Brain Injury Rehabilitation Trust

Brain Injury Rehabilitation Trust - Cook Close (Dover Court)

Inspection report

14 Cook Close
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Date of inspection visit:
31 August 2016

Date of publication:
21 October 2016

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

This inspection was unannounced and carried out on 31 August 2016.

Brain Injury Rehabilitation Trust - Cook Close is a community based residential support and enablement service. Care and support is provided for up to four people with complex neurological needs following a traumatic or acquired brain injury. The aim of the service is to provide continuing short and long term rehabilitation to enable people to maximise their potential for improvement. At the time of our inspection there was one person using the service.

A registered manager was in post. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service was last inspected on 21 August 2013 and at that time requirements in the Health and Social Care Act 2008 and associated Regulations were met.

Cook Close provided a small homely environment and promoted a positive and inclusive culture. Staff had developed a caring and meaningful relationship with the person using the service and knew their individual care and support needs well. Staff spoke passionately about their role. The service had established firm links with the community and supported individuals to develop and maintain personal relationships with friends and family, which enhanced their wellbeing.

People were protected from avoidable harm and potential abuse. Safeguarding procedures were in place and people were encouraged and supported to raise any concerns.

Potential risks were identified and assessed. Management and staff had a positive attitude towards managing risk and balanced the need for people to have preference and choice with ensuring they were safe, both in the service and in the community. Detailed management strategies were in place to provide guidance to staff on the actions to take to minimise risk and provide appropriate and individualised support.

Safe recruitment practices ensured the suitability of newly appointed staff coming to work in the service. People were supported by sufficient numbers of staff with appropriate experience, training and skills to meet people's needs. Staffing levels were flexible and supported people to follow their interests, take part in social activities and, where appropriate education and work opportunities.

Appropriate checks of the building and maintenance systems were carried out regularly to ensure people's safety. Medication was stored safely and administered correctly. Robust systems were in place to ensure medication and people's finances were managed safely and appropriately.

Management and staff understood the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards. Appropriate mental capacity assessments and best interest decisions had been undertaken by relevant professionals.

People were supported to maintain good health. They received continuing healthcare support to meet their needs and had prompt access to healthcare professionals when they became unwell. Staff promoted healthy eating. They supported people to balance choice with healthy options and people's preferences contributed to the menu planning.

The provider had arrangements in place to listen and learn from people's experiences, comments and views. There was a strong emphasis on promoting good practice in the service and there was a well-developed understanding of equality, diversity and human rights which management and staff put into practice. The registered manager was knowledgeable, inspired confidence in the staff team, and led by example.

Quality assurance systems were robust and helped to ensure the service was of a good quality, was safe and continued to improve.

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.

People were protected from abuse and avoidable harm.

People's care needs and any associated risks were assessed before they were admitted to the home to ensure they could be met.

Risks were regularly reviewed and, where appropriate, acted upon with the involvement of other professionals so that people were kept safe.

People received their care from sufficient numbers of staff.

People received their prescribed medication from competent staff and were protected against the risks associated with unsafe management of medicines.

Is the service effective?

Good

The service was effective.

People received care and support from staff who had the training, skills and competencies they needed to carry out their role and responsibilities and meet people's needs.

Staff understood and had a good working knowledge of the Deprivation of Liberty Safeguards and the key requirements of the Mental Capacity Act 2005. They put these into practice effectively, and ensured people's human and legal rights were respected.

People experienced positive outcomes regarding their health; healthcare needs were met and monitored and other healthcare professionals were appropriately involved when necessary.

Is the service caring?

Good

The service was caring.

Staff had developed positive caring relationships with people

using the service.

People were treated with respect and their dignity and privacy was promoted.

Staff put into practice effective ways of supporting people to exercise choice, independence and control, wherever possible.

Is the service responsive?

Good

The service was responsive.

People received personalised care and support that was responsive to their diverse needs. Their needs, care and support were regularly assessed and kept under review.

People were supported to participate in meaningful activities and were provided with a range of opportunities, according to their individual wishes and preferences, including support to access the community.

The provider had arrangements in place to routinely listen and learn from people's experiences, concerns and complaints.

Is the service well-led?

Good

The service was well led.

The service promoted a positive culture that was person-centred, open, inclusive and empowering.

The service had good management and leadership and staff were well supported to carry out their role and responsibilities.

There were systems in place to assess the safety and quality of the service and drive improvement.

Brain Injury Rehabilitation Trust - Cook Close (Dover Court)

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 31 August 2016. It was unannounced and carried out by one inspector.

Before our inspection we reviewed the information we held about the service, which included the Provider Information Return (PIR). This is a form in which we ask the provider to give us some key information about the service, what the service does well and any improvements they plan to make.

