

Shaw Healthcare (Ledbury) Limited

Ledbury ABI Transitional Living Unit

Inspection report

Ledbury Community Health & Care Centre
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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

Ledbury Acquired Brain Injury Transitional Living Unit is a residential rehabilitation service. It is registered to provide a service for up to ten people who have experienced a brain injury. On the day of our inspection there were ten people living at the home.

The inspection took place on the 15 June 2016 and was unannounced.

There was a registered manager at this home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered providers and registered managers 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.

People and their relatives said they had no concerns about the care their family member received. They told us staff were caring and promoted people's independence. People told us they were able to maintain important relationships with support from staff. Staff we spoke with demonstrated an awareness and recognition of abuse and systems were in place to guide them in reporting these.

Staff were knowledgeable about how to manage people's individual risks, and were able to respond to people's needs. People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage them. Staff had up to date knowledge and training to support people.

We saw staff treated people with dignity and respect whilst supporting their needs. Staff knew people well, and took people's preferences into account and respected them. Staff had attended specific training to support the care they delivered. This ensured staff had the skills they needed to support people.

The management team had assessed people's ability to make specific decisions about their daily life when they needed to. They had put in place support for people to ensure decisions were made in a person's best interest within the legal framework. Staff we spoke with understood how to work with people to ensure they made their own decisions where possible.

We saw people had food and drink they enjoyed. People and their relatives said they had choices available to them, to maintain a healthy diet. People were supported to eat and drink well in a discreet and dignified way. Staff knew people's needs and supported them to manage their risks.

People and their relatives told us they had access to health professionals as soon as they were needed. Relatives said they felt included in planning for the care their relative received and were always kept up to date with any concerns.

People were able to see their friends and relatives as they wanted. There were no restrictions on when

people could visit the home. People and their relatives said that staff went the extra mile to welcome them when they had visitors. They told us staff provided outings and events at the home that involved people, families and friends and staff.

People and their relatives knew how to raise complaints and felt confident that they would be listened to and action taken to resolve any concerns. The registered manager had arrangements in place to ensure people were listened to and action could be taken if required.

The management team and staff were passionate about supporting people to be as independent as possible. Staff knew about people's histories and involved people in pastimes that were centred on the person.. There were links with the community and people were supported to take part in projects that were happening within the community.

The new management team were reviewing their systems to ensure identified areas of improvement were actioned in a timely way. People who lived at the home and staff were encouraged to share their views and concerns about the quality of the service. The registered manager and the provider used these views and concerns to improve how they provided a service for people living at the home.

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 is safe

People were supported by staff who understood how to provide and meet their individual care needs safely. People benefitted from enough staff to meet their care and social needs. The registered manager had a system in place to support staff to administer medicines safely.

Is the service effective?

Good ●

The service is effective

People's needs and preferences were met by staff, because they received the training they needed to support people effectively. People enjoyed meals and were supported to maintain a healthy, balanced diet which offered them choice and variety. People were supported health care professionals as part of their planned care.

Is the service caring?

Good ●

The service is caring

People were involved in all aspects of how their care was provided. People living at the home and relatives thought the staff were caring and treated them with dignity and respect. Staff treated people with kindness, compassion and promoted their independence in all areas of their daily life. People benefitted from links with the community, enabling them to maintain important relationships.

Is the service responsive?

Good ●

The service is responsive

People who lived at the home and relatives felt listened to. They were able to raise any concerns or comments with staff, the management team and these would be resolved satisfactorily. People were supported to make everyday choices and engage in past times they enjoyed.

Is the service well-led?

Good ●

The service is well-led

People were able to approach the management team at any time. People benefitted from the management team and staff's approach of focussing on people's achievements. The management team had systems in place to monitor and action improvements.

Ledbury ABI Transitional Living Unit

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.

This inspection took place on 15 June 2016 and was unannounced. The inspection team consisted of one inspector and a specialist advisor.

We looked at the information we held about the service and the provider. We looked at statutory notifications that the provider had sent us. Statutory notifications are reports that the provider is required by law to send to us, to inform us about incidents that have happened at the service, such as an accident or a serious injury. 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 improvements they plan to make.

We spoke with five people who lived at the home, and four relatives. We looked at how staff supported people throughout the day. As part of our observations we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with the registered manager, deputy manager and four staff. We also spoke to a Clinical massage therapist who regularly supported people who lived at the service. We looked at two records about people's care. We also looked at staff rosters, complaint files, minutes of meetings with staff, and people who lived at the home. We looked at quality checks on aspects of the service which the manager and provider completed.

Is the service safe?

Our findings

All the people we spoke with said they felt safe. One person said, "I can do what I want but they [staff] keep me safe." Another person said, "They [staff] are always about if I get worried." We saw through people's communication with staff that people were confident and secure. For example, we saw people appeared relaxed and smiled when staff communicated with them.

Relatives we spoke with said they felt their family member was safe. One relative told us about staff, "They are so patient and take time with everyone." Another relative said, "I feel staff focus on what [family member] wants to do and keep them as safe as possible whilst they do it." They also said, they visited at different times and "I am always welcome and everything is excellent no matter what time I come."

We spoke with a clinical massage therapist who regularly supported people living at the home. They told us how they worked with staff on a one to one basis to follow plans for the people they were working with at the home. They told us this skilled staff to be able to continue improvements from the therapy they received. The clinical massage therapist told us that the registered manager regularly sought advice about people living at the home. They worked together so that people's needs could be met, risks identified and plans put in place to support people's safety.

Staff we spoke with were able to tell us how they would ensure people were safe and protected from abuse. They said they would report any concerns to the registered manager and take further action if needed. The registered manager and deputy manager was aware of what action needed to be taken. They could describe what action they would take and were aware that incidents of potential abuse or neglect were to be reported to the local authority and the Care Quality Commission. Staff said they knew people well and would be aware if a person was in distress or were worried in any way. Procedures were in place to support staff to appropriately report any concerns about people's safety.

Staff said they were able to contribute to the safe care of people by sharing information with their colleagues at handovers. They would discuss each person's health and wellbeing at handover and raise any issues they had observed which may require a risk assessment review or follow up on their physical health needs. They said immediate concerns would be discussed with the shift lead and they would take action straight away. Staff said people had their needs assessed and risks identified. Staff told us about how they followed plans to reduce these identified risks. For example we saw staff supporting the clinical massage therapist to mobilise one person. They worked together and followed safe practice in line with the risk assessment documented.

People told us there were enough staff on duty to keep them safe. Relatives said there were sufficient staff on duty to keep their family member safe. One relative told us there were excellent staffing levels to support people when they needed support. We saw and staff told us there were enough staff on duty to meet the needs of people living at the home. One staff member told us, "There are always enough of us on duty and if we need more to support people with trips out this can always be arranged." We saw staff responded to people's needs in a timely way.

Two people said more staff would be good to support them to follow their leisure pursuits, however they all said there were enough staff on duty to keep them safe. Relatives told us there were always staff available when they visited. One relative we spoke with said their family member had a better social life than they had because they went out so often with staff. The registered manager told us staffing levels were determined by the level of support needed by people. This was assessed as people arrived at the home and then monitored to ensure there were the correct numbers of appropriately skilled staff to meet the needs of the people living at the home.

Newly recruited staff we spoke with said they did not work alone until they had completed the main part of their induction training. They had read all the care plans for people and spent time being introduced to people and shadowed experienced staff. This was to ensure people had time to get to know them and for them to know about the needs of people living at the home. The staff told us the appropriate pre-employment checks had been completed. The registered manager said these checks helped make sure that suitable people were employed and people who lived at the home were not placed at risk through their recruitment processes.

We looked at how people were supported when they needed help to take to take their medicines. One person said, "I always get my tablets at the right time." We saw staff supported people to take their medicines and found people received their medicines as prescribed. Staff were trained and assessed to be able to administer medicines to people living at the home. They explained what to look for as possible side effects of the medicines people were prescribed. Staff told us and we saw suitable storage and disposal arrangements for medicines was in place.

Staff told us they would know if a person was in pain or discomfort because they knew them so well. There was clear guidance for staff if they were prescribed any medicines on an 'as and when required' basis from their GP. Staff told us the guidance supported them to know when to administer the medicine.

Is the service effective?

Our findings

People told us staff knew how to meet their needs. One person said, "They (staff) know how to manage difficult situations" Relatives we spoke with said staff knew how to care for their family member. One relative told us, "They [staff] are so good with [my family member] they manage them really well." The clinical massage therapist who regularly supported people at the home said they trained staff on an individual basis to support the specific needs of each person they were supporting.

The staff we spoke with were able to tell us how they learned to support each person as an individual and used the training they received to understand people's individual needs. For example, one member of staff said training from the Nero Psychologist really helped their insight into how they supported people living at the home. The newly recruited staff we spoke with said they were waiting for additional training that was specific to people with acquired brain injuries. They said they were looking forward to having this training. All the staff we spoke with, except one member of staff who had recently started at the home, told us they had received training about the Mental Capacity Act 2005 (MCA) and had a good understanding about what it meant for people living at the home.

The 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 looked at how the MCA was being implemented. We spoke with the registered manager about their understanding of the act. They had a good understanding and were aware of their responsibility to ensure they were compliant with it. We saw assessments were completed where needed and family and health care professionals were involved with this assessment. The registered manager explained when additional support was needed for people with more complex needs they sought this through the community mental health teams.

Staff explained they understood the importance of ensuring people agreed to the support they provided. We saw they worked with people and supported people living at the home to make decisions for themselves about how they were supported. For example, we saw people were offered the choice of where they wanted to eat their meals. They could choose to eat in different areas of the home and at different times. Staff explained that some people made different choices dependent on how they felt on the day.

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.

Staff we spoke with understood the legal requirements for restricting people's freedom and ensuring people had as few restrictions as possible. Staff told us they discussed this regularly with the management team to

ensure they understood the process. The management team had submitted DoLS applications when needed, and had a system in place to keep them under review. They understood the process and accessed support when needed.

People said they had choice about the food they ate. We saw staff asked people what they would like to eat shortly before the meal; they took time to explain the choices and describe the meals available. We saw staff supporting people through their meal, offering discreet support when it was needed, and promoting people's independence as much as possible without feeling rushed. Kitchen staff showed us which people had special dietary needs and how they needed to meet them. For example, people who required fortified foods.

We saw people were supported to maintain their food and drink levels. We looked at two care records; they showed clear guidance for people requiring extra support with food and drink. People were monitored regularly to ensure they were maintaining a healthy diet with both food and drink. Staff knew who needed extra support. One person needed daily checks to ensure their blood sugar levels were safe. The person told us these were done every day, and we saw staff prompting the person to eat regularly to maintain their well-being.

People told us they had access to their GP, and dentist and optician when they needed to. Relatives we spoke with said their family members received support with their health care when they needed it. Staff we spoke with told us the importance they placed on monitoring the health of each person to ensure they were aware if anyone felt unwell. They said how they used observations and discussion with their peers and senior team to communicate and record any concerns about people's wellbeing. People living at the home could be supported by an occupational therapist, physiotherapist, clinical massage therapist, and a speech and language therapist. The clinical massage therapist explained that they worked as a team to improve people's well-being when there was an assessed need to support people.

Is the service caring?

Our findings

People told us staff were caring and kind. One person said, "They are all great, we have a laugh." Another person said, "The staff here are very caring, I trust them enough to talk to." We saw staff were caring with people living at the home.

Relatives told us they were happy with their family members care. One relative said about the home, "This feels like [family members] home now, there is such a lovely atmosphere" Another relative said, "The staff are excellent, I couldn't ask for better."

Throughout our inspection, we noticed that all staff continually engaged with people in a friendly manner. For example, we saw that a member of staff knelt down beside a person before talking to them about what they wanted to watch on television. The warmth of the conversation made the everyday task a shared and enjoyable experience. We saw staff reached out to people when they passed them, either by a friendly word, for example, "How are you getting on with your painting?" Or by a reassuring gesture or gentle touch of the hand.

