Brain Injury Rehabilitation Trust

Kerwin Court

Inspection report

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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

This was a comprehensive inspection which took place on 8 January 2019 and was announced. Kerwin Court is a 'care home' that provides personal and rehabilitation care for up to 23 people, on the day of inspection there were 16 people living at the service. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service is a purpose built two storey service, with private on suite bedrooms, shared communal areas and bathrooms. People living at the service had sustained an acquired brain injury (ABI), required treatment for substance misuse, or had other chronic health conditions.

The service did not have a registered manager in post on the day of our inspection. 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. Day to day charge of the service was carried out by a manager and we saw documentation that showed they were in the process of registering with the CQC.

At our last inspection we rated the service Good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection. At this inspection we found the service remained Good.

People remained safe. Staff had a good understanding of safeguarding and there were systems and process in place to keep people safe. There were robust systems in place to manage, administer, store and dispose of medicines. The provider ensured staff were suitable to work at the service before they started. We observed people's needs being responded to in a timely manner. The service was clean and infection control procedures followed.

People's needs and choices were assessed prior to people moving into the service, and they were supported to have maximum choice and control of their lives. Staff continued to support people in the least restrictive way possible. People continued to enjoy a balanced diet and remained supported to access healthcare services as and when needed. Through the design and adaptation of the premises continued to assist people with their independence and rehabilitation.

Care continued to be personalised to meet the needs of individuals including their care, rehabilitation, social and wellbeing needs. The provider ensured there were systems in place to deal with concerns and complaints. End of life care was considered at the service if required.

We observed positive interactions between staff and people, staff knew people well and had built trusting

relationships. People's independence and rehabilitation continued to be promoted and developed, staff supported people in a dignified manner and people's privacy continued to be respected.

The service remained well-led and robust and effective quality assurance systems and processes were in place to assess, monitor and drive improvements in the quality of care people received. People, staff and relatives remained engaged and involved in the service provided. The culture of the service continued to be positive and respected people's equality, diversity and human rights.

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? The service remains Good	**Good**
Is the service effective? The service remains Good	**Good**
Is the service caring? The service remains Good	**Good**
Is the service responsive? The service remains Good	**Good**
Is the service well-led? The service remains Good	**Good**

Kerwin 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 was a comprehensive inspection which took place on 8 January 2019 and was announced. Due to the nature of some people's conditions, we announced the inspection, so that people were aware that we were coming and were available to speak with us. Two inspectors visited the service.

The provider had completed a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We looked at other information we held about the service. This included previous inspection reports and notifications. Notifications are changes, events or incidents that the service must inform us about.

During the inspection we observed the support that people received in the communal lounges and dining area of the service. Some people could not communicate with us fully because of their condition and others did not wish to talk with us. However, we spoke with three people, four visitors, four care staff, the chef, a registered nurse, the clinical lead, a regional manager and the manager. We spent time observing how people were cared for and their interactions with staff and visitors, in order to understand their experience. We also took time to observe how people and staff interacted at lunch time.

We spent time observing care and used the short observational framework for inspection (SOFI), which is a way of observing care to help us understand the experience of people who could not talk with us. We spent time looking at records, including four people's care records, four staff files and other records relating to the management of the service, such as policies and procedures, training records and audit documentation. We also 'pathway tracked' the care for two people living at the service. This is where we check that the care detailed in individual plans matches the experience of the person receiving care. It was an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

Good

Is the service safe?

Our findings

People remained safe. One person told us, "Yes I'm happy and safe". Another person said, "Oh yes, definitely, safety isn't an issue". A relative added, "I know [my relative] is safe, he needs to be here".

Staff had a good understanding of safeguarding and there were systems and process in place to keep people safe. Staff received safeguarding training and knew the potential signs of abuse. They understood the correct safeguarding procedures should they suspect people were at risk of harm.

Risks for people continued to be managed safely. Risk assessments were person centred and addressed people's individual needs. This guidance for staff ensured that the persons risks were managed safely. Positive risk taking was encouraged and people remained free to live their lives how they wished. Risk assessments, including those for the premises, were reviewed regularly to ensure people living at the service were receiving safe and appropriate care, in line with their needs. People had up to date Personal Emergency Evacuation Plans (PEEP's) in place which ensured they would be safe exciting the building in an emergency.

The provider continued to ensure staff were suitable to work at the service before they started. We noted criminal records checks had been undertaken with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with vulnerable groups of people. There continued to be sufficient numbers of staff to meet people's needs. We observed people's needs being responded to in a timely manner. One person told us, "There's staff around, I'm fairly independent, but I see staff helping people". A relative said, "There's always staff when we need them".