We had not received any information about the service in the last 12 months such as statutory notifications. Statutory notifications provide information about important events which the provider is required to send us by law.

During this inspection the service was providing support to one person. In order to protect this person's confidentiality this report will not make reference to any specific information that may identify them. We did not speak in depth with this person as they were getting ready to go out when we arrived.

We spoke with the registered manager and a support worker. We observed the interaction between the person who used the service and staff. We looked at their care records, four staff recruitment records, the staff training matrix, medicines records, staffing rotas and records which related to how the provider monitored the quality of the service.

Good

Is the service safe?

Our findings

Systems and policies were in place to help safeguard people from the risk of harm and potential abuse. Staff had completed training in safeguarding and this was up-dated annually in line with the provider's policy. Although the staff had not needed to report any potential abuse, they demonstrated a good understanding of their responsibilities in relation to safeguarding vulnerable people. They knew how to recognise abuse and how they would report their concerns appropriately. Information for staff about what to do if they had any concerns was clearly visible in the service.

People had information in an easy read format to enable them to understand what keeping safe means and how to raise any concerns. People had regular meetings with their keyworker and records of these meetings showed staff reminded the individual of safeguarding procedures and provided them with the opportunity to discuss any concerns they may have. People were very happy with the care and support they received. There had been no concerns raised in relation to safeguarding issues in the last 12 months or more.

A series of visits were currently being undertaken by a prospective new person to the service as part of their planned and phased transition. The visits helped to determine compatibility between people coming into the home and those already living there and helped to avoid situations where people may find it difficult to live together. This was particularly important in a small home where people lived in close proximity.

Risks to individuals were managed well so that people were protected and their freedom was supported and respected. Risk assessments were undertaken which were centred on the needs of the person and identified any actual or potential risks to the individual. Detailed management strategies provided clear guidance to staff on how the person should be supported in a safe and consistent way. They showed that the service respected people's rights to take informed risks, while ensuring that their preferences were taken into account. Risk management was discussed with people in keyworker meetings and care plan reviews so that people were involved in the support they needed to ensure they were safe.

People either had an externally appointed person or relative to manage their financial affairs. Staff supported people in the management of their day to day expenses and records showed that this was managed appropriately and safely.

People lived in a safe environment. Assessments, audits and checks of the building and maintenance systems were regularly carried out to identify any potential risks to people's health and safety. Regular fire safety checks were undertaken to reduce the risks to people if there was fire, and people had Personal Emergency Evacuation Plans (PEEP) recorded within their care records. These showed the support people required to evacuate the building in an emergency situation.

There were sufficient numbers of suitable staff to keep people safe, and meet their individual needs. The registered manager was also registered to manage another service, Myland House, provided by the same provider and located a short distance away. The two services were very similar and provided support and rehabilitation to people with an acquired brain injury. A staff member told us there were always enough staff

on duty to make sure people were safe and that their needs were met. In some instances when required staff worked flexibly between the two services. Staff told us that this arrangement worked very well because they worked as one team and they were very familiar with the needs of all the people using the services. This enabled them to provide cover as required without disruption to people receiving care and support. Staffing levels were based on people's individual needs and fluctuated on a day to day basis according to the type and level of support each person required throughout a day with regards to going out and planned activities. Staff were deployed in a way that was consistent with personalised care and were allowed time to focus their attention on people using the service. At the time of this inspection there was one staff member providing one to one support to one person.

People's medicines were safely managed and they received their medicines in a timely way, and as prescribed by their doctor. Medicines were stored safely and were locked away when unattended. The provider had robust systems in place to ensure medicines were managed safely and staff were appropriately trained and competent to manage and administer medicines in a safe way. Regular audits on medicines and competency checks on staff were carried out. These measures helped to ensure any potential discrepancies were identified quickly and acted on.

Good

Is the service effective?

Our findings

The needs of people were met by staff that had the right competencies, knowledge, skills, attitude and behaviours they needed to carry out their role and responsibilities.

The induction for new staff was thorough, service specific and included The Care Certificate Standards, and assessment of competence. The Care Certificate is a nationally recognised set of minimum standards that should be covered as part of induction training of new social care and health workers, which they must adhere to in their daily working life. A staff member confirmed that prior to working independently they had completed an induction and necessary training which prepared them for, and provided them with a good understanding of their role and responsibilities.

The registered manager told us and records showed staff received a range of training that ensured they were able to meet people's needs effectively. The provider, Brain Injury Rehabilitation Trust (BIRT) had a proactive approach to staff members' learning and development needs and had its own learning and development department. Basic and intermediate specialist training in brain injury, developed by BIRT and delivered by a Psychologist employed by BIRT was provided to all staff. This enabled them to gain understanding, knowledge and relevant skills in relation to the associated needs, behaviours and rehabilitation for people who had a brain injury.

