Brain Injury Rehabilitation Trust

Fen House

Inspection report

143 Lynn Road
Ely
Cambridgeshire
CB6 1SD

Tel: 01353667340
Website: www.thedtgroup.org

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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

Fen House is a residential rehabilitation service. It provides accommodation, personal care and treatment of disease, disorder and injury for up to 25 people who have experienced an acquired brain injury. It is not registered to provide nursing care. There were internal and external communal areas for people and their visitors to use. The service is situated over two floors, with people's rooms and communal rooms housed on the ground floor. There is also a self-contained flat for a person to live in with support from staff prior to them moving back into the community. Staff offices and meeting rooms are housed on the first floor and these were accessible by stairs or a passenger lift.

Fen House 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.

At our last inspection on 24 February 2016 we rated the service good. At this inspection we found the evidence continued to support the rating of 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.

There was a registered manager in post at the time of this 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 2008 and associated Regulations about how the service is run.

People were supported by staff who knew about safeguarding and its reporting processes. Risk assessments were in place as guidance for staff to support and monitor people's assessed risks. People's care records were held securely to ensure confidentiality. Technology was in place to help staff assist people to receive safe support and care.

Recruitment checks were in place before new staff began work at the service. People's needs were met as there were enough staff with the right skills and knowledge to support people. Staff were trained to meet people's care and support needs. Actions were taken to learn lessons when things did not go as planned.

People's medicines were administered as prescribed and managed safely. Medication errors were recorded, reviewed and action taken to reduce the risk of recurrence. Systems were in place to maintain good infection prevention and control.

People were involved in their decisions about their care and staff promoted people's independence and helped them maintain their life skills as far as practicable. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

People were supported with their eating and drinking to promote their well-being.

Staff supported people to access external healthcare services. Staff worked with other organisations to help ensure that people's care was coordinated. Staff also worked with other external health professionals to make sure that peoples end-of-life care was well managed and dignified.

People received a caring service by staff who knew them and their needs well. Staff maintained people's privacy and dignity. Activities were in place to support people's interests and well-being, including links and trips out to the local community.

Compliments were received about the service and people's complaints were responded to and resolved where possible.

The registered manager led by example and encouraged an open and honest culture within their staff team. Audit and governance systems were in place to identify and drive forward any improvements required. The registered manager and their staff team worked together with other external organisations to ensure people's well-being.

Further information is in the detailed findings below.

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 remains good.	Good
Is the service well-led? The service remains good.	Good

Fen 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.

This comprehensive inspection took place on 25 July 2018 and was unannounced. The inspection was undertaken by two inspectors.

Prior to the inspection we used information the provider sent us in the Provider Information Return on 8 December 2017. This is information we require providers to send us at least annually to give some key information about the service, what the service does well and the improvements they plan to make. We reviewed other information we held about the service to aid with our inspection planning. This included past inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

We also contacted other health and social care organisations such as representatives from the local authority contracts and quality team, the local authority safeguarding team and a general practitioner. This was to ask their views about the service provided. Their views helped us in the planning of our inspection and the judgements we made.

We spoke with two people living at the service who could give us their views of the care and support they received. We also spoke with two visiting relatives/friends. We observed staff interaction throughout the inspection. We spoke with the registered manager, acting service manager, head of care, a senior occupational therapist/acting clinical lead, the chef, the activities and vocabulary coordinator, and two rehabilitation support workers. We also spoke with a visiting advocate.

We looked at care documentation for three people, medicines records, two staff recruitment files, staff supervision, appraisal and training records. We also looked at other records relating to the management of the service including audits and action plans, accident and incident records, service user guide, surveys, meeting minutes and, complaint and compliment records.

Good

Is the service safe?

Our findings

The service remains good. People and their visitors told us that they, their family member /friend felt safe living at the service. This, a family member/friend said, was because the person was at less risk of abuse…at this service due to support by staff. Staff had completed training on how to safeguard people from harm and poor care and they understood their responsibility to look after people. They told us they would report any concerns both internally to management and to external agencies, in line with the service's protocols.

People's care records and risk assessments were held securely. Information within people's risk assessments included a management plan that gave clear guidance for staff to follow to deliver safe care, rehabilitation and how to minimise risk. Staff monitored and reviewed people's risk assessments following any deterioration or positive changes in people's needs. People also had personal emergency evacuation plans in place to guide staff, and others on the type and level of assistance each person needed to evacuate the building safely in the event of an emergency, such as a fire.

Staff used equipment and technology to assist people to receive safe care. Care call bells were in place to help people summon staff when needed. We saw that lap belts were used when a person was at risk of falling from their wheelchair. There were also bed rails in place for people who were at risk of falling from their beds and hoists to aid people with their mobility. These risks, including environmental risks were clearly recorded as guidance for staff and reviewed. Records of safety checks and service documentation on this equipment, the environment in which it would be used and utilities within the service were held.

