring and awarded a rating of Good. At this inspection, we found the service continued to be caring.

On the day of our inspection we found a friendly and informal atmosphere in the service and saw people were free to spend their time as they wished. We received positive feedback about the staff. One person told us, "It is a happy house, where people just get on with their lives".

The staff member on duty was knowledgeable about the people using the service and their individual needs, likes and dislikes. The same member of staff spoke warmly about a special trip they had organised for someone following an earlier conversation about that person's favourite food.

Staff tailored their approach to meet people's individual needs and supported people to be as independent as possible. One staff member told us, "Not one size fits all and we don't make presumptions. We support people to be independent and think, what can do they do for themselves."

People told us they were often supported to visit family and free to have visitors at the service.

People's bedrooms were personalised and reflected people's individual interests. One person's room had been specially equipped so that they could spend time engaging in their hobby.

People were supported to maintain good hygiene and self-care routines and people appeared to be clean and comfortable.

Staff showed respect and compassion in their interactions with people. They respected people's right to privacy and observed staff knocking on people's bedroom door's and asking permission before entering.

## Is the service responsive?

### Our findings

At our last comprehensive inspection, we found the service was responsive and awarded a rating of Good. At this inspection, we found the service continued to be responsive.

People continued to receive care and treatment that was tailored to their individual needs and specific rehabilitation goals. One staff member told us, "We try to be as person centred as possible and think, what can I do for this person, in the way they like things doing."

People were provided with bespoke, weekly rehabilitation programmes which included a mixture of clinical and recreational sessions. The leisure activities planned for people were meaningful and relevant to people's interests. This included activities such as bowling and cycling. One person told us, "I am going back to my life".

Initial assessments were carried out to ensure the service could meet people's needs. People were involved in developing in their care plans and this provided staff with clear guidance about how best to support people. People's care plans were reviewed every 12 weeks to ensure the information remained accurate and up-to-date.

Information was provided to people in a way that was understandable to them. The registered manager was aware of the Accessible Information Standard. This standard aims to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand. Where possible the manager took steps to ensure information was provided in different formats. This included translation services for people who did not have English as a first language. Information was also provided in picture form, which we saw evidence of during the inspection.

The provider had policies and procedures in place for managing complaints and information about this was displayed in the front entrance of the premises. At the time of our inspection the provider had not received any complaints. One person told us, "If I have any problems I would tell [Name of staff member] and they would sort it out for me".

# Is the service well-led?

## Our findings

At our last comprehensive inspection, we found the service was well-led and awarded a rating of Good. At this inspection, we found the service continued to be well-led.

We received positive feedback from people and staff about the management of the service. There had been changes to the management team over the past 12 months and at the time of our inspection an experienced manager from another of the provider's services was in the process of applying to be registered with the Care Quality Commission. The manager told us they had worked hard to foster a positive work place culture in the service. One staff member told us, "I really do like working here".

People we spoke with knew who the manager was and felt included in the running of the service. One person told us, "Its informal and small. We run the house ourselves."

The manager of the service was supported by a wider team which included, a deputy manager, head of care, an administration team and a multi-disciplinary healthcare team.

We looked at records relating to the management of the service and noted that 27 Ledston Avenue operated within the governance framework of its sister organisation, which was located close by. Whilst systems were in place to assess and monitor the quality and safety of the service, these were not always distinct from that of its sister organisation. We discussed this with the registered manager who said they would address this.

Records showed the manager continued to hold regular staff meetings and communicated updates on the development of the service. One staff member told us, "They (The manager) are very good at keeping staff updated about what is going on. I feel very well informed".

The provider was aware of the importance of forward planning to ensure the quality of service they provided could continue to develop. The manager told us they were planning an extensive refurbishment and modernisation of the premises and said people who used the service would be consulted with as part of the process.

The service worked closely with other agencies to support people to access their local community. The manager told us people regularly attended the, gym, swimming pool and there were opportunities for people to volunteer with a local animal charity.

There had not been any recent survey activity at the time of our inspection, however, we noted a suggestion box was available for people to provide feedback at any time if they wanted to.

At the time of our inspection the registered manager had made changes to the frequency of medication audits. The manager later confirmed that in light of the minor recording errors for 'as required' medicines, uncovered during our inspection, medicines audits would be carried out monthly to prevent any further errors.

We saw regular health and safety checks had been undertaken to ensure the safety and maintenance of the premises. Maintenance work that had been found to be required had been carried out without delay.