

## Brain Injury Rehabilitation Trust

# Osman House

### Inspection report

48 Station Road  
Scholes  
Leeds  
LS15 4BT  
Tel: 0113 887 9765  
Website:

Date of inspection visit: 19 and 24 November 2015  
Date of publication: 29/01/2016

### 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?

Requires improvement 

Is the service well-led?

Good 

### Overall summary

This inspection took place on 19 and 24 November 2015 and was announced. At the last inspection in October 2013 we found the provider was meeting the regulations we looked at.

Osman House offers specialist care and support for people with acquired brain injury in a residential environment, and is registered to provide care for up to 10 people. The service 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 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.

During the inspection there was a happy, friendly atmosphere and people were relaxed in the company of staff and others they lived with. People who used the service and staff told us they were happy living and

# Summary of findings

working in the home. People enjoyed the meals and choice of activities in the home and the local community. Effective systems were in place to make sure people's nutritional and health needs were appropriately met.

People were well cared for. Staff knew people well and understood their likes, dislikes, history and goals. However, people were not always included in the care planning process and a lack of up to date information meant people's needs and preferences could be overlooked.

People told us they felt safe. The provider had systems in place to protect people from the risk of harm and staff understood how to keep people safe. People were in the main protected against the risks associated with medicines; we identified potential risks with how medicines were being managed and the provider responded swiftly and took action to make sure appropriate arrangements were put in place.

There were enough staff, and staff were skilled and experienced to meet people's needs because they received appropriate training and support. On a morning staff were sometimes busy and this was being closely monitored by the registered manager.

The service had good management and leadership. The home's management team promoted quality and safety and had good systems in place to help ensure this was achieved. They worked alongside everyone so understood what happened in the service. People had no concerns about their care but were informed how to make a complaint if they were unhappy with the service they received.

We found the home was in breach of a regulation of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. 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.

Good



People felt safe. Staff knew what to do to make sure people were safeguarded from abuse.

Systems were in place to identify, manage and monitor risk, and for dealing with emergencies. Medicines were generally well managed.

There were enough staff to keep people safe.

### Is the service effective?

The service was effective.

Good



People's needs were met by staff who had the right skills, competencies and knowledge.

People enjoyed the food.

A range of other professionals were involved to help make sure people stayed healthy.

### Is the service caring?

The service was caring.

Good



People who used the service told us they were happy living at the home.

We observed people enjoying the company of staff and others they lived with, and when staff supported people they were caring.

Staff knew the people they were supporting well.

### Is the service responsive?

The service was not always responsive.

Requires improvement



People were not always included in the care planning process and a lack of up to date information meant it was not possible to establish that people's current needs were being met.

People enjoyed a range of activities within the home and the community.

Systems were in place to respond to concerns and complaints.

### Is the service well-led?

The service was well led.

Good



# Summary of findings

People who used the service and staff spoke positively about the management team. They told us the home was well led.

Everyone was encouraged to put forward suggestions to help improve the service.

The provider had systems in place to monitor the quality of the service.

# Osman House

## 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 19 and 24 November 2015 and was announced. The provider was notified that we would be visiting because the location is a small care home for adults who maybe out during the day; we needed to be sure that someone would be in. One inspector visited the service.

We sometimes ask provider's to complete a Provider Information Return (PIR). This 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. On this occasion we did not ask the provider to complete a PIR.

Before the inspection, we reviewed all the information we held about the service, including any notifications that were sent to us. We contacted the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

At the time of our inspection there were nine people living at the home. During our visit we spoke with five people who used the service, six members of staff and the registered manager. We looked at areas of the home including some people's bedrooms and communal rooms. We spent time looking at documents and records that related to people's care and the management of the home. We looked at three people's support plans.

# Is the service safe?

## Our findings

People who lived at the home told us they felt safe and knew they could share any concerns with staff, the manager or their family and friends. One person said, “If you tell [name of manager] anything she will always sort things out.” Staff we spoke with were confident that good systems were in place to keep people safe and they knew what to do if they had concerns about a person’s safety. The registered manager told us two safeguarding cases were being reviewed. These had been reported to CQC at the time of the incident and safeguarding procedures were followed.

Staff told us they had received safeguarding training and training records we reviewed confirmed this. Staff could describe the different types of abuse people may experience and could tell us how they would respond to any allegations of abuse. Everyone told us they were confident any concerns would be treated seriously and dealt with appropriately and promptly.

We saw information displayed in the home that raised awareness about abuse and keeping people safe. A whistleblowing poster with a contact telephone number was also displayed. ‘Whistleblowing’ is when a worker reports suspected wrongdoing at work.

People who used the service talked to us about how they were supported to achieve goals and stay safe. One person told us they had taken gradual steps and made “good progress with walking and got good help from staff which made it easier and stopped them from having accidents”. Another person told us they had been to the shop independently and staff had shadowed them to make sure they were safe.

