Brain Injury Rehabilitation Trust

Brain Injury Rehabilitation Trust - Bristol Road

Inspection report

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Date of inspection visit: 30 October and 4 November 2014
Date of publication: 02/01/2015

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

Overall summary

This inspection was undertaken on 30 October and 4 November 2014 and was unannounced. At the last inspection on 20 June 2013 we found that there were two breaches in the legal requirements and regulations associated with the Health and Social Care Act 2008. There were not always enough staff to meet people's needs and there was not an effective system to assess and monitor the quality of the service. At this inspection we found the provider had made the necessary improvements and was no longer in breach of any regulations.

The service provides support and accommodation for up to eight people with acquired brain injury. At the time of the inspection there were eight people living at the home but one person was in hospital. There was a registered

Summary of findings

manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Prior to our inspection we received feedback from a local authority who had placed people at the service. They did not raise any concerns about the care people were receiving.

People were protected from abuse and felt safe at the home. Relatives of people told us they felt the staff kept people safe. Staff were knowledgeable about the risks of abuse and reporting procedures. We found there were sufficient staff available to meet people's needs and that safe and effective recruitment practices were followed.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The Mental Capacity Act 2005 sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including when balancing autonomy and protection in relation to consent or refusal of care or treatment. This includes decisions about depriving people of their liberty so that they get the care and treatment they need where there is no less restrictive way of achieving this. DoLS require providers to submit applications to a 'Supervisory Body' for authority to do so. We found that the provider had complied with the requirements of MCA and DoLS.

Staff had good relationships with people who lived at the home and were attentive to their needs. Staff respected people's privacy and dignity at all times and interacted with people in a caring, respectful and professional manner.

Staff received suitable induction and training to meet the needs of people living at the home. Staff received regular supervision meetings and training. This meant people were being cared for by suitably qualified, supported and trained staff.

People had their health care needs met and their medicine administered appropriately. Staff supported people to attend healthcare appointments and liaised with their GP and other healthcare professionals as required to meet people's needs. People were appropriately supported and had sufficient food and drink to maintain a healthy diet.

Where investigations had been required, for example in response to incidents or safeguarding alerts, the provider had completed an investigation to learn from incidents and to improve the service. This demonstrated learning was taking place to minimise the risk of them happening again.

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?

Good

The service was safe.

Staff we spoke with were aware of how to recognise and report signs of abuse and were confident that action would be taken to make sure people were safe.

Where there had been identified risks with people's care needs we saw that these were assessed and planned for.

People were supported by sufficient numbers of staff that were skilled to meet their needs and to maximise their independence.

People were protected against the risks associated with medicines.

Is the service effective?

Good

The service was effective.

People received care which met their needs and staff consistently followed guidelines. Staff had received training appropriate to their roles and any further training needs have been identified and planned.

Staff had received appropriate training, and had a good understanding of, the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People were supported to have enough suitable food and drink when and how they wanted it and staff understood people's nutritional needs. People had access to health care professionals to meet their specific needs.

Is the service caring?

Good

The service was caring.

People were treated with respect and the staff understood how to provide care in a dignified manner and respected people's right to privacy.

We saw staff and people talking together, smiling, laughing enjoying each other's company.

People and their relatives told us that they were involved in care planning and that their views were considered.

Is the service responsive?

Good

The service was responsive.

People received support as and when they needed it and in line with their support plans.

People who used the service were supported to take part in a range of recreational activities in the home and the community which were organised in line with their preferences.

People who lived at the home told us they felt comfortable raising concerns and complaints.

Summary of findings

Is the service well-led?

Good

The service was well-led.

The staff were confident they could raise any concern about poor practice in the service and these would be addressed to ensure people were protected from harm.

Relatives and staff were all complimentary of the registered manager and told us that the home was well managed.

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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 inspection took place on 30 October and 4 November 2014 and was unannounced. It was undertaken by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. At the time of the inspection we met seven people, we did not meet one person as they were in hospital.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the home does well and improvements they plan to make. We also reviewed the information we held about the home. Providers are required to notify the Care Quality Commission about events and incidents that occur including unexpected deaths and injuries to people receiving care, this also includes any safeguarding matters. We refer to these as notifications. We also received information from a local authority who had purchased services from the provider. We used this information to plan what areas we were going to focus on during our inspection.

During our inspection we spoke with four people who lived at the home. Some people's needs meant that they were unable to verbally tell us how they found living at the home. We observed how staff supported people throughout the day. As part of our observations we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with five care staff, the deputy manager, registered manager, assistant psychologist and the health and safety manager. During our visit we spoke with the relatives of one person and with two visiting social care professionals. After our visit we spoke with the relatives of three people living at the service.

We looked in detail at the care records of three people, we looked at the medicine management processes and at records maintained by the home about staffing, training and monitoring the quality of the service.

Good

Is the service safe?

Our findings

At our last inspection in June 2013, we asked the provider to take action to make improvements to ensure there was sufficient staff available to provide people with the support they needed. At this inspection we found these improvements had been made. The majority of people who lived at the home said there was enough staff to meet their needs. All of the relatives we spoke with told us there was enough staff available when they visited the home.

The care staff we spoke with did not raise any concern about the levels of staffing and told us that staffing arrangements had improved since our last inspection. One care staff told us, "The staffing levels are okay. Whenever we are short the bank staff has been used. We also have a driver on duty each day and this really helps in people doing the activities they enjoy." Another care staff told us, "Staffing levels are good. People now get out more, it's much better."

A social care professional told us they did not have any significant concerns about staffing levels but they felt but an increased staff presence in the home was needed as staff were often in the office. During the two days we visited the home we observed there were times when some staff were in the office completing records or planning the support people needed. During these times we did not observe people being left unsupervised in communal areas of the home. We saw that the staff were responsive to people's needs and were not rushed in their interactions with people. We saw staff were able to spend time talking with people, which people enjoyed.

People who lived at the home and their relatives told us they felt the care was safe. When people were asked what they would do in the event that they felt threatened by anything or anyone, all felt confident that any member of staff would assist immediately. We saw that staff acted in an appropriate manner and that people were comfortable with staff. Information was available for people in easy read formats that told them what abuse was and how they could report it. Regular meetings were held with people living at the home and minutes of meetings showed that the safeguarding procedures were discussed so that people knew how to raise a concern.

One relative told us there had been an incident with another person but action was taken by staff to reduce risk of further occurrences. Another relative told us, "I've no worries whatsoever with safety, I cannot fault them."

The risks of abuse to people were minimised because there were clear policies and procedures in place to provide staff with information on how to protect people in the event of an allegation or suspicion of abuse. The registered manager informed us that all staff undertook training in how to safeguard adults during their induction period and there was regular refresher training for all staff. This was confirmed by staff that we spoke with. Staff were able to explain to us the various forms of abuse that people were at risk of, who they would report this to and which external agencies they could escalate their concerns to if they felt it necessary. One member of staff told us, "I'm confident that concerns would be acted on as I have experience of it." This meant the likelihood of abuse occurring or going unnoticed was reduced.

The service undertook risk assessments to support people to maintain their independence. These included, for example, assessing what support people might need to help them access the community, or to change position with the use of a hoist. During the inspection we observed ways in which care staff worked to manage known risks that people may present to themselves or other people. An example of this included staff providing a support to a person whilst they undertook a cooking task. The registered manager also told us about a recent incident where there had been a fire risk from a person who cooked independently. The service had reviewed the person's risk assessment with the involvement of a health professional. We saw their recommendations had been put into practice.

The registered manager told us that all new employees were appropriately checked through robust recruitment processes. This included obtaining character references, confirming identification and checking people with the Disclosure and Barring Service (DBS). We spoke with two recently recruited members of staff who confirmed that all of the necessary checks had been completed before they had commenced working with people. One member of staff told us, "The whole process took a month as I had to wait for my DBS to be returned. They did a new one even though I had a recent one from my previous employer." This confirmed that checks had been completed to help reduce the risk of unsuitable staff being employed at the home..

Good

Is the service safe?

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines. During our inspection we observed a member of staff administer medication to people. This was done safely. We found that each person had a specific plan detailing how their medicines should be given and the reasons the medication had been prescribed.

We looked at the medication records for three people; these indicated people received their medication as prescribed. The deputy manager told us that all staff who administered medication had been trained to do so. This was confirmed by a member of staff we spoke with. Records confirmed and staff told us that staff who administered medication had been assessed as competent to undertake this activity. This meant that systems were in place to help make sure people received their medication safely.

Good

Is the service effective?

Our findings

People told us they were satisfied with the care they received at the home. One person told us, "The care is so good it would be good if the home was larger and could accommodate more residents." All of the relatives that we spoke with were positive about the care provided. One relative told us, "A brilliant staff team, [person's name] is absolutely happy there." Another relative told us, "The care is absolutely first class."

We spent time talking with staff about how they were able to deliver effective care to the people who lived at the home. Staff had a good knowledge of people's individual needs and preferences. Some of the staff had worked at the home for some time and had got to know people's needs well. New staff was able to describe to us how they were inducted into the home and that their new work colleagues made them feel welcomed. Staff told us that they spent time working with more experienced staff, until they got to know people and were confident to work on their own. One member of staff told us, "I've had really good support and been told all about people's needs."

Staff were appropriately trained and supported to perform their roles. All of the care staff we spoke with told us that they were supported and well trained. One member of staff told us, "I've had supervision monthly and had tips on what I can work on and how I can progress." Training records showed that staff had received training suitable to their role. Some staff had been identified as needing refresher training and we saw evidence that this had taken place or had been scheduled. This meant that people were supported by staff that had up to date knowledge about how to provide effective care to people.

During our visit we saw that staff obtained people's consent before providing them with support. Examples included staff gaining a person's permission before assisting them to stand and from a person before assistance was given to wear an apron during lunch. Two relatives confirmed that as their relative did not have capacity to make some decisions, they had been involved in making decisions in the person's best interests.

The registered manager told us there was no one living at the home who was currently subject to a Deprivation of Liberties Safeguard (DoLS). They demonstrated they were aware of the recent Supreme Court ruling that may had implications for people living in care services. We observed that in response to the recent court ruling that two DoLS applications had been made to the local authority. The registered manager told us they had not yet received a response from the local authority regarding the outcome of these referrals. The Mental Capacity Act 2005 sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected. Staff we spoke with during our visit were aware of DoLS and records showed that staff had received training in the Mental Capacity Act. This showed that the service was taking action to ensure that the human rights of people who may lack mental capacity to make decisions were protected.

We looked at three people's care files. These gave detailed information about people's health and social care needs. We saw that staff provided people with appropriate support that took account of the information in their plans of care. We were able to observe a "handover" of information between the morning and afternoon staff. We found that people's needs and information about people's care and support needs was discussed to ensure people got continuity of care throughout the day.

We observed that people had been supported to have sufficient amounts to eat and drink. The majority of people we spoke with told us they were happy with the meals provided. One person told us, "It's reasonably good, we are offered a choice." We saw that the kitchen was well stocked with a variety of fresh produce for main meals and snacks. People were involved in menu planning and wherever possible were supported by staff to go to the local shop or supermarket to purchase food. Staff helped people to eat when they were ready and we saw that meals were served over several hours to accommodate people's activities, waking times and preferences. We observed staff taking time to sit and talk with people and join in with the general conversations at the meal tables.

Staff we spoke with had a good understanding of each person's dietary needs and their preferences. Records showed that people had an assessment to identify what food and drink they needed to keep them well and what they liked to eat. Care plans showed that people received support from other health professionals such as dieticians when necessary in order to assess their nutritional needs. This demonstrated that staff had information on how to meet people's nutritional needs.

