

Bristol City Council

Bristol South Rehabilitation Centre

Inspection report

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Knowle
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Tel: 01179038392

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This was an unannounced inspection carried out on 14 June 2016. When Bristol South Rehabilitation Centre was last inspected in August 2013 there were no breaches of the legal requirements identified.

Bristol South Rehabilitation Centre provides a rehabilitation service for a maximum of 20 people aged over 18. The service supports people with rehabilitation and ensures people can care for themselves independently before returning to their own homes following a life event such as a hospital admission or an illness. There was a multi-disciplinary team that supported people which included rehabilitation workers, physiotherapists, occupational therapists, pharmacists and nurses. At the time of the inspection there were 13 people using the service.

A registered manager was in post at the time of inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

The provider had not ensured that training to meet the needs of all people at the service was provided for staff. Training that required updating had not been identified or undertaken placing people at risk of receiving unsafe or inappropriate care. People's records were not always completed accurately by staff. Records did not always contain information that identified incidents that may impact on people's welfare.

The provider had ensured sufficient staff were available to meet people's assessed needs. People's risks were assessed on admission and staff knew how to identify and respond to actual or suspected abuse. People's support needs for their medicines varied and people received the support they required. The provider had a system that monitored incidents and accidents. People were cared for in a clean and hygienic environment.

People spoke highly of the caring nature of staff and told us they felt they were treated as individuals and with dignity and respect. The service had received a number of compliment cards that reflected the comments we received from people during the inspection. The provider had ensured people had important information about the service on admission and people were actively involved in their care planning and discharge goals. Staff understood the people they supported and people's relatives and friends were welcomed.

The provider had a complaints procedure and people said they would be happy to communicate concerns. The service had a personalised admissions procedure as part of the initial admissions process and people were allocated a keyworker. People told us that through communication with their keyworker and other staff they felt they received personalised care.

People said that the registered manager was efficient and told us they felt the service was well led. People

spoke of a friendly and well led environment. Staff told us they were happy in their employment and told us the registered manager was approachable. Staff spoke of good leadership and teamwork. There were systems in place for the management to communicate key messages to staff. The registered manager had submitted notifications as required and the requested Provider Information Return (PIR) was returned within the specified time frame.

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

There was sufficient staff to meet people's needs

People's risks were assessed

Staff knew how to respond to actual or suspected abuse

People received their medicines when they needed them

People were cared for in a clean, hygienic environment

Is the service effective?

Requires Improvement ●

The service was not consistently effective

Staff had not always received both relevant and regular training

People commented positively on the food at the service

There was a system for staff to receive supervision and appraisal

The service communicated with relevant healthcare professionals

Is the service caring?

Good ●

The service was caring

People were treated in a caring and compassionate way

Staff understood people well and were aware of their needs

People received important information about the service

People were involved in their care planning and goal setting

People's relatives were welcomed

Is the service responsive?

Good ●

The service was responsive

People felt they received personalised care

People had a nominated keyworker who provided direct support

An admission procedure supported people arriving at the service

There were systems to collect feedback to improve the service

A complaints process was available for people to use

Is the service well-led?

The service was not consistently well led

People's records were not always completed and accurate

People spoke positively about the leadership of the service

Staff spoke of good leadership and teamwork

The management communicated key messages to staff

Requires Improvement 

Bristol South Rehabilitation Centre

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 was 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 was carried out 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.

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 service does well and the improvements they plan to make. We also reviewed the information that we had about the service including statutory notifications. Notifications are information about specific important events the service is legally required to send to us.

On the day of the inspection we spoke with nine of the 13 people who currently used the service. We also spoke with the two deputy managers and four members of staff. We observed how people were supported and looked at four people's care and support records.

We looked at records relating to the management of the service such as staffing rotas, policies, incident and accident records, recruitment and training records, meeting minutes and audit reports.

Is the service safe?

Our findings

People felt safe and spoke positively about the staff at the service. All of the people we spoke with gave positive feedback. We asked people if they felt safe and also if the staff treated them well. One person told us, "Yes, they're so kind and they try to encourage me to be independent." Another person said, "Of course, the environment, your bell and there is always someone around. I'm very happy." Another person commented, "Yes, they are all lovely. They have been so kind."

