Leonard Cheshire Disability

Oakwood Acquired Brain Injury Rehabilitation Service

Inspection report

Radford Close
Offerton
Stockport
Greater Manchester
SK2 5DL

Tel: 01614199139
Website: www.leonardcheshire.org

Date of inspection visit:
21 February 2019

Date of publication:
22 March 2019

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:

Oakwood Acquired Brain Injury Service provides residential care for up to 13 people and is located in the Offerton area of Stockport, Greater Manchester. The home provided care and support for people who are recovering from an acquired brain injury. Independent living is promoted within the service, with people having access to cooking/laundry facilities in their bedrooms to develop their skills in this area.

Rating at last inspection:

Our last inspection of Oakwood Acquired Brain Injury Service was in November 2015. The overall rating at this inspection was Good, with no regulatory breaches identified.

People's experience of using this service at this inspection:

We carried out this comprehensive inspection on 21 February 2019. At the time of the inspection there were 12 people living at the home. We found the service had retained its overall 'Good' rating. Due to this, the report is written in a shorter format because we found people continued to receive a good level of care and support since our last comprehensive inspection.

People said they felt safe living at the service, with staff demonstrating a good understanding about how to protect people from the risk of harm.

Staff were recruited safely, with appropriate checks carried out to ensure there were no risks presented to people using the service.

There were enough staff to care for people safely and we saw people's needs being responded to in a timely way.

The premises were being well maintained, with relevant work carried out to ensure the building was safe for people to use.

Accidents and incidents were closely monitored, with regular trends analysis carried out to ensure any re-occurring themes could be identified in a timely way.

Peoples capacity was kept under review and deprivation of liberty safeguards (DoLS) applications were submitted to the local authority as required.

Staff received the necessary training and support to help them in their roles. Staff supervisions were not always carried out as often as described in the policy and procedure, however the registered manager

acknowledged this was something they were aware of and looking to address.

People told us they liked the food available, with some people able to prepare their own meals using the facilities in their own rooms.

People received enough to eat and drink and received appropriate support at meal times. Where people needed modified diets, due to having swallowing difficulties, these were being provided.

People living at the home and visiting relatives made positive comments about the care provided at the home. The feedback we received from people we spoke with was that staff were kind and caring towards people.

People said they felt they were treated with dignity and respect and that staff promoted their independence as required.

Complaints were handled appropriately. Compliments were also maintained about the quality of service provided.

There were a range of activities available for people to participate in, both in and out of the service. Trips out often took place for people to participate in if they wished.

We received positive feedback from everybody we spoke with about management and leadership within the home. Staff said they felt supported and could approach the home manager with any concerns they had about their work.

More information is in detailed findings below.

Why we inspected:

This inspection was carried out to check people who lived at Oakwood Acquired Brain Injury Service were still receiving a 'Good' level of care and support and to check that regulatory requirements were still being met.

Follow up:

We will continue to monitor information and intelligence we receive about the home to ensure good quality care is provided to people. We will return to re-inspect in line with our inspection timescales for 'Good' rated services, however if any further information of concern is received, we may inspect sooner.

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

Oakwood Acquired Brain Injury Rehabilitation Service

Detailed findings

Background to this inspection

The 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.

Inspection team:

The inspection team consisted of one adult social care inspector from the Care Quality Commission (CQC).

Service and service type:

Oakwood Acquired Brain Injury Service is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 had a manager at the time of the inspection, who was appropriately registered with the CQC.

Notice of inspection:

The inspection was unannounced. This meant the service did not know we would be visiting on this day.

What we did:

Prior to the inspection we reviewed information and evidence we already held about the home, which had been collected via our ongoing monitoring of care services. This included notifications sent to us by the

home. Notifications are changes, events or incidents that the provider is legally obliged to send to us without delay. We also asked for feedback from the local authority and professionals who worked closely with the home.

During the inspection we spoke with four people living at the home and two visiting relatives about their experiences of the care provided. We also spoke with the registered manager and four members of staff who worked at the home in a variety of different roles.

We reviewed three care plans, three staff personnel files, five medicine administration records (MAR) and other records about the management of the home to help inform our inspection judgements about the service.

Good

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm.

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

Assessing risk, safety monitoring and management

● Each person living at the home had their own risk assessment in place covering areas such as mobility, falls, skin care and nutrition. Where risks were identified, there were details about how risk needed to be mitigated. Personal emergency evacuation plans (PEEP) were completed for each person and provided details about people's needs in an emergency.

● People at risk of skin breakdown had appropriate equipment in place such as pressure relieving mattresses when they were spending time in bed. Relevant professionals were also involved as necessary such as district nurses to attend to any dressings that were required.

● People with reduced mobility had relevant equipment such in place such as wheelchairs. Hoists were used for any transfers where staff were unable to do this safely on their own.

● We looked at how the premises were being maintained. Safety certificates were in place and up to date for areas such as gas safety, emergency lighting, firefighting equipment, fire alarms, legionella. The previous electrical installation report had been 'Unsatisfactory', however we saw any remedial work had since been completed to ensure it was in a safe state of repair.

Staffing levels and staff recruitment

● Enough staff had been deployed to safely meet people's needs. Staffing levels consisted of seven staff during the day (both morning and afternoon) and three at night. Night staffing levels had also been increased to accommodate the needs of a person who had recently moved into the service. The feedback we received from staff was that this was sufficient to meet people's care needs and we observed staff responding to people's requests throughout the day.

●Staff were recruited safely and we found all relevant checks were carried out prior to them commencing their employment. This included completing application forms, attending interviews, ensuring written references were provided from previous employers and carrying out disclosure barring service (DBS) checks.

Using medicines safely

● We found people's medication was administered, recorded and stored safely. Medicines were stored securely in a locked treatment room which could only be accessed by staff. People's MAR were completed accurately, with appropriate records maintained by staff. PRN (when required) protocols were in place,

which provided staff with information about when certain medicines needed to be given.

● Staff had received training regarding medication and displayed a good understand about how to ensure people received their medicines safely.

● Where any medication errors had occurred, the registered manager told us about the steps they had taken to try and prevent re-occurrences, such as additional training for staff and further medication competency assessments.

Systems and processes

● People and relatives, we spoke with, told us they received safe care. One person living at the service said, "It's a safe environment and I trust the staff." Another person added, "Totally, it's very safe here."

● Staff spoken with confirmed they had received training in safeguarding and were able to describe the different types of abuse that could occur and how to report concerns.

● A log of all safeguarding concerns was maintained, along with any minutes from case conferences and strategy meetings that had taken place. We found referrals were made to the local safeguarding team where any allegations of abuse had occurred within the service.

Preventing and controlling infection

● We found the home was clean and free from odours with robust infection control and cleaning processes in place. Bathrooms and toilets contained hand washing guidance, along with liquid soap and paper towels. Staff had access to and used personal protective equipment (PPE) such as gloves and aprons, to minimise the spread of infection. We observed domestic staff cleaning the home throughout the day and ensuring peoples bedrooms were fresh and tidy. The feedback we received from the local infection control team was that they had no concerns about the service at present.

Good

Is the service effective?

Our findings

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

People received effective care. Legal requirements were being met.

● 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 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). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

● Staff confirmed training had been provided in MCA and DoLS and demonstrated a good understanding about when DoLS applications needed to be made and when any decisions needed to be taken in people's best interests.

● DoLS applications had been submitted where required, such as if people had been assessed as lacking the capacity to consent to their care and treatment and were unable to leave the service safely without staff.

● We found best interests meetings and discussions took place where people were unable to make their own choices and decisions. These had involved people's families or representatives, who acted on people's behalf.

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

● The care and support people needed to receive from staff had been captured as part of the admission process and was recorded within their care plan. These had been reviewed regularly to ensure information was still current and up to date.

● 'Past experiences' documents had been completed and provided information of importance about people from before they moved into the home. 'One-page profiles' had also been completed and provided a short summary people's needs and things they liked.