Good

Is the service effective?

Relatives told us that people received support with their health care. One relative told us, "[Person' name] well-being is being monitored." Another relative told us, "There's good communication. They're [care staff] are not medical – the physio comes in and the doctor will always come. And there's a clinical psychologist on hand." Care records contained a range of risk assessments and plans to support people maintain good health, including moving and handling, nutrition, medicines and pressure care. One person was at risk of developing sore skin. During our visit they were supported to rest on their bed to help reduce the risk of a pressure sore developing. This was in line with their plan of care. Records showed that staff were checking the person's skin condition daily to make sure they did not have any sores. This showed that an individual approach was taken so that people were supported to maintain their health and well-being.

Good

Is the service caring?

Our findings

People told us that friends and relatives were able to visit at any time without restrictions. All the relatives we spoke to told us they were free to visit at any time and were always made to feel welcome. One relative told us, "I'm always greeted and made welcome."

We saw that people who lived at the home and their family members were involved in planning their care. Relatives confirmed that they were in regular contact with the staff and were invited to care review meetings.

People who used the service told us that the staff were kind and caring. One person told us that most of the staff were caring. One person commented, "There's empathy there. They're not just earning a wage." All of the relatives we spoke with said that the service was caring. One relative told us, "Staff are very caring. [Person' name] knows the staff, some have been there a long time." Another relative told us, "Staff visited [person's name] in hospital, some of them in their own time."

We observed throughout our visit that staff assisted and supported people in a kind and caring way. For example, staff consulted people who needed assistance with their mobility in regard to their comfort when seated. One person was provided with a cushion by staff to assist them in feeling comfortable in their chair.

The service took account of people's diverse needs. One person told us they had opportunities to shop at places that met their cultural needs and were supported by staff to attend their chosen place of worship.

There was a relaxed atmosphere in the home and staff we spoke with told us they enjoyed supporting the people living there and were able to share a lot of information about people's needs, preferences and personal circumstances. This showed that staff had developed positive caring relationships with people who lived at the home.

We saw staff communicated with people in a variety of ways, including the use of assistive technology. During our visit staff engaged people in a discussion about current news with the aid of different daily newspapers. Where people had communication difficulties staff gave the person time to give their views and did not rush them.

People's right to privacy and dignity was respected. People were able to spend some time alone in their bedrooms and there were several areas around the home where people could chose to be alone. One person told us, "We all have TVs in our rooms, so if you don't like what's on in the lounge, [you] go to your room." One person we spoke with confirmed that when they were in their bedroom staff always knocked and called out before entering. We observed that staff spoke respectfully to people and spent time interacting with people on a social basis as well as meeting their care needs. This confirmed people's privacy and dignity was protected and respected.

Good

Is the service responsive?

Our findings

One relative told us that when a person had been unwell that staff had responded quickly. They told us, “When [person’s name] was unwell the staff response was exemplary, they got [person’s name] straight to hospital.” This showed us staff were able to respond to people’s changing needs appropriately.

People were encouraged to maintain and develop relationships. People were encouraged to visit their family members and to keep in touch. People’s links with neighbours in the local community had been promoted through a BBQ held with local residents and through a gardening project at the service.

People were supported to undertake the hobbies and interests they wanted to do. One person told us that they enjoyed gardening and helped with clearing up the leaves. Staff told us that several people had been on holiday in the last year, to places that they had chosen to visit.

We saw that people's activity schedules were based on their individual preferences and promoted their independence. People had the opportunity to shop for food and cook their own meal with staff support. During our visit one person was supported to cook their own lunch and told us they had enjoyed this. We saw another person being supported by staff to access and use the laundry. This showed that people were supported to be as independent as possible.

One person had limited opportunities to access activities away from the home due to their mobility needs. A special moulded wheelchair had been requested and their relative and care staff were frustrated at the delays in obtaining this. Evidence was available to show that managers at the home were making repeated contact with the wheelchair clinic to try and obtain the required wheelchair.

