

Brain Injury Rehabilitation Trust The Paddock

Inspection report

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Date of inspection visit:
17 February 2019

Date of publication:
12 March 2019

Ratings

Overall rating for this service	Good	
Is the service safe?	Good	
Is the service effective?	Good	
Is the service caring?	Good	
Is the service responsive?	Good	
Is the service well-led?	Good	

Summary of findings

Overall summary

About the service: The Paddock is a small residential care home that was providing personal and nursing care to three people at the time of the inspection.

People's experience of using this service:

People enjoyed living at The Paddock, they felt safe and well cared for. Two people were being supported to move onto more independent living. Staff were supporting them with these plans.

Care and support was well planned and promoted people's independence, choice and diversity. Staff understood what was important for each person and how best to deliver safe and effective care. Staff had good training to ensure their competencies and help them understand the complexities of working with people with acquired brain injuries.

Detailed risk assessments were in place to support people to take positive risks and remain safe. Staff understood how to safeguard people from abuse. The staff team empowered people to make choices about what they wanted to do.

People were supported to maintain good health through ensuring regular check-ups, healthy eating and exercise. There was access to a multidisciplinary team to ensure people's holistic needs were considered and met. This included physiotherapist and psychologist support.

Staffing levels were sufficient to meet people's needs and staff had the right skills and support to deliver high quality care and support.

There was effective leadership and good team working. People's views were sought and actions taken to improve where possible. The ethos and values of the service were embedded into everyday practice. People were treated with kindness and respect. Their privacy and dignity was upheld and their diverse needs were fully considered.

Good governance ensured records and the environment were well maintained. There was learning from any accident and incidents.

Rating at last inspection: GOOD (August 2016)

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our Safe findings below.

Good 

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good 

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good 

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good 

The Paddock

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) 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 Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was a planned inspection based on the rating at the last inspection.

Inspection team:

The inspection was completed by one adult social care inspector

Service and service type: The service is registered care home providing personal care without nursing for up to four people with brain injuries. It is run by the Brain Injury Rehabilitation Society and so had access to therapists based at another site.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often supporting other sites. Also, people living at these services are younger adults and we intended to visit at the weekend, we needed to be sure some of them would be in to speak with. What we did:

Before the inspection we used information, the provider sent us in the Provider Information Return. (PIR) Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We looked at information we held about the service including notifications they had made to us about important events. We also reviewed all other information sent to us from other stakeholders for example the local authority and members of the public.

During the inspection we;

- Spoke with three people living at the service.

- Spoke with two staff and the registered manager.
- Reviewed two care plans and daily records, including records relating to medicines.
- Reviewed records of accidents, incidents, complaints and compliments.
- Checked training and personnel records.
- Reviewed audits and quality assurance reports.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- The provider had policies and processes which staff understood how to follow and felt confident in alerting any concerns.
- Staff received regular training to help them understand the types of abuse and who they should report any concerns to.
- The registered manager had recently completed the level three safeguarding training delivered by the local authority. This meant they had a high level of knowledge and understanding of the local systems and processes.

Assessing risk, safety monitoring and management

- People said they felt safe and well cared for at the Paddock. Comments included "Yes I feel very safe here." And "I feel safe, they usually listen and I do grumble about some things."
- Risks associated with people's care and their environment were assessed and recorded so staff could provide consistent and safe care to people. Risks were clearly identified and colour coded to show what was high risk and what staff should go to mitigate those risks.
- Emergencies had been well planned for. The service had a grab bag which included personal evacuation plans, survival blankets and essential equipment.

Staffing and recruitment

- There were sufficient staff available throughout the day and evening to meet people's needs. This had recently been reduced so care and support for one person who required two staff to safely move them needed to be planned to ensure there were staff available.
- People were confident staff had the right skills and understood their needs.
- Recruitment processes ensured people were protected from the risk of unsuitable staff being employed.

Using medicines safely

- Medicines were managed safely. Each person had their own medicines locked cabinet in their room. People said they received their medicines as needed. Records were accurate and showed there were protocols for as needed medicines to ensure these were given consistently.
- Staff were trained in medicine administration and their competencies were checked annually to ensure they followed company policies and procedures.

Preventing and controlling infection

- Staff were supplied with personal protective equipment for use to prevent the spread of infections. Staff had received training in infection control.
- The laundry area was clean and there were systems for managing soiled linen to help prevent the risk of

cross infection.

Learning lessons when things go wrong

- Systems were in place to review accidents or incidents. Accidents and incidents were reviewed to identify if there were any trends or if lessons could be learned and improvement actions taken to minimise future risks

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence. People's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance.

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.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The registered manager followed all of the principles and guidance related to MCA and Deprivation of Liberty Safeguards (DoLS) authorisations.
- Staff ensured that people were involved in decisions about their care.
- Capacity assessments had been completed for people and decisions made in their best interests were recorded.

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

- Records confirmed that an assessment of people's needs had been completed.
- Support plans were thorough and contained person-centred information which detailed what was important to the individual. Records were reviewed and updated when a change in need was identified for the person.