People lived in a safe environment. We reviewed health and safety records and found regular checks were carried out. Maintenance certificates were available to show servicing and testing was completed by external agencies within the recommended timescales. Staff told us they knew what to do in emergency situations, such as a fire. They told us they had received relevant training and also practice drills. People who used the service had Personal Emergency Evacuation Plans (PEEP). These show the support people required to evacuate the building in an emergency situation.

Everyone we spoke with told us the staffing arrangements kept people safe. People who used the service told us they received help when they needed it. Some staff told us staffing levels were appropriate whereas others felt they were often rushed, especially on a morning. One member of staff said, “There is not enough staff to meet people’s needs. We offer a rehabilitation service so it’s important we encourage people to do things for themselves rather than do it. That takes time. We need one more staff on a morning.”

The registered manager said they were aware that mornings were sometimes very busy, and would continue to monitor this closely.

We spoke with staff who had recently been recruited. They told us they went through a formal recruitment process before they started work, which included filling in an application form, providing details for references and proof of identity, attending an interview and having a DBS check. The DBS is a national agency that holds information about criminal records. We looked at the recruitment records for three staff and found appropriate checks had been carried out and concluded recruitment practices were safe.

We looked at the systems in place for managing medicines and found, in the main, there were appropriate arrangements for the safe handling of medicines. We observed two members of staff administering medicines and saw they did this safely. They followed the six R’s of administration that are identified in the NICE (National Institute for Health and Care Excellence) social care guideline for managing medicines in care homes; right resident; right medicine; right route ; right dose; right time and resident’s right to refuse. Staff records showed all staff received medication administration training and staff who administered medication completed a competency assessment at least annually.

The provider had a medication policy which provided guidance on handling medicines safely. It did not make reference to the NICE guideline. The registered manager downloaded the NICE guideline during our inspection and said they would raise the omission in the policy with the provider.

People had medicines stored in a locked cabinet in their room and any excess medicines were stored in a medication room. Some medicines were administered from a ‘dosette box’ which was prepared by a pharmacist.

## Is the service safe?

We saw these medication administration records (MARs) were completed correctly. However, when we looked at medicines that were administered from boxes and bottles we could not establish that the stock levels were correct because staff had not counted the balance of stock carried forward and new stock received. Therefore there was not an accurate recorded stock balance at the beginning of a medicines cycle.

Any omissions were clearly recorded on the person's MAR. For example, one tablet was dropped and this was recorded and reported. However, we noted that for one person the directions for administration of paracetamol solution did not match the directions on the bottle. We saw the person was not receiving the medicines regularly but the container stated it should be administered four times a day. Someone had handwritten PRN (as required) on the MAR and the senior member of staff on duty confirmed this was correct. We concluded it was unlikely that the person had received any incorrect medicines but conflicting directions does not meet safe administration guidance.

Some people were prescribed creams that needed to be applied with regard to the individual needs and preferences of the person. We saw detailed information to guide staff as to how to apply the creams correctly.

Medicine audits were being completed and identified some areas where actions were required to make sure medicines were administered safely. For example, they identified missing signatures from MARs and arranged for staff to complete an additional competency assessment. The audits had not identified the gaps in recording stock balances. The registered manager took action as soon as we brought the shortfalls in medicine management arrangements to their attention. On the second day of the inspection, the registered manager told us the provider's head of nursing had visited the home and had completed a full medicine audit, and had identified action points to ensure medicines were administered safely.

# Is the service effective?

## Our findings

People's needs were met by staff who had the right skills, competencies and knowledge. Staff told us they received good support and felt the training they received provided them with the skills and confidence to carry out their roles and responsibilities. They said they were well supported by the management team who were accessible and received regular supervision where they had opportunities to discuss their work. One member of staff said, "The training is great." Another member of staff said, "We do loads of training." Another member of staff said, "The management team are supportive and anytime we want to talk about anything they are available."

We looked at training records which showed staff had completed a range of training courses including first aid, food hygiene, safeguarding vulnerable adults, care planning, moving and handling, diversity and equality, basic brain injury, health and safety, and infection control. We looked at some induction records but not all were up to date. The registered manager said each new starter was allocated a supervisor who monitors progress and where appropriate the registered manager sends out 'formal letters' to chase up any outstanding training. The registered manager told us they were introducing the 'Care Certificate' so in future any new starters would complete this. The 'Care Certificate' is an identified set of standards that health and social care workers adhere to in their daily working life.

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 when this is in their best interests and legally authorised under the MCA. (The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).)

