

## Brain Injury Rehabilitation Trust

# Brain Injury Rehabilitation Trust - Bristol Road

### Inspection report

Selly Oak  
Birmingham  
West Midlands  
B29 6LX

Tel: 01214781847  
Website: [www.thedtgroup.org](http://www.thedtgroup.org)

Date of inspection visit:  
15 March 2017

Date of publication:  
17 May 2017

### 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

We carried out this unannounced inspection on the 15 March 2017. Brain Injury Rehabilitation Trust- Bristol Road provides a rehabilitation service for up to 8 people who have an acquired brain injury. At the time of the inspection 8 people were living at the service. The service was last inspected in October 2014 and was rated 'Good' in all areas. At this inspection we judged that the service provided remained 'Good.'

People were supported to remain safe by staff who were aware of the risks associated with their support needs and how to minimise these risks to help keep people safe. Staff had knowledge about safeguarding procedures and action they would take should they have concerns. People were supported by sufficient staff who had been recruited safely.

People received support to take their medicines safely by staff who had been assessed as competent to provide this support. Medicines were stored safely and there were systems in place to regularly check that people's medicines were given as prescribed.

People were supported by staff who had the skills and knowledge to meet their needs. Training had been provided to staff around people's individual needs including training on brain injuries. People had their healthcare needs met and were assisted to have foods and drinks they enjoyed.

People were supported to have maximum choice and control of their lives and staff supported people in the least restrictive way possible. The policies and systems in the service supported this practice. People were supported by a range of healthcare professionals as required to promote their health.

People told us that they felt cared for by staff who knew their preferences for care well. Staff demonstrated that they enjoyed their work with the people who lived at the service. People had their independence encouraged and promoted in many aspects of their lives.

People were involved in planning and reviewing their care to ensure it continued to meet their needs. People were supported to partake in activities that were of interest to them on a regular basis.

People, their relatives and staff were happy with how the service was managed. Quality monitoring systems, and methods of seeking feedback from people, were in place to ensure the service continued to be safe and of a good quality in line with people's needs and wishes.

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?

Good ●

The service remained safe.

### Is the service effective?

Good ●

The service remained effective.

### Is the service caring?

Good ●

The service remained caring.

### Is the service responsive?

Good ●

The service remained responsive.

### Is the service well-led?

Good ●

The service remained well-led.

# Brain Injury Rehabilitation Trust - Bristol Road

## **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 checked 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 unannounced inspection took place on the 15 March 2017 and was carried out by one inspector.

As part of the inspection we looked at information we already had about the provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care. We refer to these as notifications. Before the inspection, the provider had completed a Provider Information Return (PIR) and returned this to us within the timescale requested. 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 reviewed the information from notifications and the PIR to plan the areas we wanted to focus our inspection on.

We visited the home and met with all the people who lived there. Some of the people living at the home were not able to speak to us due to their health conditions and communication needs. We spent time in communal areas observing how care was delivered and 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 five people, the registered manager, the deputy manager, three staff and an assistant psychologist who was also based at the service. We looked at records including two people's care plans and medication administration records. We looked at two staff files to review of the provider's recruitment process. We sampled records from staff training plans, incident and accident reports and quality assurance records to see how the provider monitored the quality and safety of the service. As part of the inspection, we

sought the views of two relatives of people using the service.

# Is the service safe?

## Our findings

People that we spoke with told us they felt safe living at the service and one person commented, "Absolutely, I feel safe." We observed that people approached staff with ease during the inspection. We saw that staff were proactive in maintaining people's safety throughout our visit, including at meal times and through ensuring the environment at the service was maintained to enable people to mobilise safely.

People had the risks associated with their care managed well with the support of staff. We saw that individual risks to people had been identified and steps had been put in place to minimise the risk for the person. Some people living at the service used behaviour as a way to communicate their feelings or needs. Staff were able to tell us how they supported people and staff had received training to aid their understanding of how to keep people safe at these times. People were supported by staff who were able to describe specific signs of abuse and the appropriate action they would take should they have concerns.

There were sufficient staff available to respond to people's needs. Staff had been deployed in line with people's assessed needs and some people needed support from one staff member all the time which we saw in practice. The service had steps in place to ensure staff were recruited safely. These checks included obtaining a Disclosure and Barring Service Check (DBS). Not all the evidence needed to provide confirmation that references had been secured from past employers was available at the time of the inspection, although we were provided with assurance following the inspection that this was now in place.

People received safe support with their medicines. One person we spoke with commented on the support they received with their medicines and told us, "I am happy with the support I get with medicines." We saw that medicines were administered in a dignified way and staff provided people with explanations of the medicines they were taking. Where staff were responsible for administering medicines we saw that they had received training and had been assessed as competent in safe medicine administration. Our review of records provided evidence that most medicines had been given safely, although we noted two instances where the amounts of medicine available did not correspond with the amounts that had been administered. Whilst we found no evidence that people's safety had been affected, the registered manager took action to investigate this during the inspection and put steps in place to reduce the chance of a similar error occurring again. There were systems in place to regularly check that medicines had been given safely.

# Is the service effective?

## Our findings

People were supported by staff who had the skills and knowledge they needed for their role. People told us that they were confident that staff knew how to meet their individual needs. During the inspection we observed staff using these skills to meet people's dietary, mobility and communication needs

Staff confirmed they had received an induction and adequate training to equip them with the knowledge they needed to support people. One staff member commented on the training and said, "It's very good. It helps you to understand the service users and their complex needs." