Brain Injury Rehabilitation Trust

Osman House

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

Osman House offers specialist care and support for up to sixteen adults with an acquired brain injury in a residential environment providing an ongoing rehabilitation service. There were fourteen people living at the service on the day of the inspection. The service had been redeveloped with the addition of a purpose built extension to provide individual bedrooms, several communal areas and a large garden.

At our last inspection we rated the service good overall. At this inspection we found the evidence continued to support the rating of good with responsive improving to 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.

The inspection took place on 27 June 2018 and was unannounced. At the last inspection on 29 January 2016 we found a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) 2014 because the provider had not made sure people received care to meet their needs and which reflected their preferences.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key question of responsive to at least good. We found that the provider had reviewed and changed the way in which care was planned and reviewed. The care planning and review process was more structured and ensured people's current needs and preferences were reflected in the documentation.

People felt safe and staff had been trained and understood their responsibilities around safeguarding adults and reporting concerns.

Risks to people's physical and mental health had been identified and guidance was available for staff to manage those risks. The environment and equipment was safely maintained.

Staff recruitment was robust and there were sufficient staff on duty to meet people's needs. Staff were well trained in basic care and in specialist subjects giving them the knowledge they required to care for people who used the service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People had access to a clinical team within the service and other healthcare professionals from the community such as their GP or community mental health team. They each had a health passport with details of their care needs, for those times they needed to visit other services such as hospitals.

Staff maintained positive relationships with people and showed care and compassion in their interactions.

Staff were caring maintaining positive relationships with people. They consulted people about the way in which they wished to receive their care and supported them through the rehabilitation process giving practical and emotional support.

There was a quality monitoring system in place which identified where improvements were needed. One medicine recording error had not been identified but the manager investigated and provided a report immediately following the inspection. Lessons were learned from this as measures were put in place to make sure this was not repeated. There had been no impact on people.

People and staff were invited to share their views and give feedback about the service. They attended regular meetings where they could discuss any issues related to the day to day running of the service.

Further details can be found in the main report.

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 has improved to good.	**Good**
Is the service well-led? The service remains good.	**Good**

Osman House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 27 June 2018 and was unannounced.

Osman House is a 'care home'. 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 inspection team was made up of two adult social care inspectors.

Prior to the inspection, we reviewed all the information we held about the service, including previous inspection reports and statutory notifications sent to us by the provider. Statutory notifications, which are a legal requirement, provide CQC with information about changes, events or incidents in order that we have an overview of what is happening at the service. We also contacted the local authority to gather their feedback and views about the service.

Before the inspection, the provider 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 used this information to assist us in planning the inspection.

During our inspection, we spoke with four people who used the service, three care workers, two assistant managers, an occupational therapist, an assistant psychologist, a therapy assistant and the manager. We spent time looking at documents and records relating to people's care and the management of the service. We looked in detail at three people's care plans, medicine records, four staff recruitment and training files and policies and procedures developed and implemented by the provider. We observed medicines being administered, the lunch time experience and activities throughout the day.

Following the inspection the manager sent us the results of an internal medicines investigation which we shared with the CQC medicines team who told us they had no concerns about the incident. We were also sent details of staff training at the service.

Good

Is the service safe?

Our findings

People living at Osman House told us they felt safe. People told us, "Yes I feel safe" and "I feel safer here than I would in a house or a bungalow." Staff followed the safeguarding policy and understood how to protect people from potential abuse or harm. Staff could describe to us how they kept people safe saying, "The service is secure with doors locked, harmful items are locked away, people are monitored if appropriate and any incidents are reported and recorded." Staff and people living in the service told us they felt confident any concerns raised would be managed effectively and thoroughly. Staff were aware of how to whistle-blow and there was a policy available for staff to use should this be required.

Risk assessments were in place for each person and these were regularly reviewed or updated when changes occurred. The consultant psychologist held weekly meetings with an assistant psychologist, occupational therapist, therapy assistant, registered manager and two assistant managers. At these meetings four people's care plans including risk assessments, were reviewed which meant that everyone was reviewed at least once a month.

Where people displayed behaviours that may challenge others the consultant psychologist was involved in reviewing and monitoring their behaviours. One person was identified as being verbally aggressive and there was a risk of them making threats to others. The care plan outlined known triggers and provided clear guidance to staff about how to deal with these behaviours. Any accidents and incidents had been recorded and reviewed.

Staffing levels were sufficient to meet people's needs. Rotas confirmed that numbers remained consistent. One member of staff told us, "I would say that staffing levels are good. The management do a good job of ensuring adequate staffing." In addition, the staff team was consistent as the service had their own bank of staff to call upon when needed. One person who used the service confirmed this saying, "A regular set of staff help when I need them."

Staff recruitment procedures were robust. People had completed application forms, attended interview and background checks had been completed. These included references and background checks by the Disclosure and Barring Service (DBS). DBS checks provide information about people's background and help employers make safer recruitment decisions to prevent unsuitable people from working with adults who may be vulnerable.

Medicines were managed safely. There had been a recording error in the controlled drugs (CD) register. An internal investigation was completed and the outcome reviewed by a CQC pharmacy inspector who found no medicines had been missed and there had been no impact for the person. The incident had been reported to the local intelligence network (LIN) as is required for CD's. Where there were critical incidents such as this staff completed a reflective account and further training was completed.

Servicing and maintenance checks of equipment and the building had been completed in line with health and safety guidance.

Good

Is the service effective?

Our findings

People's needs were thoroughly assessed by the clinical team which was overseen by a consultant psychologist. The assistant psychologist told us they were involved in all pre-admission assessments and these were discussed at the team weekly meeting. They also carried out cognitive assessments for people. The occupational therapist told us they assessed people's functional skills, did community assessments and financial assessments. The therapy assistant used the information from the assessments and discussions at the weekly meeting to plan a programme of rehabilitation for people which care workers implemented.

Where people's physical and mental health conditions had an impact on their wellbeing their GP, district nurse or community mental health team were involved. Health passports were in place if people needed to transfer between services.

People's care plans were detailed and personalised and risk assessments were in place where appropriate. For example, one person had type 2 diabetes. The care plan had details of the required treatment and the risks relating to this condition had been identified with relevant guidance in place for staff. Another person had plans in place to manage seizures.

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. We saw that people were asked for their consent to care and where they were unable to consent decisions were made involving their relatives and professionals in their best interest. One staff told us, "Using the MCA should not mean blanket decisions. If people can decide for themselves about specific things they should be able to do so."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Applications had been made for DOLs where necessary.

Staff had received training in subjects such as safeguarding, Mental Capacity Act, infection control and health and safety as well as more specialised subjects which allowed them to meet people's needs effectively. Staff completed the Care Certificate when they started work at the service as well as training in brain injury, breakaway and de-escalation and domestic violence. The care certificate sets out common standards for social care staff. Staff told us they felt very well supported through regular supervision with their manager and deputy managers.

The service and equipment was adapted to meet people's needs with the cooker and sink able to move higher or lower. There was an induction hob to prevent scalds. One person was disorientated when they arrived at the service and so signage was used to assist them in finding their way around.

People's nutritional needs were assessed and met with the support, where necessary of specialist services

such as dietician. Healthy food choices were encouraged.

Good

Is the service caring?

Our findings

We observed staff being patient and considerate of people giving them the time they needed. We observed a member of staff talking to a person for a lengthy period to alleviate their frustration. They were patient and gave them time to express themselves. The person was frustrated and they struggled to communicate clearly. However, they had a picture book and lists of place names, which they carried around and used to assist their communication. They also used photographs on their iPad to demonstrate who they were talking about. Staff knew the person well and could conduct a conversation.

A second person had set routines that they followed. They dressed and then their relative telephoned them each morning. They had their own mobile phone. They also went home once every week for a day which allowed them to maintain close relationships.

People were comfortable around the staff. When we asked people about the staff one person told us, "I think the staff care about me" and another said they were, "Kind." Staff told us, "We all come here to do our work to the highest standard and treat people with the highest regard." and, "We keep positive therapeutic relationships going." We observed many examples during the inspection of staff encouraging people to be as independent as possible. We saw a person ask if there was any drink left in their can. The care worker asked, "Do you want to check?" which they did themselves and then the care worker held their glass whilst encouraging the person to pour their drink from the can.

We saw that people were happy, content and well cared for which demonstrated the positive impact which care at Osman House had upon people's lives. There was a strong focus on building and maintaining open and honest relationships with people and their families. This was demonstrated in the way staff worked alongside families in supporting people. For example, the psychologist met one person's relative regularly to support them during their enforced separation from their family member.

People were involved in their care planning. Each person set goals for themselves where possible, or through best interest decision making processes for those who were unable to decide. These were reviewed every three months which allowed people to discuss and decide upon any changes in their care and support. In addition, the assistant psychologist met with people once a week, particularly new people or people with more complex needs to give emotional support. Staff built upon that support day to day.

'Service user' meetings were held and we saw from the minutes that people had raised issues about activities, diet, health and safety and people were asked for their ideas for activities. Any actions were recorded and followed up at the next meeting allowing people to have their say and see what had been done in response. There was a 'You said, we did" board which linked to the things people had said they wanted.

People were treated with dignity and respect. Staff were careful not to enter rooms without permission and spoke to people respectfully.

Good

Is the service responsive?

Our findings

At the last inspection this domain was rated requires improvement because care plans did not reflect peoples needs. At this inspection it had improved to good because we saw people received personalised care that responded to their needs and used goals they had set in order to plan their rehabilitation. Care plans were detailed and captured the information needed to respond to people's needs effectively. Often people had acquired a traumatic brain injury and so these injuries were identified in addition to people's functional and cognitive needs.

The care plans were devised in consultation with people following detailed assessments by the clinical team. For example, one person had seizures regularly and their care was designed to provide oversight to maintain the persons safety whilst balancing that with their right to have private time alone. Their plan of care was to have one to one care to maintain their safety but within that plan they had time alone when they wished and were supported to carry out therapeutic activities.

We saw care was focused on what people wanted or needed and they chose when they received that care and support. We saw one person say, "I'm tired. Want to go to bed now." The care worker immediately responded and took them to their bedroom to rest. Osman House followed a neurobehavioural approach which focuses on types of behavioural problems that are associated with brain disorders. All staff were trained in this approach.

Care plans and risk assessments were reviewed at least once a month by the clinical team and where changes were necessary these were clearly recorded.

People's activities were planned with them by the therapy assistant and a weekly plan was devised. These activities formed part of people's rehabilitation. For example, people told us they enjoyed the maths group where they learned how to budget and the service had a therapy kitchen where people could cook. Equine therapy was a favourite pastime and provided a calming activity for people. Each person had a personalised activity plan which was in their room. Families were also sent a copy. People had short and long-term goals all of which supported their rehabilitation.

Families also received a service from the provider. One person's relative took part in a mindfulness session with the psychologist every two weeks as part of their support. The consultant psychologist had worked with families to support them through problems that were not directly related to the persons current condition such as marital issues. This service supported the family and the person's wellbeing.

There was a complaints policy and procedure for people to follow. Since the last inspection there had been five minor complaints, all of which had been dealt with immediately. The provider had responded by letter to the complainants and people were satisfied with the responses they received.

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Good

Is the service well-led?

Our findings

Osman House is a rehabilitation service run by the Brain Injury Rehabilitation Trust and their website states the purpose of the rehabilitation services was to, 'support people with a brain injury to function as independently as possible, develop their lives as they choose and participate in the wider community' which is what we observed happening at Osman House during the inspection. The website identified the aim of Osman House was to, 'provide cost effective placements, still enabling individuals to access higher levels of support from a specialist provider.'

The registered manager had recently left the service and another manager was in post who was in the process of applying to CQC to be registered. 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.

Although there were clinicians working within the service staff worked as a team for the benefit of people and there were clear lines of responsibility. The manager was supported by two assistant managers. The vision and strategy for the service reflected that of the Brain Injury Rehabilitation Trust and was referred to regularly in people's development plans which kept it at the forefront of people's minds.

The staff referred to the service as being, "like a family" and managers as being, "approachable and supportive." This was empowering for staff who told us they enjoyed working at the service which was clear during the inspection. There were internal staff awards and some of the staff from Osman house had been nominated as well as long service awards for long-serving staff. In addition staff were provided with access to staff reward schemes.

There was a quality monitoring system in place which identified areas of for improvement. The system would benefit from more clarity around who was responsible for any actions and when they had been completed. However, the daily oversight of people's care, environment and equipment meant that this had no impact on people. The manager was aware of their regulatory responsibilities.

Representatives of the provider carried out audits when they visited the service. A range of areas were reviewed to make sure the service was meeting the required standard. This included talking to people who use the service, looking around the environment, talking to staff and reviewing records. The provider also carried out an annual quality review, which was planned after the inspection. The previous visit had been positive.

People had opportunities to express their views. They had regular meetings where they could discuss a variety of issues and gave feedback. Staff meetings were also held monthly and staff were able to share ideas and insights.

The service worked closely with healthcare professionals to ensure good outcomes for people. In addition,

the manager planned to attend Acquired Brain injury meetings to keep up to date and share good practice.