People who used the service and staff told us good systems were in place which ensured people could make decisions about their care and support. Staff understood the key requirements of the MCA and gave examples where decisions made were in people's best interests. We saw mental capacity assessments were carried out to establish whether people could make specific decisions and where a person did not have the mental capacity to make a decision best interest decisions were recorded. The registered manager maintained a DoLS list which identified when applications were sent, approved and expiry dates.

People said they enjoyed the meals and the quality of food was good. They said they always had plenty to eat and drink. One person said, "It's lovely food." Another person said, "[Name of chef] is a good cook." Another person said, "The food is great."

We looked at weekly menus which showed people ate a varied and balanced diet, and could choose from three different options for lunch and two options for dinner. One person told us they would like more opportunities to access the kitchen but because it was used for catering a member of staff always had to be there.

The registered manager talked to us about the premises and plans to expand the service to make the environment more suitable. They had identified the current environment was not ideal for some aspects of rehabilitation. For example, there was limited space where people could develop daily living skills such as kitchen and laundry. The registered manager said they hoped the new build would be completed by December 2016 and were confident it would create much better facilities and opportunities for people to engage in a wider variety of activities, including meal preparation.

People told us they received good support with their health needs. One person told us staff asked them how they were feeling and assisted them to the optician and GP. Care records showed people attended regular health appointments and their health was monitored as part of their formal review. Everyone had a 'hospital assessment' which in the event of a hospital admission provided hospital staff with important information about the person.



# Is the service caring?

## Our findings

People who used the service told us the service was caring. One person who used the service said, “Staff are all lovely. They are caring, very caring.” Another person said, “They look after us well.” Another person said, “Staff are very nice. Very professional.” One person told us they had recently experienced bereavement and described “everyone as very supportive”. One person told us they sometimes felt they were spoken to like a child and comfortably shared this with the registered manager. The registered manager responded in a caring and sensitive way, and asked the person how they wanted to handle the situation. Throughout the discussion the registered manager offered encouragement and support, and the person was reassured.

Two people talked to us about progress they had made since moving to Osman House and were very positive about the care and support they had received. One person said, “Being here has made such a difference. I’ve really made good progress.” Another person said, “I can do so much more now. They’ve been great helping me. Sometimes it gets tough but they always keep me going.”

During the inspection there was a friendly and relaxed atmosphere. We observed people enjoying the company of staff and others they lived with. People enjoyed engaging in different activities. We saw staff were caring when they

provided assistance and demonstrated a kind and compassionate approach. Staff used a common approach so people received consistent care. For example, one person required assistance to walk, and we saw on three occasions, different members of staff used the same technique and were encouraging and supportive.

Staff demonstrated they knew people well and were able to tell us about people’s likes and dislikes, history and goals which helped them understand the person and how to respond when offering support. Staff understood how to maintain people’s dignity and privacy, and gave examples of how they did this. However, we noted when we were in the office that a monitor (listening device) was switched on and we could hear a member of staff supporting someone in their bedroom. The registered manager told us the device was used to monitor the person when they were alone in their room to help keep them safe but said it should be switched off when staff were with the person. They agreed to add guidance to the person’s care plan and remind staff of how and when the monitor should be used.

Staff we spoke with were confident people received good care. One member of staff said, “The service is brilliant. We look at what people want and what they need to achieve their goals.” Another member of staff said, “We make a difference and it’s great to see. We’re passionate. Everyone works hard and it’s about helping people to get the most out of their lives.”

# Is the service responsive?

## Our findings

People told us they received consistent care that was person centred. People talked about their goals and said they were asked about what they wanted to achieve. One person told us they were aiming to move into more independent accommodation and said, “They are helping me achieve my goals. I go to the gym, and can now shower on my own and dress myself.”

People told us they enjoyed activities within the home and the community. On both days of the inspection we observed people following their programme of activity. Some people received one to one staff support as part of their programme. Several people went out to planned activities such as gym and shopping. Others spent time at home. Two people talked to us about going to the local coffee morning which was held weekly, and said they were looking forward to the pantomime which was being held the weekend after the inspection.

Although people talked positively about the care they received and felt they had made good progress, we found the care planning process was not always effective. Care records contained some good information about how people’s needs should be met but there was also information in the care files that was not accurate. It was difficult to find which information was up to date and reflected people’s current care needs. One person’s care plan stated that, at mealtimes, after every few mouthfuls staff were to look in the person’s mouth to check there was no food left in their cheeks. We observed the person at mealtimes and staff were not following the care plan. We discussed this with the registered manager who confirmed the care plan was out of date and staff had not used this approach for a very long time. The care plan had been reviewed in June and November 2015 and no changes had been made. Another person’s care plan stated that they were reported to have seizures and to help keep the person safe, all staff should receive epilepsy training. However, when we discussed this with the registered manager they said the care plan needed reviewing because it was not put into practice.

