

Brain Injury Rehabilitation Trust

35 Ninelands Lane

Inspection report

35 Ninelands Lane
Garforth
Leeds
West Yorkshire
LS25 2AN

Tel: 01132873871

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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

Care Service Description

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 our inspection there was one person using the service.

Rating at last inspection

At the last inspection, the service was rated Good.

One key question was rated 'Requires Improvement.' The service had not always been effective as staff did not always have adequate training or supervision. At this inspection we found the provider had made improvements in these areas.

Rating at this inspection

At this inspection we found the service remained Good.

Why the service is rated Good

People received support which was individual to their needs, and risks were minimised wherever possible. Staff received training and support which helped them be effective in their roles. People were supported to have maximum choice and control of their lives. Staff supported people in the least restrictive way possible. The service provider's policies and systems supported this practice. We observed a relaxed atmosphere in the service, and saw people were free to decide how they spent their time. The registered manager ensured the quality of the service was monitored, and improvements were made when required.

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 remained safe.

Is the service effective?

Good ●

At our last inspection we rated this key question 'Requires Improvement'. At this inspection we saw all required actions had been taken, and we were able to improve the rating to Good.

Is the service caring?

Good ●

The service remained Good.

Is the service responsive?

Good ●

The service remained good.

Is the service well-led?

Good ●

The service remained 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 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 was a comprehensive inspection which took place on 29 March 2017 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.

The inspection was carried out by one adult social care inspector. Before the inspection we reviewed the information we held about the provider, including information they had supplied in the Provider Information Return (PIR). A PIR 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.

We contacted the local authority and Healthwatch, to ask if they had information about the service they could share with us. Healthwatch is an independent consumer champion that gathers feedback from people about health and social care services in England. Neither they or the local authority shared any information of concern.

We looked at the care plan and medicines administration records and stocks relating to the person using the service. We also looked at other records relating to the running of the service including: two staff recruitment files, records relating to training, supervision and appraisal of staff and quality monitoring activities.

During the inspection we spoke with the registered manager, a consultant psychologist, an occupational therapist and the member of staff on duty on the day of our inspection. In addition we spoke with the person using the service, who preferred a member of staff to be present when we met them. We spoke about their experience of using the service, their impression of the quality of care and support they received, and whether they had any concerns about the service. We did not obtain the person's consent to use their words in the report. They did not give us any information of concern.

Is the service safe?

Our findings

We reviewed what the provider told us in the PIR. They said, 'The service user's choices are identified and strategies for managing risk are agreed with the service user wherever possible - service users are not supported to reside at Ninelands Lane until thoroughly assessed. The safety of the environment is maintained by a planned schedule of works, linked to the H&S [Health and Safety] audit and day-to-day maintenance needs.' We saw evidence during the inspection which confirmed this was the case.

35 Ninelands Lane has one member of staff on shift at all times. We found this was proportionate to the aim of supporting people to return to more independent living. Processes to ensure recruitment of staff were safe, including taking reference and making checks to ensure applicants were not barred from working with vulnerable people. The service was part of Daniel Yorath House, a residential brain injury rehabilitation service, and staff worked in both locations.

People were protected from abuse and harm by staff who understood the principles of safeguarding and understood when and how to report any concerns. They had confidence the registered manager would act appropriately on any concerns brought to them.

Further protection for people was in place as risks associated with people's rehabilitation had been thoroughly assessed. There was guidance in place for staff to follow to ensure risk was always minimised where possible. The provider had a proactive approach to positive risk taking. This meant people were able to set challenging goals for their rehabilitation.

Medicines were managed safely and stored securely. We found records relating to medicines administration were up to date and completed with no gaps. Stocks of medicines were checked at each handover, meaning any errors would be identified in a timely way.

People using the service lived in a homely, well-maintained environment. People were encouraged to contribute to cleaning activities as part of the rehabilitation process.

Is the service effective?

Our findings

We reviewed what the provider told us in the PIR. They said, 'Respecting the rights of the service user including MCA[Mental Capacity Act], Human Rights, underpins all support planning and each domain of the care plan identifies the individual's capacity in relation to that domain. Staff follow an induction program to ensure they are appropriately skilled and trained. The Trust has a policy that provides regular support, supervision and training.' We saw evidence during the inspection which confirmed this was the case.

At our last inspection on 12 January 2015, we rated this key question as 'requires improvement'. We identified one breach of regulations. We found not all staff training was up to date, and staff did not always have sufficient supervision to ensure they remained effective in their roles. We asked the provider to submit an action plan to show how they would improve in these areas. At this inspection we found training had been kept up to date, checks were made to ensure staff had understood the training, and supervision and appraisal activities were up to date. We concluded the provider was no longer in breach of regulations.

