

Brain Injury Rehabilitation Trust

Brain Injury Rehabilitation Trust - Cook Close (Dover Court)

Inspection report

14 Cook Close
Dover Court
Harwich
Essex
CO12 3UE

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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

About the service: 14 Cook Close is part of the Disabilities Trust and is a community supported house. They promote independent living and aim to rehabilitate people into the community. It is registered to provide accommodation, and personal care for up to four people who have an acquired brain injury. Nursing care is not provided.

People's experience of using this service:

People were supported in a homely environment where the culture of the service was positive, enabling and inclusive. People were supported to have maximum choice and control of their lives in the least restrictive way possible; the policies and systems in the service supported this practice.

There were systems in place to monitor the quality and safety of the service provided, and to drive improvements where this was required. The service considered people's feedback and was continuously trying to improve the service.

Staff had respectful caring relationships with people they supported. They upheld people's dignity and privacy, and promoted their independence.

There were enough staff to support people, meet their needs and keep them safe. People were supported by skilled staff with the right knowledge and training.

People received their medicines as prescribed. Systems were in place for the safe management and supply of medicines. Incidents and accidents were investigated, trends analysed, and actions were taken to prevent recurrence.

Care plans were detailed with clear explanations of control measures for staff to follow to keep people safe. Support was planned and delivered in a structured way to ensure people's safety and wellbeing.

The service continued to be well led. The management team worked well to lead the staff team in their roles and ensure people continued to receive a good service. Staff and the registered manager showed a genuine interest and passion to deliver personalised care based on people's likes, wishes and preferences.

People had access to a variety of nutritious meals and snacks and were supported to learn skills in food preparation and cooking. People's weights were monitored.

Staff were aware of people's life history and preferences. They used this information to develop positive relationships and deliver person centred care. People's end of life care was considered, and people supported to express their views.

Staff roles and responsibilities were clear. Staff worked in partnership with professionals to deliver care and

support and maintained links with the local community. There was a varied range of social activities on offer according to individual needs and choice.

Rating at last inspection: Good (report published on 21 October 2016).

Why we inspected: This was a scheduled inspection based on the previous rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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 remained safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service remained effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service remained caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service remained responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service remained well-led.

Details are in our well-led findings below.

Good ●

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 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

This inspection was carried out by one inspector.

Service and service type: 14 Cook Close is a care home. People in care homes receive accommodation and nursing or personal care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: The inspection was unannounced.

What we did:

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority. We assessed the information in the provider information return. This is key information providers are required to send us about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection, we spoke with three people who used the service, to ask about their experience of the care provided. We observed staff providing support to people in the communal areas of the service. By observing the care received, we could determine whether or not people were comfortable with the support they were provided with.

We spoke with four members of staff including the registered manager, team leader, and two support workers.

We reviewed a range of records about people's care and how the service was managed. This included review of four people's care records, medicines administration records, meeting minutes, staff recruitment and training. We also reviewed the system for recording accidents, incidents and quality assurance audits the management team had completed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse and avoidable harm. All the people we spoke with, who were able to respond, told us that they felt safe with all the staff who supported them. One person said, "Yes, I am happy here. They [staff] are all very good and they are all kind."
- Staff were aware of the signs of abuse and how to report safeguarding concerns. They were confident the management team would address any concerns and make the required referrals to the local safeguarding authority. The registered manager was aware of their responsibilities for reporting concerns to the CQC.
- Information was available for people and for staff regarding adult safeguarding and how to raise concerns. Information was provided in an easy read format to enable people to understand what keeping safe means and how to raise concerns.

Assessing risk, safety monitoring and management

- Risks to people's health, welfare and safety had been considered and staff provided with guidance to mitigate the risk of harm.
- Risk assessments were completed in relation to the premises and general activities in the service. However, we identified people at risk who had access to unprotected radiators and hot water pipes. This presented a potential risk of scalding to people who were at risk of frequent falls. We discussed this with the registered manager who immediately amended their risk assessment in relation to individuals using the service and purchased radiator covers to reduce the risk of harm.
- Legionella and fire safety risks identified in the service had been addressed.
- Risks were regularly reviewed and, where appropriate, acted upon with the involvement of other professionals so that people were kept safe.
- People had personal emergency evacuation plans (PEEPs) in place which included guidance for staff and the emergency services as to the support they would need to evacuate from the service safely.
- Regular planned and preventative safety, maintenance checks and repairs were carried out. The records of these checks were up to date.