We looked at daily narratives but sometimes it was unclear what people had done because there was a lack of information. For example, when someone received one to one support this was all that was recorded; there was no information about what they had done. This meant the

records could not be used to identify whether the person’s needs were being met. We noted some wording in the records was not respectful. For example, one person was referred to as ‘whining’. Another person’s care plan and daily narratives provided conflicting information. The care plan indicated that they wanted to be woken during the night and prompted to go to the toilet but entries in the daily narrative did not always reflect this.

People were not always empowered and included in the care planning process. Staff told us they arranged PSW (personal support worker) meetings which should be held monthly, however, when we looked at the records we found they were not held this frequently. For example, one person’s records showed they attended a meeting in June and then October 2015. Some people who used the service told us they discussed their goals and could say if they wanted to change anything but often did this as a group. Some of the care plans were very comprehensive and difficult to understand. There was very little evidence to show how people had been actively involved in developing their care and support plans. We concluded the provider had not done everything reasonably practicable to make sure people received care to meet their needs and reflect their preferences. This was in breach of Regulation 9 (Person- centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People we spoke with told us if they raised any issues they were dealt with quickly and appropriately. One person said, “If you tell [name of manager] anything she will always sort things out.” Another person said, “I talk to [name of manager]. She is good.” People also told us they could share concerns with members of staff and they would address any issues.

We saw there was information displayed in the home about how people could make a complaint if they were unhappy with the service. We looked at the complaint’s log which contained details of complaints and the outcome. The record showed people’s individual complaints were responded to in a way which resolved the issue where possible to the person’s satisfaction, and minimised the risk of the same issue arising in the future.

We saw the home had received some written compliments which included the following comments: One person said, “I would like to thank everyone involved in taking extra special care of [name of person] over the last few days. I

## Is the service responsive?

would particularly like to thank [name of member of staff] for sharing her concerns and keeping me so well informed. Also for going the extra mile.” Another person said, “The staff here are so kind and thoughtful.”

# Is the service well-led?

## Our findings

At the time of our inspection the manager was registered with the Care Quality Commission. They dealt with day to day issues within the home and worked alongside staff overseeing the care given and providing support and guidance where needed. We received very positive feedback about how the service was managed. One person who used the service said, “[Name of registered manager] comes and talks to us and she’s always very nice.” Another person described the registered manager as “wonderful”. Another person said, “The manager is lovely; in fact they are all lovely.”

Staff we spoke with provided positive feedback about the management team and said they were accessible. Staff told us they were happy working at the service. They said they were encouraged to put forward ideas to help improve the service and suggestions were always well received. Everyone felt there was clear direction about the service and they understood what was expected of them. A member of staff said, “It’s nice to work here. Management are very responsive.” Another member of staff said, “Management are fantastic.”

Although staff told us they had opportunities to put forward ideas, we noted that there had been low attendance at staff meetings. The registered manager told us they were reviewing the arrangements for staff meetings to improve attendance. They had started introducing ‘staff tutorials’ which took place in small groups before and after handover meetings. The registered manager said these had been successful and they were considering introducing something similar for staff meetings.

People who used the service could express their views. They had opportunity to attend meetings and complete surveys. We looked at meeting minutes and saw they discussed the service and were asked to put forward ideas. In October 2015, we saw people had discussed menus, lounge decoration plans, which included choosing colour

schemes and fabrics. Survey results were displayed in the home. These were from November 2014 but related to feedback from people who used all the provider’s services and their family members so were not specific to Osman House. The registered manager said new style surveys were being sent out in December 2015 and would capture feedback about Osman House.

We looked at a range of systems that showed the service was being appropriately monitored and areas for development were identified and actioned. Records showed that the management team had assessed, monitored and improved the quality and safety of the service. For example, a report from August and September 2015 contained data that was relevant to the service such as accidents and incidents, safeguarding, staff training and staff sickness. Any noted change was explored and an explanation was clearly recorded. Actions from the previous report were checked to make sure they were completed. In the report the data had shown there was a drop in the % of staff performance development reviews (PDR) that had been completed. They had identified this was due to the sickness of a supervisor, confirmed the PDRs had since been completed and would be reflected in the next report. A monthly site health and safety compliance monitoring form showed regular checks were completed.

Representatives of the provider also carried out audits when they visited the service. We looked at a report from October 2015 which showed a range of areas were reviewed to make sure the service was meeting the required standard. This included talking to people who use the service, looking around the environment, talking to staff and reviewing records. The provider also carried out an annual quality review, which was a comprehensive review. We saw the report from November 2014. The registered manager said a visit had been completed in November 2015, which was positive and they were waiting to receive the report.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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 9 HSCA (RA) Regulations 2014 Person-centred care
Treatment of disease, disorder or injury	<b>The provider had not done everything reasonably practicable to make sure people received care to meet their needs and wishes</b>