We saw evidence to show people were involved in making decisions about their care. People set goals for their rehabilitation, and participated in a programme of clinician-led activities designed to support their rehabilitation. At other times people were free to spend their time as they wished. People's capacity to make specific decisions was well documented, with procedures in place to ensure people received appropriate support to make choices when they lacked capacity to do so. Where people had capacity we saw they had signed documents indicating their consent relating to decisions such as being photographed and the sharing of records relating to their rehabilitation with health and social care professionals.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). There was no one using the service who had a DoLS in place at the time of our inspection.

People using the service planned for and prepared their own meals, with assistance from staff as required. People did their own shopping which ensured they could make choices based on dietary or cultural requirements. Staff understood the importance of promoting healthier diets and said they made suggestions when appropriate but respected people's right to eat the diet of their choice.

Is the service caring?

Our findings

We reviewed what the provider told us in the PIR. They said, 'Where there is a desire, family and friends are supported and encouraged to take as big a part in service user's rehabilitation as possible. This includes involvement in activities, therapy sessions and reviews. All staff receive mandatory training in Dignity and Respect and training in Brain Injury Awareness to ensure staff understand the specialist needs of our Service Users. It is our policy to ensure that wherever possible, we are invited into service user's individual, private spaces before entering.' We saw evidence during the inspection which confirmed this was the case.

We found there was a relaxed atmosphere in 35 Ninelands Lane when staff and the registered manager were present. Conversation was courteous and reassuring, and demonstrated friendly relationships had developed. Staff we spoke with had good knowledge of the needs and preferences of the person using the service, and spoke about them respectfully.

Documents we looked at showed people were involved in developing rehabilitation and activity plans. We saw these were tailored to individual need and preference.

People's privacy and dignity were respected. Staff used the doorbell and waited to be invited into the house, and ensured the person was consulted to make sure we visited them at a time which they preferred.

Is the service responsive?

Our findings

We reviewed what the provider told us in the PIR. They said, 'Goals and risks are reviewed weekly for the initial assessment period, after this our service user's goals and risks continue to be reviewed every 4 weeks. Reviews continue to held 3-6 monthly throughout a person's admission. - Behavioural recordings and incident/accidents recorded and responded to and trends examined this may lead to a change in program, health professional referral, equipment purchase or medication review.' We saw evidence during the inspection which confirmed this was the case.

People's preferences and aims for their rehabilitation were well documented. Plans were reviewed regularly to ensure they remained up to date and responded to changes in people's needs. We saw people participated in this process. Where people preferred to have additional support from family and friends, we saw this was respected.

Rehabilitation was supported by a multi-disciplinary team based at Daniel Yorath House, and we saw external health and social care professionals were involved as required. We saw evidence which showed professionals, involved in people's care and support, met regularly to review and update people's rehabilitation plans. Records also showed regular contact was maintained with families where this was agreed to by the person using the service.

There were policies and procedures in place to ensure concerns or complaints were responded to appropriately. The registered manager told us they had not received any complaints since our last inspection.

Is the service well-led?

Our findings

There was a registered manager in post when we inspected. 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.

We reviewed what the provider told us in the PIR. They said, 'Ninelands Lane is one of the Transitional Living Unit for our 'main' unit [Daniel Yorath House] and has the support of the team there too. We hold a Clinical Governance meeting every quarter reviewing the 7 pillars of Clinical Governance. This meeting includes clinicians and management. On an annual basis we send out questionnaires to service users, their families and funders. The feedback from this is received and collated outside of our service and the returned to us enabling us to improve. An Annual Program of monthly Internal Quality Assurance audits are completed at the service and a summary report is sent to a central Quality Assurance Department. The Service Manager is highly visible within the unit to ensure continual contact with both the staff team and SU's, whilst also having regular contact with funders, family members, case managers, and social workers.' We saw evidence during the inspection which confirmed the provider's analysis of the service.

People who used the service had a high degree of input into their rehabilitation plans, and were supported, where appropriate, to take positive risks. All staff completed training in equality, diversity and human rights. We concluded the provider had developed a person-centred approach to people's rehabilitation. Staff told us people received good care, and we saw records which showed how all staff involved in people's care and support worked together to ensure people's rehabilitation was effective.

We saw the registered manager was a visible presence in the service, and observed they had positive relationships with staff and people who used the service. We saw evidence of an open culture. Staff at all levels were comfortable speaking with the registered manager, and we were told staff felt able to speak openly with them.

There were systems and processes in place to ensure the quality of the service was kept under review, and improvements put in place where necessary. The registered manager and provider had good systems in place to ensure they worked effectively together to maintain and drive standards. People who used the service were asked for their opinions, and we saw the provider's analysis of responses to surveys showed people were happy with the service. Where people had given any examples of improvements to be made, we saw action had been taken as a result.