Staff were trained in Positive Behaviour Support, an approach that explored strategies and methods to reduce the incidence of behaviour that is challenging to others. The registered manager explained that the aim of the approach was to increase the person's quality of life through teaching them new skills and adjusting their environment to promote positive behaviour changes. This is vital for people who may experience difficulties in communicating or managing their emotions and use behaviour as a way to express themselves. Care records showed that this approach was effectively implemented.

Face to face training was provided in-house each year on mandatory subjects such as health and safety, first aid and moving and handling. Systems were in place to ensure the registered manager was aware of staff skills and competencies and when they were due for refresher training; the training management system showed that staff training was managed well, monitored effectively and up to date. All staff had their own log-ins to access on line additional tutorials, courses and information which helped them to manage their own professional development.

We saw through staff interaction with people that they were knowledgeable about their work role, people's individual needs and how they were met.
Supervision and appraisal systems, and staff meetings, were used to develop and motivate staff, review practice and address any concerns. The registered manager told us that management and staff worked well as a united team. They had an open door policy and any concerns were addressed promptly before they became a bigger issue. A staff member told us that the registered manager was always available, they said, "The manager is great, I am supported very well and there is nothing I can't ask".

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.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty was being met. We found that the provider had properly trained and prepared their staff in understanding the requirements of the Mental Capacity Act, and the specific requirements of the Deprivation of Liberty Safeguards (DoLs). This was put into practice effectively, and ensured people's human and legal rights were respected. There was no one living at the home who was currently subject to a DoLS.

It was clear from care planning records that appropriate strategies had been used to support the person's ability to make a decision for themselves where possible. We observed that people were given opportunities to make choices and decisions throughout the day and these were respected.

People's nutritional needs were assessed and they were provided with enough to eat and drink and supported to maintain a balanced diet. The person using the service planned and chose their own meals. Drinks and snacks were readily available and freely accessible.

People experienced positive outcomes regarding their health. Care records detailed specific and individual health needs and the actions needed to maintain and improve the health of the individual, and any help needed to achieve them. The service engaged proactively with health and social care agencies and acted on their recommendations and guidance in people's best interests. People had access to a range of health care professionals and therapies to help support their care, treatment and rehabilitation programmes. Regular healthcare reviews and appointments with other healthcare professionals were attended to maintain health and wellbeing such as well woman screening, dentist, optician, speech and language therapist as well as the orthotic department for equipment to help mobilisation. Staff acted promptly when any health concerns were identified.

Good

Is the service caring?

Our findings

People were treated with kindness and compassion in their day to day care. The atmosphere within the service was welcoming and calm. The staff member was considerate, patient and respectful in their interactions with the individual using the service. They gave them time to respond and explored what they had communicated to ensure they had understood the person. The staff member knew the person's preferred routines, likes and dislikes and what mattered to them. The person freely approached the staff member to ask for assistance, and was comfortable doing so. There was friendly interaction between them and the person was relaxed and at ease in their home.

People were involved, where possible, in decisions regarding any interventions for rehabilitation, care and support and their concerns were always acknowledged. They were proactively supported to express their views through various forums such as surveys, key worker meetings, support plan reviews as well as through daily interactions and activities. The registered manager told us that when required people were supported to access independent advocacy services. They gave examples where advocacy in the past had given individual(s) a stronger voice and have as much control as possible over their own lives.

The relationship between staff and people receiving support consistently demonstrated dignity and respect at all times. Staff involved people and facilitated choice on how they spent their day, where they wanted to go out to and what they wanted to eat. People had choice over their daily routines and were supported to change activities and plans when they decided to.

People's privacy and dignity was respected and promoted. People were able to choose the gender of the staff member providing their personal care and this was respected. We saw that staff knocked on people's bedroom and bathroom doors and waited for a response before entering.

Independence was promoted and staff provided active and individualised support that enabled the person to participate, where they were able, in day to day living activities. The person as part of their rehabilitation programme was provided with their own facilities to make a hot drink independently.

People were supported by staff to maintain relationships that mattered to them. There was an open door policy and people were able to receive visitors as they wished. It was evident from discussion with the registered manager and review of care records that important events such as family occasions, family contact and involvement was recognised and facilitated.

Good

Is the service responsive?

Our findings

The length of a residential placement at Cook Close varied depending on an individual's needs. The long term goal for people, where able, was to relearn and develop independent living skills to enable them to move on to a more independent lifestyle within a supported living arrangement. The registered manager told us about examples where people had moved on from Cook Close to live in a less supported environment.