Staffing and recruitment

- There were sufficient numbers of suitable staff to keep people safe, and meet their individual needs.
- Support was provided from a stable staff team without the need to use agency staff. This ensured consistency of care for people.
- Staff were deployed to ensure personalised, one to one care support was provided when needed.
- Staffing levels were based on individual needs with one to one support provided where needed.
- Robust recruitment procedures were in place and ensured that only suitable staff were employed to work at the service.

Using medicines safely

- People's medicines were stored and managed safely. Processes were in place for the timely ordering and supply of medicines and medicines administration records indicated people received their medicines as prescribed.
- Staff completed training to administer medicines and their competency was checked.
- The management team completed regular audits of medicines to ensure policies and procedures were followed and any errors or concerns were identified.

Preventing and controlling infection

- People lived in a clean environment. The service was clean and well maintained with cleaning schedules in place to ensure people were protected from the risk of cross infection.
- Staff were provided with training in infection control.

Learning lessons when things go wrong

- Staff understood the importance of reporting and recording accidents and incidents.
- There were systems for monitoring and investigating incidents and accidents. Incidents and accidents were monitored to identify any trends.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- 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.
- The registered manager continued to support staff to provide care to people in line with best practice guidance and legislation.
- People's needs were assessed and regularly reviewed. This included the outcomes people hoped to achieve from their planned care and support. People's protected characteristics under the Equalities Act 2010 such as their culture, religion, ethnicity, disability was identified as part of their needs assessment.
- People's care records contained information as to how staff should support them to make day to day choices and decisions. People's capacity to make decisions had been assessed. There was no one subject to any legal authorisation to restrict their freedom of movement.
- Staff had completed training to enable them to understand their roles and responsibilities in relation to the Mental Capacity Act 2005 (MCA). Staff were observed seeking consent from people before supporting them and respected people's decisions.

Staff support: induction, training, skills and experience

- Staff had the knowledge and skills required to meet people's needs. Staff described how they were supported with a comprehensive induction. This enabled them to understand, and equip them to fulfil the roles for which they were employed.
- Staff received supervision and annual appraisal to enable them to review their practice and consider any training needs.
- The majority of training was provided on-line with some face to face. Staff access to on-line training was monitored with reminders sent to ensure staff completed all required training.
- Staff had received training in line with recommended best practice guidance, to ensure they had the skills and experience to support people with an acquired brain injury.
- Staff were trained in positive behaviour support, an approach that explored strategies and methods to reduce distressed behaviour which may present a risk to the individual and others.

Supporting people to eat and drink enough to maintain a balanced diet

- People were provided with a choice of food and drink.
- People were involved in planning and choosing weekly menus, shopping and food preparation as staff sought to promote their independent living skills.

- Staff supported and encouraged people to try and maintain a healthy diet. People's likes and dislikes were recorded and staff knew people's needs well.

Adapting service, design, decoration to meet people's needs

- The environment was well maintained.
- Each person's room was personalised with their own belongings and decorated to a style that suited them.
- People had secure storage facilities in their rooms for items they wished to keep safe.
- The service was homely, and provided facilities which enabled people to live as independently as possible.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access health and social care agencies when needed.
- Care plans detailed specific health needs and the actions needed to maintain and improve the health of each person.
- Regular reviews of people's health care needs were carried out including a review of prescribed medicines.
- People had regular access to health screening, chiropodists, dentists, opticians, physiotherapy sessions and access to psychologist support.

Staff working with other agencies to provide consistent, effective, timely care

- Where people required health or social care services, staff made referrals and liaised with professionals to attend appointments and assessments.
- Staff worked with other healthcare professionals to make sure people's health needs were met and they had the equipment they required to promote their safety and independence. Care records showed that staff communicated with other health care professionals when needed.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were involved, where possible, in decisions regarding any interventions for rehabilitation, care and support.
- People were supported to express their views in planning their care and support.
- People told us that staff were, "kind" and "Friendly." Interactions between staff and people were observed to be caring, considerate and friendly.
- Staff clearly knew people very well and were able to tell us about individuals, their choices and aspirations.
- People's diverse needs were respected, and care plans identified people's cultural and spiritual needs.