Staff support: induction, training, skills and experience

- Staff spoke to confirmed they believed they had good training, support and supervision to do their job effectively. One staff member said, "I think the training is very good, it covers all aspects of our work."
- Staff were competent, knowledgeable and skilled; and carried out their roles effectively.
- Specialist training was provided to ensure staff understood the complexities of working with people with acquired brain injuries. People said staff understood their needs. One person said "I came with really awful pressure sores years ago, but now have clear skin. They need two carers to make sure they hoist me safely. Staff are usually good."

Supporting people to eat and drink enough to maintain a balanced diet

- People said they enjoyed the menu options offered and there was always plenty of choice.

- Staff were aware of people's special dietary requirements
Staff working with other agencies to provide consistent, effective, timely care
- People's needs were well met because staff worked closely with other professionals to ensure all aspects of their care were being met.
- The service had access to their own in-house physiotherapist, occupational therapist and psychologist.
All these professionals worked with staff and people to provide a holistic care package.

Adapting service, design, decoration to meet people's needs

- The design and layout of the service had been adapted to meet people's needs. For example, doors were wide to ensure people using wheelchairs could easily move around. Specialist equipment was installed to enable safe moving and handling.

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

- People had access to community healthcare professionals when required. Advice given by health professionals was followed, documented and communicated across the whole staff team.
- People confirmed they were supported to attend GP and hospital appointments when needed.
- Healthy eating and exercise was promoted to support people's well being.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People said they enjoyed living at The Paddock. One person said "It is a very nice place to live. They really are good here." Another person told us they were planning to move into their own home but that staff at the service had fully supported their decision to move on and were helping in some aspects of getting this plan moving forward.
- Staff spoke about people's individual needs, likes and dislikes. They understood what and who was important to each person.
- People's diversity was celebrated. Staff offered person centred care and wherever possible honoured and respected people's requests.

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

- People were fully consulted on all aspects of the running of the home, and how their care and support should be delivered. One person said that due to some staff cuts, the flexibility to have their needs met had been a little restricted but agreed that, "on the whole, they could choose what time and when their care and support was done."
- People were encouraged to personalise their own bedrooms and were consulted on any changes to communal areas. Regular one to one meetings were held with each person to check their wellbeing and whether they had any suggestions for future goals.

Respecting and promoting people's privacy, dignity and independence

- Staff promoted people's independence as much as possible. Plans were written to show what support people needed and what they could do for themselves.
- People confirmed their privacy and dignity was upheld at all times. For example, staff knocking on their door before entering.
- Staff interacted with people in a kind and caring manner. When someone asked for support, they acted promptly and showed patience and understanding.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

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

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care and support was well planned because people were involved in the development and review of their care plan. This gave staff clear information about what people's preferred routines were and how best to support them.
- Staff understood what and who was important to people. They supported them to maintain contact with family and friends. Staff spent time with people finding out what they wished to do so they could plan for this.
- People said they had choice and control over their lives. One person said, "I have my own transport and so this gives me freedom to go out and about as I wish. I enjoy getting out and spending time with my family and friends."
- People were supported to engage in a wide variety of activities to suit their personal interests. This included accessing the local community as well as some in house activities.
- The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. We found the service had met this standard.

Improving care quality in response to complaints or concerns

- People had access to a complaints process and said they would feel confident to make any concerns known to staff. One person said, "I have a few grumbles but they usually get sorted pretty quickly." Another person said, "There is nothing to complain about." There had been no complaints since the last inspection.
- The registered manager said they had regular discussions with people to check whether they were happy with all aspects of their care and support. This helped to ensure people's concerns did not get missed.

End of life care and support

- People had the option to record their end of life wishes but this was not done as a matter of course as most people living in the service were younger adults.
- Staff would be supported by the multidisciplinary team should there be a known need to consider discussing end of life decisions with people.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture. The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service ensured person centred, high quality care because they promoted the ethos of a caring and supportive environment from which people could maintain maximum independence. This was achieved through detailed care planning involving a wide range of multidisciplinary team members.
- Staff were skilled and experienced which ensured high quality care and support was provided.
- People had confidence in the registered manager and staff to provide them with the level of support they needed. One person said, "The manager is very good, the staff do listen."
- Staff felt valued and listened to. They said there was good team work within the service.
- The registered manager understood their role and responsibilities.

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

- The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the support provided. Staff and people living at the service had a high level of confidence in the registered manager.
- All aspects of the service were audited and monitored at local level and through the provider organisation. Where issues were identified an action plan was implemented to make improvements. For example, where there had been a medicine error the staff member was asked to complete a reflective practice tool and offered further training.
- The provider had displayed their assessment rating at the service and on their website, as they are required to do.
- Notifications were submitted as required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics and working in partnership with others

- The service involved people and their relatives in day to day discussions about their care in a meaningful way.
- Links with outside services and key organisations in the local community were well maintained to promote independence and wellbeing for people.

Continuous learning and improving care

- Staff were focused in developing their skills. Supervisions contained clear objectives to support staff with

their continuous learning.

- Reflective practice tools were used to help staff understand when things may have gone wrong or could have been done better.
- Good communication was maintained within the staff team via regular handovers, team meetings where learning was key to the agenda.