People and their visitors we spoke with did not have any concerns about the levels of staffing at the service. Our observations showed that that there were enough staff with the right skills mix to meet people's needs. Staffing levels were determined on the type and level of support each person required throughout the day in relation to going out, planned activities and support with their rehabilitation needs. The provider continued to carry out robust recruitment practices that ensured new staff were suitable for the role. Staff were deployed in a way that was consistent with personalised care.

Medication was stored securely, maintained at the correct temperature and disposed of safely. Records showed that medication was administered as prescribed. Any medication errors were reported and investigated and action taken to reduce the risk of recurrence. Staff administering medication had received training and their competency had been reviewed by senior staff members.

Visitors spoken with told us that they felt their family member/friends room was kept clean. This was because the service managed the control and prevention of infection well. We found that the service was clean and hygienic. Staff understood their responsibilities in relation to infection control and hygiene.

Safety incidents, concerns and near misses were reported, reviewed and investigated. Lessons were learned and improvements were made when things had gone wrong. For example, because of concerns about safe medicines management the registered manager served notice on the pharmacy being used and introduced an electronic medication recording system. These concerns and the actions taken to reduce the risk of

recurrence were communicated to staff at daily meetings and, or, during staff meetings.

Good

Is the service effective?

Our findings

The service remained good because the assessed needs of people continued to be met by staff that had the right competencies, skills and attitude they needed to carry out their role and responsibilities. Staff used guidance from social and healthcare organisations to provide care based upon current and best practice to support people with their care needs.

At the time of our inspection we were experiencing a long period of excessively hot weather with temperatures. To protect people from dehydration we saw that people's fluid intake was promoted and encouraged by staff in line with Public Health England's, 'Beat the heat' guidance.

Staff attended supervision and appraisal meetings to support them in their day-to-day job role and to help identify and talk about any learning needs. Staff were also supported to maintain their current skills with regular training on mandatory core subject areas that were relevant to their job role. The registered manager encouraged all rehabilitation support workers to develop their skills and knowledge by completing a health and social care apprenticeship programme.

People had a choice of food and drinks. People's personal preferences and dietary requirements were also catered for. Mealtimes were a positive experience, which people enjoyed and they were encouraged to sit where they wished, including the garden areas to enjoy their meals. People, where appropriate, were supported by staff to prepare their own meals to maintain their life skills.

There were positive comments from people about the food, for example one person told us that staff would find alternatives if they were not keen on the menu choices for that day. One person signalled a 'thumbs up' when asked if they were enjoying their lunch. People were encouraged to increase their fluid intake during the hot weather and we saw the promotion of hot and cold drinks as well as self-service drink dispenser units being in communal areas.

Staff enabled people to access external healthcare services to promote their well-being. This included across organisations when a person's care was transferred. The registered manager and staff team worked with external organisations such as the local GP, the district nurse team and local hospital for outpatient appointments. Peoples visitors confirmed to us that they were kept informed of any changes in their family members health by staff.

Adaptations to the building such as hand rails and ramps for wheelchair access enabled people to mobilise more easily and access the courtyard gardens and other areas of the service. Pictorial signage and large print was used to support people with their recognition and orientation.

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). The service was continuing to work within the principles of the MCA. Principles of DoLS had been considered for

people living in the service and applications to relevant authority were made where required.

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. During this inspection there were people who were subject to a DoLS authorisation. Observations showed that people had free access to all areas of the service. We saw that people's choices of when they would like to get up, what they would like to eat or what they wanted to wear were respected by staff.

Good

Is the service caring?

Our findings

The service remained good because staff treated people with kindness, compassion and respect. One visitor said," [Friend] has come on leaps and bounds…we see a difference every time we come…[staff] really have been fantastic." A person described the staff that supported them as, "Good people."

Observations showed that staff knew the people they were supporting well and knew their preferences. Staff listened to people, watched their facial expressions and body language and communicated to them in a way they understood. This included staff members' understanding that for some people with an acquired brain injury, sometimes saying yes, meant no.

People and their visitors told us that they were encouraged to express their views and were involved in the decisions about their or their family members care. Meetings were held to inform people and their visitors with updates about the care being provided and the rehabilitation progress being made. A visitor told us, "The staff ask family and friends to come in for meetings to gain input and as much information as they can so that they can improve the service they give." They went on to tell us how staff successfully changed their approach around personal care support to help encourage a person to maintain their cleanliness and promote their dignity.

Information was available around advocacy services should people or relatives need this information and advice. Advocates are independent and support people to make and communicate their views and wishes. Advocates were supporting some people at the service who needed this additional assistance. A visiting advocate told us, "I find the [staff] very polite and professional in arranging visits."

Observations showed that people's dignity and privacy was promoted by the staff supporting them. Staff knocked on the door of people's doors before entering their rooms. However, one person said, "[Staff] knock and then come in [to room] quickly without giving me a chance to respond." We fed this back to the registered manager who told us she would remind staff to wait for the persons response, unless it was an emergency.