Supporting people to express their views and be involved in making decisions about their care

- People's likes, dislikes and preferences were considered and respected. People told us they were encouraged to spend their time where they chose to do so, and their independence promoted.
- People were able to choose how and where they spent their day. Staff involved people and respected their choice as to how they spent their day.
- Regular meetings and surveys were provided to enable people to air their views and shape the future planning of the service.
- People were supported to access advocacy support to enable them to have as much control as possible over how they lived their lives.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected and promoted.
- Staff knocked on people's bedroom and bathroom doors, waiting for a response before entering.
- People were supported to maintain and develop relationships with those important to them, maintaining links with friends and family.
- People were able to receive visitors as they wished. For example, staff told us of one person who received regular visits from friends they had made at a local lunch club.
- People were positive about the care they received. The relationship between staff and people consistently demonstrated staff promoting people's dignity and respectful interactions.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's needs were assessed prior to admission to ensure the service could meet individual needs and plan their care. Staff were aware of people's life history and preferences and used this information to develop positive relationships and deliver person centred care.
- People received care and support that had been planned on their specific needs with a tailored rehabilitation programme.
- Care plans had been reviewed and updated regularly with each person to reflect people's changing needs.
- People's communication needs were known and understood by staff. Where people had limited verbal communication skills, access to equipment had been provided.
- Care plans identified people's communication needs. People had access to the information they needed in a format they could understand. This approach helped to ensure people's communication needs were known and met in line with the Accessible Information Standard (AIS). The AIS is a framework making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.
- Care plans identified people's anxieties, how they presented, and the support needed to manage and reduce behaviours that may present a risk to the person and others. Incidents of distressed behaviour were recorded, reviewed and strategies in place adjusted as needed.
- Support was provided to enable people, where able, to take part in and follow their interests and hobbies. This included regular access to the local community. Activities provided were suited to the needs of individuals, and person centred.
- People had access to a range of community activities such as shopping, lunch clubs, meals out, theatre trips and cinema.
- People were supported to explore and follow their interests and hobbies. People's life goals and aspirations were explored, planned and reviewed regularly to support people in achieving them.

Improving care quality in response to complaints or concerns

- The provider's complaints and feedback procedure was visible and available to people who used the service and others.
- People told us they would feel confident to raise any concerns. One told us "If I was worried I would speak to any of the staff. They are all nice and helpful."
- Staff were aware of the procedure and what action to take if they received a complaint.
- The service had not received any complaints since the last inspection.

End of life care and support

- At the time of the inspection no-one was receiving end of life care from the service.
- Care plans showed people had been consulted as to their wishes if they should need end of life care.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility.

- The registered manager along with the team of staff continued to demonstrate a commitment to provide person centred, high-quality care.
- Staff told us, "This is a good, supportive team." And, "We have been very well supported. The team leader is calm and chilled, nothing is too much trouble. We work well as a team. People who live here are the most important, we are responsive to their ideas and what they want."
- The management team completed a full range of quality audits on a regular basis and we saw that actions were identified and addressed to bring about improvements.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People's views about the service were sought through surveys, and individual keyworker meetings. Audit results were monitored by the provider and representatives of the provider visited to carry out quality and safety monitoring.
- Staff told us they were fully informed of changes, and encouraged to share ideas to improve team working and people's experience of the care and support provided.
- A newsletter was produced each month to keep people, relatives and friends up to date as to activities and events in relation to both the provider's services, Myland House and Cook Close. People from both these services had formed friendships and came together for social events.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service continued to be well led by an experienced registered manager who also managed Myland House.
- Staff and the registered manager demonstrated a commitment to provide person-centred, high-quality care by engaging with everyone using the service and stakeholders.
- Planning with timescales for action were in place to address shortfalls identified in management audits. Actions to reduce risk had been identified through accident and incident monitoring where trends had been identified.
- Staff were positive about the leadership of the service. One told us, "The team leader and manager are always approachable. There is an open door policy where you are free to raise any concerns as well as our team meetings."
- The management team positively encouraged feedback and acted on it to continuously improve the

service, by seeking people's views in surveys and meetings.

- A staff recognition scheme enabled people who used the service and other staff to nominate employee of the month. Staff told us they understood the provider's vision for the service and described how they worked positively as a team to deliver high standards.

Continuous learning and improving care

- We found an open and transparent culture. The registered manager and staff were enthusiastic and committed to further improving the service for the benefit of people using it.
- The management team had systems in place to monitor the quality and safety of the service provided, and to drive improvements where this was required. The service considered people's feedback and was continuously trying to improve the service.

Working in partnership with others

- Staff and the management team worked well with other professionals such as psychologists, physiotherapists, social work teams and GP's.