● Care documentation explained people's choices and how they wished to be cared for and supported. People and relatives, we spoke with said they were consulted about people's care and felt involved.

Staff skills, knowledge and experience

● Staff completed regular training to ensure they had the knowledge, skills and support to carry out their roles. These were records were available on the training matrix and in staff files of courses completed. An induction was also provided when staff first commenced employment to ensure they had a thorough understanding of what was required within their role.

● Staff spoke positively of the training provided. One member of staff told us, "The training is fine and there is enough provided. We are given time to complete training during quieter periods if needed." Another member of staff added, "A comprehensive training programme is provided."

● Staff supervisions were not always carried out as often as described in the policy and procedure, however the registered manager acknowledged this was something they were aware of and was looking to address. Staff told us they felt able to discuss any concerns about their work outside of the supervision process and felt things were acted upon when raised.

Supporting people to eat and drink enough with choice in a balanced diet

● People and relatives we spoke with were complimentary about the meals provided. A relative said, "Our relative loves the food and eats everything. They always make foods people like and have regular curry and pizza nights if that is what people want."

● Staff supported people to eat and drink at meal times as required. Other people were able to eat independently and this was something that was promoted by staff. People had access to cooking facilities in their bedroom and told us this was something they enjoyed doing to promote their independence.

● We saw people received food and drink of the correct consistency such as fork mashable when they had been assessed as being at risk of choking and aspiration. Staff were aware which people were at risk and the recommendations they needed to follow.

● People's weight was frequently monitored. Where people had lost weight, we saw they were appropriately referred to other health care professionals, such as the dietician service for further advice.

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

● People had access to a range of medical and healthcare services, with support to make and attend appointments provided by the home.

● Professionals, including GP's, district nurses, podiatrists and opticians regularly visited the home to assist people with their care and offer advice.

● Health passports had been completed for each person and contained an overview of their care and support needs should they be admitted into hospital.

● The service had an onsite physio therapy room to help people with their rehabilitation. People used these facilities regularly and appreciated the staff support.

Good

Is the service caring?

Our findings

Caring – this means 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:

● People and their relatives spoke positively about the standard of care provided. Staff were described as being kind, caring and considerate. One person living at the home said, "It has been spot on. All the staff have been brilliant and they can't do enough for me. I would be lost without this place." Another person said, "It's really good. I feel relaxed and happy to be here." A relative also added, "The care and support is very good, and we have been very happy with things here. The care is good which is the important thing for us."

● Staff were observed to be kind, caring and patient in their interaction with people, taking time to engage in conversation and share a laugh and a joke with people, which showed the positive relationships they had formed. We observed staff sitting with people quietly in the dining room and participating in activities of their choice, such as games of pool. One person said to us, "All the staff are wonderful. They do care about people."

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

● People received care in line with their wishes from staff who knew people well and what they wanted.

● Resident meetings were held so that people could express their views about the care and support they received. People told us they could raise any issues of concern and felt listened to.

● Questionnaires had been sent, seeking people's views and opinions about the service.

● Reviews of people's care took place and we saw people living at the home were invited to be involved in these decisions where possible.

Respecting and promoting people's privacy, dignity and independence:

● During the inspection we observed staff treating people with dignity and giving them privacy if they needed it. People told us they felt well treated and were never made to feel uncomfortable or embarrassed. We observed staff knocking on people's doors before entry and then closing them behind them if the door was closed. Doors were also closed when personal care was in progress.

● People and relatives we spoke with, confirmed privacy and dignity were respected and maintained.

● Staff were knowledgeable on the importance of promoting independence. We observed staff encouraging people to do things for themselves or providing reassurance to people whilst completing tasks, such as eating independently and preparing their own meals. If people were able to, they were encouraged to complete tasks such as cleaning, laundry and managing their own finances. Staff told us they supported people however if they showed any sign of struggling in this area. Where people accessed the local community on their own, staff often accompanied them initially, but then gradually reduced this support to ensure people learnt the routes they needed to take to get to places independently.

Good

Is the service responsive?