People we spoke with said they were offered choices about their everyday lives. One person said, "I choose what I do most of the time, where possible they [staff] always listen." Relatives said they were involved in the care planning for their family member. One relative said, "I always know what's happening and we talk about what we will do next." Relatives confirmed staff knew the support people needed and their preferences about their care. Staff said they included relatives and contacted them regularly, or spoke with them when they visited. Staff were knowledgeable about the care people required and they were able to describe how different people liked their support to be given.

People we spoke with told us staff respected their dignity. One person said staff always explained what they were doing so they were less anxious about what was going to happen next. Relatives said staff were patient and caring, treating each person as an individual and maintaining their dignity. One relative told us about staff, "They really listen to [my family member] and try and work round what they want, they always treat them with dignity." Staff we spoke with showed a good awareness of people's human rights, explaining how they treat people as individuals and support people to have as much choice as possible. One member of staff explained how important it was to them that people had choices and they were listened to. We saw people were treated with dignity and respect. For example, we saw staff checked with people before they entered their rooms, and asked if they wanted their door closed. They waited for a response before continuing with the support.

We saw staff promote people's independence, and respond to each person with knowledge of them as an individual. For example staff offered support with one person when getting ready to go on a trip, and with another they advised of the time they were going. People had a choice of different communal rooms to spend time in. We saw photos and art work that reflected the different interests of people living at the home. One person showed us how they had pictures up all around their room showing their involvement with their favourite sport. They explained how this helped focus them on their rehabilitation plan.

Relatives told us they were welcome to visit at any time. They told us they felt involved and included in the care for their family member and felt welcome to visit the home at any time. One relative explained that they visited at different times to fit in with their work schedule. They went on to say that they were always welcomed by staff and found the care they say delivered was always good. This helped people who lived at the home to maintain important relationships.

Is the service responsive?

Our findings

People told us they were involved in all aspects of their care planning. For example, one person said they were aware of their care plan and had been involved with their family in discussing what support they needed. Relatives told us they were included in their family members care and involved in their reviews. We saw in care records that staff recorded as much information as possible about each person living at the home, their interests, history and preferences. This involved people and their families from the start of them moving to the home. Staff told us they added to this information so they knew as much as possible about the person and their history.

We saw staff were familiar with people's likes and dislikes. For example, we saw a member of staff talking with one person about their favourite hobby and we saw the person enjoyed the conversation. We saw there were facilities in place for people to do their own laundry and other tasks if they were able to. This was part of their assessed plan working with the occupational therapist. One person explained they enjoyed doing their own washing.

One person told us, "I can get up and go to bed when I want." Another person said they liked to spend time in their room listening to their music. People said they could choose to spend their day in their room, the shared areas, or go out. Another person told us they had a pet that lived in their room. They explained this was really important to them and staff understood this. A further person said they were able to attend their place of worship on a regular basis and this was important to them.

We saw people chose whether they engaged in organised social events or not. People told us these included arts and craft work and outings to areas of local interest. One person told us how they went to their family home one day a week to prepare them for when they would be returning there. They also said they went to the hydro pool regularly with staff and this had supported their rehabilitation. Another person told us they enjoyed walking, they explained they went out most days with staff, unless they were going out elsewhere.

Relatives said their family members had interesting things to do. One relative explained that their family member had attended a family wedding and staff had accompanied their family member for the day facilitating them to attend the important occasion. They went on to say staff listened to their relative and worked with them to ensure they were involved in pastimes they enjoyed. A further relative explained that staff gave them a lift home in the mini bus with their family member who enjoyed the ride out.

We saw all staff were involved in supporting people with interesting things to do. There was one member of staff who focussed on organising events and past times that people enjoyed. The activities organiser told us how they worked with each individual to find out the activities they enjoyed to stimulate and promote their abilities. For example, one person told us about going to a local pottery centre regularly and they really enjoyed this.

We saw and staff said people living at the home were not always able to understand information. We saw staff spent time with people so they could understand what was being said or asked of them. We saw staff

using different phrases, clear hand gestures and simple words to help people understand. Staff took the time to ensure people were supported to meet their needs.

People said they would speak to staff about any concerns. One person said, "I would speak to my keyworker, they know me really well." Another person said they would speak to the deputy manager, "She's very approachable".

Relatives told us they were happy to raise any concerns with the registered manager, deputy manager or staff. One relative said they found the deputy manager would always listen and take action about any concerns or ideas they had. A relative told us about how they had raised an issue and it had been resolved quickly and satisfactorily. We saw when concerns were raised they were investigated and action taken in a timely way. We saw there were complaints procedures available in accessible formats for people and their relatives.

The deputy manager told us they talked to each person individually which kept people up to date with activities and developments going on at the home. People told us about how their suggestions were listened to and acted upon. For example, one person said they attended work experience regularly with a member of staff and they enjoyed doing this.

Is the service well-led?

Our findings

There was a new registered manager who had recently been registered for this service. People and relatives said they had not had much opportunity to get to know the registered manager and were not sure who they were. The registered manager explained there had been a period of change and they were working with the deputy manager to identify improvements and action them.

Relatives we spoke with told us they had seen an improvement with the new management team. One relative explained that communication had become an issue but now they said this had improved and they were very happy with the new management team. Another relative explained how they felt the atmosphere at the home had improved and their relative was "Very happy" living at the home.

The management team had identified they had some vacancies in their nursing staff team. They were actively recruiting and always ensure they used regular agency staff when they needed to. People we spoke with said they were confident that all staff knew them well.

People we spoke with knew the deputy manager and enjoyed talking with them. One person said, "It's well managed they do a good job, [deputy manager] gets us" Relatives told us they were comfortable with the deputy manager and staff at the home. One relative said, "It's really well managed, they will do anything to support my [family member]."

We saw the deputy manager knew all of the people who lived at the home well. They were able to tell us about each individual and what their needs were. The deputy manager told us how important they felt it was to work with people's ability rather than emphasising their limitations. We saw the management team were working with new staff to ensure this was the ethos for all levels of the staff at the home. For example, the registered manager said they were arranging training specific to acquired brain injuries for new members of staff to ensure they had the knowledge to support people.

Staff told us the management team were always available when they needed to speak to them. Staff said they would raise any concerns with the registered manager or the deputy manager. One member of staff said, "This is by far the best home I've worked in." Another member of staff told us, "The unit has recently become more pleasant to work in, the team work well together."

Staff told us there were regular staff meetings, and one to one time with the management team. They said the management team passed on information to staff about changes in the running of the home. Staff told us they were asked their opinions and these were accepted. Staff were asked about any concerns and they were able to voice these and guidance was given as to how to address these effectively. Staff told us they felt these meetings were useful and they felt supported. A new member of staff told us, "(Deputy manager) is really helpful, she always gives me good advice and information which I really appreciate being my first job in care work." The staff we spoke with said they did feel their work was valued by the management team. One member of staff we spoke with said, "I love working here, it's a special unit, I'm very happy here."

The registered manager and management team completed regular audits to monitor how care was provided. For example the registered manager had an overview of accidents and incidents to ensure that trends were spotted and investigated. For example, one person had an incident which resulted in them spending time in hospital. We spoke with the registered manager and they had reviewed the incident and acknowledged improvements were needed to mitigate the risk. The registered manager has reassessed the risk and clarified their concerns with the person involved with support from their relatives. The person and their relatives were reassured and agreed with the outcome of this reassessed identified risk.

The registered manager also used satisfaction survey's to gain feedback from relatives and people who lived at the home. These surveys were analysed and used to inform service provision. We saw the responses were positive overall and any actions from these questionnaires were taken.

The provider regularly visited and monitored how care was provided and how people's safety was protected. For example, the provider regularly invited feedback from people and their families. We saw the provider looked at an overview of all aspects of care provision, what was going well and what need improving. We saw that the area's identified for improvement had been acted on and was subject to on-going monitoring.