The service was clean. Staff had training in infection prevention and control and information was readily available in relation to cleaning products and cleaning processes. Staff used Protective Personal Equipment such as aprons and gloves. The laundry had appropriate systems and equipment to clean soiled washing, and we saw that any hazardous waste was stored securely and disposed of correctly.

Lessons were learned when things went wrong and accidents and incidents continued to be managed safely. The manager ensured accidents were recorded on to an electronic system, and monitored and audited to identify trends and actions for improvement.

The management of medicines at the service continued to be safe. Staff who administer medicines had regular competency checks to ensure their practice remained safe. There were robust systems in place to manage, administer, store and dispose of medicines. When medicines were required on an 'as and when' basis, people had access to them and there was clear guidance in place about their use to ensure safe practice. One person told us, "When you have as many tablets as I do a day, they have to get it right". Another person said, "Yes my medicines are given to me".

Good

Is the service effective?

Our findings

People told us they continued to receive effective care and their individual needs were met. One person told us, "The staff are excellent". A relative said, "The staff are very knowledgeable they know all about [my relative's] health and how to support him".

Staff continued to undertake assessments of people's care and support needs before they began using the service. The pre-admission assessments were used to develop a more detailed care and rehabilitation plan for each person which detailed the person's needs, and included clear guidance for staff to help them understand how people liked and needed their care and support to be provided. Paperwork confirmed people continued to be involved where possible in the formation of an initial care plan.

People's individual care and rehabilitation needs were met by the adaptation of the premises. Coloured hand rails were fitted throughout the service to assist people to mobilise and light switches were highlighted in a different colour to the wall to help people see them. There were also slopes for wheelchairs, other parts of the service were accessible via a lift and there were adapted bathrooms and toilets. There were rehabilitation kitchens which were dual height, so that people in wheelchairs could access them, as well as adapted laundries.

The provider continued to meet peoples' nutrition and hydration needs. There was a varied menu and people remained complimentary about the meals served. One person told us, "It's nice eating here and I also cook my own food". Another person said, "I like salads and they make them for me". A relative added, "The food is wonderful, [my relative] always raves about it".

Staff continued to have a good understanding of equality and diversity. This was reinforced through training. The Equality Act covers the same groups that were protected by existing equality legislation - age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership (in employment only) and pregnancy and maternity. These are now called `protected characteristics´. Staff we spoke with were knowledgeable of equality, diversity and human rights and told us people's rights would always be protected.

Staff continued to liaise effectively with other organisations to ensure people received support from specialised healthcare professionals when required. Documentation showed regular visits from GP's, community nurses and other professionals, such as psychiatrists and social workers.

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 Safeguards (DoLS). The service continued to within the principles of the MCA, staff

knew the correct procedures to follow and were aware of their responsibilities under the Act.

Good

Is the service caring?

Our findings

People continued to be supported with kindness and compassion. They told us caring relationships had been sustained with staff who supported them. Everyone we spoke with thought they were well cared for and treated with respect and dignity, and had their independence promoted and developed. One person told us, "I like the staff, they listen to me". Another person said, "I get on well with the staff".

Staff continued to demonstrate a strong commitment to providing compassionate care. From talking with people and staff, it was clear they continued to have a good understanding of how best to support them. One person told us, "I can't fault the staff really. They are there when I need them and we get on". We observed staff being caring, attentive and responsive and saw positive interactions and appropriate communication. One member of staff told us, "They are lovely people, everyone is an individual with great life stories. We always have a giggle".

Staff continued to support and encourage people to be as independent as possible and to develop and increase the skills that they already had. One member of staff told us, "I encourage people to wash and dress and do what they can for themselves. If they struggle, then I will help them". Another member of staff said, "We support people to support themselves, like making their own meals and baking cakes". People told us that their independence and choices were promoted, that staff were available if they needed assistance, but that they were encouraged and able to continue to do things for themselves. Records and our observations supported this.

Staff continued to uphold people's dignity, and we observed them speaking discreetly with people about their care needs, knocking on people's doors and waiting before entering. One person told us, "They don't come in without knocking and they tell me who they are".

Staff provided people with choice and control and people remained empowered to make their own decisions. People told us they that they were free to do what they wanted to do throughout the day. One person told us, "I do what I want, it's up to me". Another person said, "There are no restrictions on what I can do". Staff knew the best way to communicate with people and also used communication tools, such as pictures aids to assist with choices of food and drink.

People's equality and diversity remained respected and staff adapted their approach to meet people's individualised needs and preferences. Detailed individual person-centred care plans had been sustained, enabling staff to support people in a personalised way that was specific to their needs and preferences, including any individual beliefs. People were given the opportunity observe their faith and any religious or cultural requirements were recorded in their care plan.

People remained encouraged to maintain relationships with their friends and families and to make new friends with people living in the service. Visitors were able to come to the service at any reasonable time, and could stay as long as they wished. One relative told us, "They make us very welcome, they can't do enough for us and [our relative]".