Our findings

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

Personalised care:

●Each person living at the service had their own care/support plan in place and reviewed three of these during the inspection. We noted they were completed with good detail and provided information for staff about the care and support people needed.

● People's likes, dislikes and what was important to the person were recorded in their care plans. We saw examples of where this was followed by staff, such as providing people with their favourite foods and assisting them with their daily routines. People's bedroom doors were personalised with things they liked, such as their favourite football teams.

● People's care plans contained person-centred information about their life histories and included information regarding childhood, employment, school years, hobbies and interests and details about their family.

● Care plans contained information about people's communication and if they required the use of any equipment such as glasses or hearing aids. Where people displayed limited verbal communication, systems had been developed to communicate with people such as using a pen and paper to exchange messages and establish what people needed. Music was also used to help keep calm if they were distressed when receiving care and support.

● There were different activities available for people to participate in if they wished. People we spoke with and their relatives confirmed this was the case and that a large variety of activities were always on offer. An activity board was displayed within the service and showed a range of activities which had been attended previously. This included trips to the cinema, local parks, swimming and the gym. Various groups for people with disabilities were available and attended by people using the service. These included snow sports, wheelchair basketball and Stockport wheelers, a local cycling group for people with reduced mobility.

● Trips and holidays abroad were facilitated for people with staff support if this was something they wanted to do. People were also supported to access college and other learning opportunities, with one person attending a basic English and maths course at a local college.

Improving care quality in response to complaints or concerns:

● People knew how to provide feedback about their experiences of care and information about how to make a complaint was displayed on the main notice board if people needed to raise any concerns.

● People and relatives knew how to make complaints should they need to. A central log of complaints was

made and we noted responses had been provided whether these were formal or verbal. A range of compliments had also been made, where people had expressed their satisfaction about the service provided.

End of life care and support:

● Due to the nature of the service, End of life care was not something that was routinely provided, although staff said this could be accommodated if people wished to stay at the service and receive interventions from external professionals such as palliative care teams and district nurses.

Good

Is the service well-led?

Our findings

The service well managed and well-led.

● There was a new registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like the registered provider, 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.

Continuous learning and improving care:

● A range of quality assurance systems were in place at the service which were completed by both the registered manager and representatives from the provider (Leonard Cheshire). This included a 'Service health check' and covered areas such as customer service, staffing/management, service delivery and the environment. Other audits covered people's finances/money, the mental capacity act and the use of call bells within the service. This would ensure any shortfalls within the service could be identified.

● Staff meetings were held regularly to ensure staff could raise concerns about their work. Staff told us they felt listened to in these meetings and that any issues raised were acted upon.

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

● Staff spoke positively about the home manager. A staff member said, "The manager knows the service well and has worked here for a long time. The office door is always open and she helps out on the floor if we are struggling." Another member of staff said, "We feel supported and the manager always helps us out."

● Where incidents had occurred, the manager had submitted statutory notifications to CQC and also notified the local safeguarding team (if needed). This meant we could respond accordingly to the information and determine if further action was required.

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

● People at all levels understood their roles and responsibilities and the manager was accountable for their staff and understood the importance of their roles.

● There was a programme of staff meetings for different roles in the home which ensured all staff roles had the opportunity to discuss issues related to their area of work.

● As of April 2015, it is a legal requirement to display performance ratings from the last CQC inspection. We saw the last report was displayed in the main reception area and was available for all to see.

● The service used a 'Key worker' system and this meant each member of staff was specifically responsible for supporting certain people using the service. Staff hand overs took place between each shift and enabled staff to understand how people were and if any actions needed to be completed relating to their care and support.

Working in partnership with others and community links:

● The home had developed several community links and worked in partnership with other organisations. This included a range of other healthcare professionals in the area such as district nurses, social services, the clinical commissioning group (CCG) and the local Stepping Hill Hospital. The service is also accredited with 'Headway', a group who promote all aspects of brain injury and provide information, support and services to survivors, their families and staff.

●A number of community links had also been developed and this included a fund-raising initiative with Co-op, volunteer gardeners who visited the home on a weekly basis and local schools who had visited to sing to people at Christmas time.