The provider had ensured there were sufficient numbers of staff to support people safely. People and staff told us they felt staffing levels were sufficient. People said they got the assistance from staff when they needed it and did not raise any concerns. One person said, "[I feel] safe because there's plenty of people about." Staff we spoke with said that in the main there were sufficient staff to support people on duty and we made observations throughout the inspection to support this. In the absence of the registered manager we discussed staffing levels with a senior member of staff. They explained that staffing levels were determined by the use of a dependency assessment tool which we reviewed. This ensured that should people's level of need increase or decrease, or if a person was admitted with a higher level of need, the staffing levels would be increased to reflect this.

We spoke with a senior member of staff about staff recruitment. They explained that no new staff had been recruited by the provider for a significant period of time and that the most recently employed staff had been recruited internally from within Bristol City Council. As a result of this we were unable to check compliance with this standard.

People were protected from harm through assessments of their risks. Care records contained risk assessments for people relating to their mobility and their risk of skin damage. Where required, guidance for staff showed if the person needed to be supported by staff to mobilise or transfer. Where a level of support was identified as being needed, the guidance showed how many staff were needed for different transfers, for example standing or walking around the service. The provider also used a nationally recognised tool to monitor people's nutritional risks to identify if a person was at risk of malnutrition or obesity.

The provider had appropriate arrangements to identify and respond to the risk of abuse. Staff told us they had received training in safeguarding and said they would feel confident when reporting concerns. There was a policy in place for safeguarding identifying the different types of abuse and how to report concerns. Staff told us they would report concerns internally to the registered manager or other senior staff members, but also knew they could contact external agencies such as the Commission of local safeguarding team. Staff said they understood the concept of whistleblowing and the provider had a whistleblowing policy. This provided staff with guidance on how they could raise concerns about the workplace confidentially internally and externally.

People's independence was supported in the management of their medicines. People had their medicines stored in their rooms and the level of support people received from staff varied. People did not raise any concerns in relation to receiving their medicines. We asked them if they got their medicines on time and all

responded positively. One person commented, "Yes I get them on time by the Nurse." Another person said, "Four times a day and I get them on time." One person commented to us, "Yes, I self-medicate." Medicines that required additional storage measures were stored in accordance with requirements. A stock check of these medicines showed all balances were correct. The refrigerator that stored medicines had the temperature regularly recorded. There was a system to monitor the running total of people's medicines on a weekly basis, we did highlight to staff that on occasions this had not been completed as frequently as required.

Equipment used within the service was maintained to ensure it was safe to use. We saw that mobility equipment was serviced such as slings, hoists and stand aid equipment. Bathroom and bathing equipment was also serviced together with any specialist beds.

There were systems for recording incidents and accidents to help ensure people's safety. Records showed the number of recorded incidents and accidents in 2016. We saw that recorded incidents had recently increased. For example, five falls were recorded between February and April 2016. In May 2016, a total of nine records were made in the incident log which related to falls and mobility issues. We saw that the service had been responsive to this aiming to reduce risks and keep the person safe. For example, one person had three records relating to either falls or mobility issues in a 10 days period. As a result of this, an extra record had been placed in the person's room to record any further falls and allowed staff to highlight the time of the fall to identify any patterns or trends.

The service was clean and hygienic. People commented positively on the standard of cleanliness and no concerns were raised. One person when asked if the service was clean said, "Very much so. My room is cleaned every day and the lounge is always tidy." Another person commented, "There is a lot of effort put into the cleaning." Another said, "It's spotless." There was antibacterial hand gel throughout the service with Personal Protective Equipment [PPE] such as gloves and aprons. Staff were observed wearing this PPE during our inspection. The provider had systems that monitored the cleanliness of the service and where required these systems had resulted in change, for example extra hand washing facilities being installed.

Is the service effective?

Our findings

Staff had not always received appropriate training to carry out their roles safely and effectively. We reviewed the training record supplied by a senior member of staff and spoke with staff about the training they received. The records showed that staff training was not always updated as required and staff felt there were areas they needed training that was not currently provided. For example, at the time of our inspection there was one person living at the service with a mental health condition. Staff had not received training in this condition. Some staff we spoke with expressed concern about caring for the person and not understanding their condition. One member of staff told us, "It would be nice to have a proper understanding of people's condition." This demonstrated a risk that people may not always receive effective care as staff were not always trained to understand the people they supported.

A review of the current training record showed that staff had not always received regular training to ensure they were aware of current best practice and legal requirements. For example, from reviewing the training records it showed one member of staff had not received training in the Mental Capacity Act 2005 since 2010 and other records showed that staff had not received the training in this subject at all. This legislation is fundamental when providing care to people as the service may support people with no mental capacity. Other records showed some staff had not received training in infection control management since 2013 and others had not received safe moving and handling updates as required. This meant people may not receive effective care from trained staff and also presented a risk that people may receive unsafe or inappropriate care.

This was a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People spoke highly of the staff and all told us they felt the staff were competent at performing their roles. People felt the standard of care they received was good and were very positive about the staff. We asked people if they felt the staff were competent. One person said, "They are because they are friendly and make you feel welcome and they take good care of me." Another person told us, "Yes they've helped me a lot. They are very pleasant when I need to go to the toilet." A further comment we received was, "Yes I learn from the staff to do things and you get to know them."

We also asked people if they felt they received effective care and if the staff supporting them knew how to care for them and understood their rehabilitation needs. The feedback was again very positive. Comments we received when we asked people if staff knew how to care for them included, "When I was ill last week they picked it up very quickly and dealt with it well. All the important things are being done." Another said, "Yes I think they are experienced in caring" and a further person commented, "Yes they listen and are very observant."

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. We spoke with staff about the MCA who demonstrated an understanding of how they applied it to their work. Staff also explained how they empowered people with daily choices in relation to their meals, clothing and how they spent their day.

At the time of our inspection, there was no person living at the service subject to a Deprivation of Liberty Safeguard (DoLS). DoLS is a framework to approve the deprivation of liberty for a person when they lack the mental capacity to consent to treatment or care and need protecting from harm. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). 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. We spoke with a senior member of staff in the absence of the registered manager. It was evident that although they understood when a DoLS application maybe needed, the situation had not previously arisen due to the type of short term service being provided.

People gave positive feedback about the food in the service. We spoke with people about the quality of food provided by the service and if it met their requirements. The feedback we received was positive and people commented on the choice available. One person we spoke with described the food as, "Excellent - absolutely and you get choices of main and pudding." Another person commented, "Lovely, better than when I'm at home on my own." Another person said the food was, "Very good and I get choices during meal times. The food is well presented and you get enough." People had a risk assessment completed in relation to their risk of malnutrition using a nationally recognised tool. Where people were prescribed liquid supplements to support them with weight maintenance they received them. Staff we spoke with were knowledgeable about people's nutritional needs.

People were supported to use healthcare services. People were temporarily registered with a local GP practice for the duration of their stay at the service to ensure they had prompt access to a GP. Upon their discharge from the service, they were registered back with their own GP. We reviewed people's discharge documentation that showed the service communicated effectively with the relevant GPs to ensure care continuity was maintained. As part of their rehabilitation, people had access to other healthcare professionals such as occupational therapists and physiotherapists in order to achieve the goals of their admission to the service.

Staff received regular performance supervision and appraisal. The provider had recently implemented an electronic supervision and appraisal process for some staff in addition to those who had written records. We were forwarded a sample of these supervision and appraisal records as we were unable to access them on the day of the inspection as the registered manager was not present. They showed that staff highlighted set objectives, for example any training the staff member requested or courses they wished to attend. This would then be progressed through the year. In addition to this, a discussion was held relating to the staff members performance and a performance rating given.

Is the service caring?

Our findings

People spoke highly of the caring nature within the service. We received positive comments about the caring attitude of staff from people. For example, we asked all of the people we spoke with if they felt treated like an individual within the service. One person commented, "Yes, they couldn't be nicer. I can't complain about anything." Another person said, "I think you are because they are caring and use their experience." One person we spoke with told us when asked if they were treated as an individual, "Yes because my needs are different to others."

People's privacy and dignity was respected. We asked people if they felt they were treated with dignity by the staff at the service and if they felt they could have privacy if they wanted it. All of the feedback in relation to this was positive. For example, one person said, "Yes, for example if I've got the door shut they knock and they wait until you let them in. They all seem to work as a team and work hard." Another commented, "They shut the door when anything needs to be done or when I'm having a wash."

We reviewed the compliment cards sent to the service that showed very positive feedback and was consistent with people's views that we obtained during the inspection. For example, within one card a person's relative wrote, "On behalf of [service user name] a thank you for all of your support." Within another card it read, "Just to say a big thank you to you and all your staff for all of their care and attention to me when I stayed at Innes Court." One person wrote to the service and said, "To all the staff however great or small to say many thanks for your support. You have truly restored my faith in human nature."

On admission to the service people were given important information. People were given a 'service user guide' that contained information about the service. For example, the guide contained information on the services statement of purpose, the key personalities within the service and the organisational structure. There was information on the facilities available, meal times, when religious services were being held and how to make a compliment or complaint. This ensured that key information was communicated to people that allowed them to understand the service they were in and who they could contact should they require assistance.

During our visit we observed good relationships between the staff and people. We saw that staff communicated with people in a friendly, personable manner and people responded well to this. No concerns were raised by people in relation to how staff communicated with them. During our conversations with staff it was evident they knew people well and understood their needs. Staff were able to tell us how long people had been at the service, what their goals were on admission and how they were progressing with their goals. Staff were also able to explain people's discharge goals, for example what date people were projected to be leaving and what was still required to achieve this date. This demonstrated that staff understood the people they cared for well.

People told us they were involved in decisions about their care. Care records showed that people had been involved from the outset of their admission to the service. Records showed that a 'goal setting' meeting was completed shortly after admission to the service. This recorded what the person wished to achieve prior to

being discharged. For example, one person's record showed they wished to achieve the goal of being able to wash and dress independently. It also showed that the person aimed to have better and safer use of their new mobility equipment and how to use it during transfers. In addition to goal setting, discharge planning was documented showing what the person wished to achieve.

People could be visited by their friends and relatives. This meant that people admitted to the service were not isolated from their family or from people who were important to them. We saw that the service operated a 'visiting hours' period during the day which was primarily to ensure that people's visitors did not arrive during times of rehabilitation or physiotherapy. During the inspection we observed that people's relatives and friends had attended and were given tea and coffee to drink.

Is the service responsive?

Our findings

People told us the care they received was personalised and spoke of a high level of satisfaction. As the service was a rehabilitation service, we asked if people if they understood what their goals were at the service, what they hoped to achieve and how they were going to achieve it. One person told us, "To improve my mobility, for example going from the dining room to the toilet. My home would be adapted and I could go then." Another person commented, "To build my strength and walk without the frame." All of the people we spoke with knew their goals and aims. This demonstrated the service communicated with people well.

People were provided with care and support that met their individual needs. We spoke with people about the care delivery they received and if it was in accordance with their assessed needs. The feedback in the main was positive. For example one person said, "Yes, [they are] sorting things out for me to go home, physiotherapy, and a care plan has been done to set goals and the nurse dresses my leg. They have also arranged for the district nurse to come and dress it when I go home. My keyworker sorts out medication and when my phone broke the domestic helper was kind enough to sort it out for me." Another person commented, "My expectations are satisfied as much as possible."

People were provided with a keyworker to help support with delivering personalised care. People we spoke with understood the keyworker system and we saw that people's named keyworker was recorded within their rooms. The purpose of the keyworker was to ensure people's individual requirements were met. For example, the keyworker was involved in the initial 'goal setting' meeting on admission to the service and discussing the projected discharge date. In addition the keyworker would ensure appointments for people were booked and arrange things such as transport and home visits. Staff we spoke with told us the keyworker system worked well and helped meet people's needs and requirements.

The service had an admissions procedure within the admission paperwork. This ensured people had received care in accordance with their needs and had knowledge of their environment. For example, the admission paperwork recorded that following being greeted, people were assisted with unpacking if required, given a tour of the building and facilities and had the call bell system explained to them. The record also showed people were asked if they had any preference of either a bath or shower and if they had any additional special need, for example drinking aids or mobility requirements.

People said they felt able to complain or raise issues should the situation arise. All of the people we spoke with felt able to communicate with staff if they had any concerns but all said they had no complaints. There was a complaints procedure and people were shown this on arrival within their welcome pack on how to use the procedure. The complaints information showed how to raise a complaint with the service but also how to escalate the complaint with the ombudsman should the complainant not feel the matter has been resolved to their satisfaction. The complaint log showed that the service had not received any complaints since April 2014.

There were feedback systems that allowed the provider to seek people's views on the service received. We spoke with a senior member of staff in the absence of the registered manager. They explained that on

discharge people were given a questionnaire about their care. It asked people to comment on different aspects of care, for example if people felt they had benefited from the service, if they had enough support from staff and if they had any suggestions to improve the service. We reviewed the results from April 2015 to March 2016 and there were 26 respondents. The feedback was positive, with everyone saying they benefited from the service and nearly everyone saying they had enough support from staff.

The service did not run formal social activities for people during their rehabilitation. People did take part in their own rehabilitation exercise with staff and other healthcare professionals during the day as part of their programme. People had access to the communal lounge and kitchen areas of the service. Reading materials were available and people had access to a television. We saw within people's rooms that people had their own reading material.

Is the service well-led?

Our findings

People were at risk of unsafe and inappropriate care as accurate and complete records were not always maintained. Whilst reviewing records relating to people at the service and governance records relating to the management of the regulated activity, it was evident some records were incomplete. Key information about events that had happened to people were not recorded and recording omissions by staff demonstrated recording inconsistencies that placed people at risk.

For example, within one person's records we found staff had not completed a record as required in relation to the clothing and personal items. The person had arrived at the service with over four weeks before our inspection. Additionally, the person had not signed an agreement relating to their moving and handling assessment and within a different care plan we observed unsigned photograph consent forms. Within people's daily records, we found multiple recording omissions from staff. For example, the daily records for one person showed a period of four consecutive days where no entry was recorded by staff.

Another person's records showed that staff intermittently recorded information in the daily record. For example, staff would not record any entry for two days, then record daily entries for the following three days but then fail to record any record for the following two days. This did not demonstrate that staff consistently maintained accurate records or evidence that people's needs were consistently met. We spoke with the registered manager about the recording inconsistencies following the inspection. They told us that additional records may be held on an electronic record system within the service, however we found handwritten entries made on the day of our inspection that demonstrate the written records were still being used by staff.

Key information had not been recorded within people's written records to ensure information was communicated. For example, within an entry of the service's incident log it showed one person had two incidents 10 days apart that indicated they may have had poor or reduced mobility. Within the person's care records produced to us by a senior member of staff, there was no mention of either of these incidents. This meant that staff had failed to record these incidents within the person's current written records presenting a risk this information may not be communicated.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked people at the service about the registered manager and if they had communicated with them. Although some people told us they had not met the registered manager, no concerns were raised as people felt able to communicate with other members of the management team and staff. Others that told us they had met the registered manager spoke positively of them. They told us, "I've only seen her a couple of times but she seems very nice and efficient. I haven't got anything to complain about but I'm sure she would sort it - and she's approachable." Another person commented, "I don't think I've met them [registered manager] but the people here are nice and I've no complaints." Three people we spoke with in a group all told us they felt the service was well run.

During our conversations with people we also asked them if they found the registered manager, the staff and the environment friendly. All answered positively and we received some excellent feedback in relation to this question. For example, one person said, "It's very friendly and the staff are brilliant." Another person told us, "Everything seems to be organised well. We are fed well and they are very attentive during the day and at night. I think we are quite well looked after."

Although we received some less positive feedback about the training provided by the provider, staff commented positively on the registered manager. All of the staff we spoke with positive about the leadership of the service and told us they were happy in their employment. One staff member we spoke with said, "I do love it here. I would say it's a good management team." Another member of staff commented, "[It's a] good management team and we have a good staff team."

The management communicated with staff about the service. There were periodic meetings for staff to communicate information about the service. Different meetings were held for different members of staff that ensured key messages were communicated. For example, general staff meetings discussed uniforms, vacancies, supervisions and staffing numbers. Previous night staff meetings had focused on security and with rehabilitation workers medicines and auditing had been discussed. Meetings were also held with the integrated care team who shared the building with the service. The supporting minutes showed that matters such as building works, staffing and people's personal needs were discussed.

The registered manager was aware of their obligations in relation to the notifications they needed to send to the Commission by law. Information we held about the service demonstrated that notifications had been received when required. The Provider Information Return (PIR) we requested was completed by the registered manager and the PIR was returned within the specified time frame.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had not ensured accurate, complete and contemporaneous records in respect of each person, including a record of the care and treatment provided to the person, had been maintained.</p> <p>Regulation 17(2)(c).</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>Training to meet the needs of all people at the service was not provided for staff. Training that required updating had not been identified or undertaken.</p> <p>Regulation 19(1)(b)</p>