We noted that personal care was carried out behind closed doors to maintain people's privacy. Staff lent or bent down beside people who were sat, so that they could communicate and talk with the person at eye level. This helped the person feel more in control of the situation and not feel anxious. A visitor said of the support staff gave their relative with their personal care, "[Family member] has their dignity back." We noted that people recognised staff, interacted with them, often in a light-hearted manner and repaid them with a smile or a 'thumbs up' signal.

Staff, although busy, assisted people at the person's preferred pace. Staff carefully explained to people what they were going to do before helping them. We saw that people could be independent such as going out into the courtyard gardens, using the games room, the gym or mobilising around the service using mobility aids. During our visit, people's visitors were seen coming and going from the service. Visitors we spoke with told us that the staff always welcomed them. A visitor said, "We are made to feel welcome by staff and are

encouraged to visit."

Good

Is the service responsive?

Our findings

The service remained good because people continued to receive support and care that was responsive to their needs. People's care and support requirements were assessed prior to them moving into the service to ensure their rehabilitation needs could be met by staff. People and their families were involved in the development of care records. One visitor said, "I feel the service is approachable and if the family has any suggestions on anything that could be improved this would be listened to." Care records contained life and social history information and a person's likes and dislikes so that staff could get to know and understand the people they supported. Staff completed daily notes, as a record of how people had spent their day. These records provided staff coming on duty with an overview of any changes in people's needs and their general well-being.

There was a variety of activities provided at the service for people to take part in should they wish to do so. People and their visitors, had very positive opinions about the activities provided. One visitor told us the activities and vocabulary co-ordinator encouraged their friend to take the lead in activities. This, they told us helped with their well-being. A person said that the activities and vocational co-ordinator was, "Fantastic, a lovely person who is working so hard."

Staff supported people to maintain their links with the local community. This included group meals outside of the service. When asked if they had enjoyed their recent trip out a person signed a 'thumbs up' and smiled and said, "Yes."

Compliments had been received about the care and rehabilitation provided by staff at the service since our last inspection. These included, "My family and I would like to thank you for all the care, consideration and dedication to [named person] during the last year." And, "I have had massive improvements in my ability to walk around alone with no aid [due to] physio sessions, also my co-ordination has improved a lot."

The service had a complaints process in place that was easy and accessible for people to use. This was because information was available in different formats, such as large print. People and their visitors told us that they felt comfortable about raising a complaint or making suggestions if they needed to. Complaints had been received since the last inspection. Records showed there were no obvious themes and complaints were handled effectively in line with the provider's complaints policy, and resolved wherever possible to the complainants' satisfaction.

The service specialised in rehabilitation and the majority of people resided at the service short term. This was because the goal of the service was for people to move back into the community wherever possible. For people who stayed at the service more long-term and where people had been prepared to discuss their future wishes in the event of deteriorating health, these wishes had been clearly identified in their care records. The information included how and where they wished to be cared for and any arrangements to be made following their death. This helped to make sure staff knew about people's wishes in advance. The registered manager and staff told us that they worked with external health care professionals from the local hospice when it became clear that people's health conditions had deteriorated. This enabled staff to

support people to have the most comfortable, dignified, and pain-free a death as possible.

Good

Is the service well-led?

Our findings

The service remained good because it was managed well. There continued to be registered manager at the service. 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. They were supported day-to-day by care staff and ancillary staff.

The registered manager and staff showed a very good knowledge of people's care, support needs and rehabilitation. Staff were clear about the expectation to provide a good quality service that met and supported people's individual requirements. The registered manager and staff promoted equality and inclusion within its service and workforce. A staff member said, "A person wanted to pray at specific times [of the day] and they were given the time and privacy to do so." Staff told us that they felt supported by the registered manager and management team who they said were approachable, listened to them and where possible implemented their suggestions. For example, not allowing interruptions to staff administering medication to minimise the risk of medication errors.

People and their visitors were complimentary about the service provided, and how the service was run. They told us that they could speak to the registered manager and/or management team should they need to do so and that staff made themselves available for this. A visitor said, "Everyone is very obliging, it is a very well-run team. Very friendly." Records showed a recent survey completed by residents and/or their relatives provided positive feedback but also suggestions for improvement. This included a reminder for all staff to knock and wait for permission before entering a person's room, unless it was an emergency. We saw that the majority of staff were adhering to this reminder.

The registered manager of the service made checks to monitor the quality and safety of the service provided. There was organisational oversight and systems in place to ensure checks and audits were carried out and followed through to drive improvement. For any areas of improvement found, actions were taken to reduce the risk of recurrence. This showed us that the service looked to continuously improve the quality of service provided.

Records the Care Quality Commission (CQC) held about the service and looked at during the inspection, confirmed that the provider had sent notifications to the CQC. A notification is information about important events that the provider is required by law to notify us about such as safeguarding concerns, deaths, and serious incidents. However, at this visit we found two safeguarding notifications that had not been submitted in a timely manner. We spoke with the registered manager about this who apologised for the delay. In addition, the provider was correctly displaying their previous inspection rating.

Staff at the service worked in partnership and shared information with other key organisations and agencies to provide joined up care for people using the service. This included working with a variety of health and social care providers such as the local clinical commissioning groups.