Good

Is the service responsive?

Our findings

People told us they remained listened to and the service responded to their changing needs and any concerns. One person told us, "They listen to me and make sure I have what I need". A relative said, "The staff keep us in the loop, we are fully involved in [our relative's] care". Another relative added, "The staff support [my relative] so well, they are really understanding of what he needs".

People's care and rehabilitation needs continued to be assessed and plans of care were developed to meet those needs, in a structured and consistent manner. Care plans contained personal information, which recorded details about people and their lives. This information had been drawn together by the person, their family and staff. Staff continued to know people well and had a good understanding of their family history, individual personality, their abilities, interests and preferences, which enabled them to engage effectively and provide meaningful, person centred care. Care plans contained detailed information on the person's likes, dislikes and daily routine with clear guidance for staff on how best to support and develop that individual.

The service continued to rehabilitate people as much as possible, for example, one person was able to live in an independent bungalow and being able to cook a meal for themselves. Another person was now able to access the shops and a local gym and spent a time independently out of the service. Further examples included people regaining mobility through physiotherapy and accessing a local cycling club. Other people had improved speech and memory, through working with rehabilitation staff at the service. A member of staff told us, "We have experienced some excellent recovery outcomes for people". Another member of staff said, "There is so much reward for them and us. We see people come in on a hospital bed and leave using a walking stick". Records and our observations supported this.

A varied range of activities had been sustained including arts and crafts, singing, baking and gardening. People told us that they enjoyed the activities, which improved their wellbeing. One person told us, "I don't get bored and I have my phone and I-pad". Another person said, "There are activities to take part in, some suit me". We saw that there were activities which assisted people to understand their condition and assist their wellbeing. These included, relaxation classed and educational classes to understand acquired brain injury and their own specific conditions. A member of staff told us, "We want people to maintain an interest in the things they used to do, but if they can't still do those things, we'll support them to find new interests".

People knew how to make a complaint and told us that they would be comfortable to do so if necessary. They remained confident that any issues raised would be addressed. The procedure for raising and investigating complaints remained available for people, and staff told us they would be happy to support people to make a complaint if required.

Nobody at the service required end of life care. However, where appropriate, people's end of life care would be discussed and planned and their wishes would be respected.

Good

Is the service well-led?

Our findings

People, relatives and staff spoke highly of the care delivered and felt the service remained well-led. Staff commented they continued to feel supported and could approach managers with any concerns or questions. One person told us, "It is well run, I can't fault the help they give me". A relative said, "I think it is very well run". Another relative added, "We've been very impressed by the way the home is run".

The service did not have a registered manager in post on the day of our inspection. However, we saw documentation that the manager in day to day charge of the service was in the process of registering with the CQC.

The service continued to have a positive culture and staff morale remained good. One person told us, "The staff are happy I think, we all get along". A relative said, "The staff all seem to be very knowledgeable and want to do their best". A member of staff added, "I love it here, I love the way it works, the teamwork is brilliant. We really do care. To see the results we get for people, we go on a journey with them". Another member of staff said, "We give respect and dignity, this is such a person centred environment, everybody gets together and has a real duty of care".

The provider continued to undertake quality assurance audits to ensure a good level of quality was maintained. Staff had also liaised regularly with the local authority and the clinical commissioning Group in order to share information and learning around local issues and best practice in care delivery. The provider had a research function and educational papers had been published by the organisation around acquired brain injury and rehabilitation. The service also had links with many local organisations, to enable people to take part in and access the local community. These included, volunteer charity shops, local universities, coffee shops, restaurants, animal sanctuaries, stroke clubs, cycling clubs and fitness gyms.

People and staff continued to be involved in developing the service. Systems and processes remained in place to consult with people, relatives, staff and healthcare professionals. Meetings and satisfaction surveys were carried out, providing the manager with a mechanism for monitoring satisfaction with the service provided.

Staff remained well supported within their roles and described an 'open door' management approach. They were encouraged to ask questions, discuss suggestions and address problems or concerns with management, including any issues in relation to equality, diversity and human rights. A member of staff told us, "The managers support us and as staff we always support each other". The service continued to have a strong emphasis on team work and communication sharing. One member of staff told us, "The communication here is excellent. It has to be in a place like this, as things can change so quickly".

Staff remained knowledgeable about whistleblowing and said they would have no hesitation in reporting any concerns they had. They reported that managers would support them to do this in line with the provider's policy. Staff had a good understanding of equality, diversity and human rights. Feedback from staff indicated that the protection of people's rights was embedded into practice for both people and staff

living and working at the service.

The management team continued to inform the CQC of significant events in a timely way and remained aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with care and treatment.