Before people moved to Cook Close a comprehensive assessment was undertaken to ensure the service could meet the person's individual needs. The assessment and transition process also helped to ensure the personal dynamics within the small service would be agreeable to both the new person and people already using the service.

People received care and support that was planned and centred on their individual and specific needs. The person using the service had an individually tailored support and rehabilitation programme and they were actively involved in reviewing their progress towards short and long term agreed goals. The programme was personalised and sufficiently detailed to guide staff on the nature and level of care and support they needed, in a way they preferred, and how this was to be delivered for an effective recovery and rehabilitation pathway.

People were enabled to manage difficulties by supportive strategies such as routines, activity timetables and diaries. These strategies were aimed at minimising their difficulties and maximising and increasing their independence in daily living tasks. Activities ranged from basic self-care to more extended activities such as doing the laundry, accessing the community, shopping and social and leisure activities. Reviews looked at the progress people had made towards achieving their individual goals.

Individual care and support plans clearly identified emotional needs and anxieties, how they presented and the support the person required from staff to manage and reduce them. All staff were trained and implemented Positive Behaviour Support which enabled them to support people in a consistent and effective way if they became distressed. Episodes of anxiety and/or any incidents that occurred were recorded and reviewed on a regular basis to identify any trends and if current management strategies needed to be adjusted.

Support was provided that enabled people, where able, to take part in and follow their interests and hobbies. This included regular access to the local community and access to social activities. People's abilities, levels of engagement and enjoyment were considered at each care and support review to ensure that the activities were suited to their needs, ability, preference and choice. There were regular opportunities for people to use local facilities, such as shops, cafes, pubs, garden centres, restaurants and cinema.

Bedrooms were personalised with the individual's own belongings. People were encouraged and supported to individualise their rooms with personal items that were important to them. This helped to provide comfort and familiarity. The environment was very homely and provided facilities that enabled people to

live a normal lifestyle within a risk management and rehabilitation programme.

Good verbal and written communication was maintained with families about any changes with people or that affected them in the home. There were arrangements in place for people and their family members to provide feedback on the quality of the care provided. Surveys were regularly undertaken and analysed to ensure areas identified as requiring attention were addressed.

The provider's complaints policy and procedure was visible and freely available to people who used the service and others. There were details of relevant external agencies and the contact details for advocacy services to support people if required. The service had not received any formal complaints in the last 12 months or more. The registered manager told us that they spoke with people and relatives on a regular basis and any concerns were addressed immediately. This prevented people being unhappy enough to raise a formal complaint. They shared an example of how they had addressed a raised concern by sourcing costs and scheduling work to level out the front driveway to reduce a potential trip hazard for people with impaired mobility.

Good

Is the service well-led?

Our findings

The organisational values were embedded in working practices and staff worked to provide a service which was designed around the needs of the individual. We saw that care and support was delivered in a safe and personalised way with dignity and respect. Equality and independence was promoted at all times. Staff we spoke with felt that people were involved in the service and that their opinion counted. A staff member said, "Working at Cooks Close has been the best move I have ever made. It's my first time working in care and I love it. I have never been so supported, we are all here to make a difference to people's lives". They said the service was well led and that the registered manager was approachable and listened to them.

The service was well organised and had effective leadership. The registered manager also managed another similar service provided by the organisation which was a short distance from Cook Close. A senior support worker with the support of the registered manager provided day to day leadership and the registered manager provided 24 hour cover to each service for guidance, advice and emergency situations.

There were clear lines of accountability and responsibility at Cook Close. Staff told us there was good team working and approach to delivering care and support that was centred on people using the service. Staff said that they were treated fairly, listened to and encouraged to share ideas and proposals if they felt they would enhance practice and the lives of those they supported.

There was a positive and inclusive culture within the service. People's views about the service were sought through various methods such as resident surveys, individual key worker meetings as well as day to day conversations. A newsletter was produced each month to keep people, relatives, friends and others informed about activities and developments in the service. People from both services came together for social activities.

There were good quality assurance systems in place that ensured the quality and safety of the service delivered, and drove improvement. Audits were regularly carried out that ensured all systems were working properly for example medication handling, health and safety practices and management of peoples finances. Outcomes with associated actions where needed and timescales were communicated to staff in staff meetings and one to one supervisions.

The service was visited and monitored regularly by representatives, on behalf of the provider and this provided additional oversight of the service to ensure that the care was of a high quality. All aspects of the safety and quality of the service were reviewed and action was taken by the registered manager to address any shortfalls identified.

The provider, BIRT, guided and promoted best practice in brain injury rehabilitation. They ensured staff were kept up to date in this specialist area. Information of key changes in practice and legislation as well as best practice examples were shared with services and staff through their newsletters and training, to drive improvement.