The registered manager told us that feedback was gained from people and their relatives through direct conversations, meetings and feedback forms. We saw evidence that where people had raised a concern these had been followed up by the registered manager. The service completed an annual survey to seek the views of people and their relatives. In 2013 some of the people who lived at the service had given the home a low score in relation the meals provided. The registered manager told us that in response the menu’s had been reviewed and people consulted about the foods they would like.

We saw there were posters on display in the home encouraging people to speak to the registered manager if they had any concerns. The posters had a photograph of the registered manager to make sure people could identify him. The provider had endeavoured to make the complaints procedure available in formats that people could understand. People who lived at the home told us they felt comfortable raising concerns and complaints. People gave us several examples of where they had raised a concern and appropriate action had been taken in response. Where people had raised any individual concerns during group meetings there was evidence these had been discussed further with the person and action taken to resolve them. A relative we spoke with gave an example of things improving after they had raised some concerns at a review meeting. People could therefore feel confident that they would be listened to and supported to resolve any concerns.

Good

Is the service well-led?

Our findings

Our inspection in June 2013 had identified that systems to assess and monitor the quality of the service needed to be improved. This inspection found that the provider and registered manager had taken account of our report and made improvements. This included the introduction of regular checks of the staff call system to make sure it was working. This meant people could be confident it was working when they used it to summon staff assistance. We found that a system to check the stocks of medication held in the home had been implemented. This helped the staff who were auditing medication to check that people were getting their medication as prescribed.

People who lived at the home and their relatives told us that the registered manager was approachable and available if they needed to speak with him. Comments from relatives included, "I am able to tell the manager and the deputy anything, they are really on the ball." A relative told us they had received a good response when they had raised a concern, "We are very confident of a positive response."

The Provider Information Return completed by the registered manager told us about the improvements that were planned at the home. One example included plans to launch a family support group. Our discussions with the registered manager indicated initially this may be informal, such as a coffee morning. Its purpose was intended to help relatives become more involved in the home and increase their opportunities to raise any issues with the registered manager.

We spoke to the registered manager of the home and he demonstrated good knowledge of all aspects of the home including the needs of people living there, the staff team and his responsibilities as manager.

Opportunities were provided for people to be involved in the running of the home. One person regularly assisted the maintenance person and was involved in health and safety meetings about the home.

Staff told us that they had opportunities to contribute to the running of the service through regular staff meetings and supervisions. All of the staff spoke positively about the leadership of the home. One member of staff told us, "Everything is well managed and we have good routines." There was evidence that staff were consulted about planned changes to systems in use. We were told that the service was changing the pharmacist it used to supply medication and this meant there would be some significant changes to the medication system. A member of staff who administered medication confirmed that they had been consulted about the proposed changes.

Staff told us that the registered manager listened and took action when they made suggestions or raised concerns. One member of staff told us, "I can chat to the manager openly and things I have suggested have been acted on." The provider had a dedicated abuse help line for staff where they could report any whistle blowing concerns. This meant there was an alternative way of staff raising a concern if they felt unable to raise it with the registered manager.

Where there had been incidents we found that learning had taken place and actions taken to reduce the risk of similar occurrences. We looked at the actions that had been taken in response to a medication error. The incident had been investigated and action had been taken to reduce the risk of similar incidents.

Support was available to the registered manager of the home to develop and drive improvement and a system of internal auditing of the quality of the service been provided was in place. We saw that help and assistance was available from a regional manager. Records showed that the regional manager visited the home on a regular basis to monitor, check and review the service and ensure that good standards of care and support were being delivered. Where improvements had been identified as needed then action plans had been completed about how these would be achieved. During our inspection the service was being audited by two members of the provider's health and safety team. They told us that part of the audit involved checking that previous actions in regards to health and safety had been achieved. They told us that they were satisfied the staff had responded appropriately to their previous recommendations.

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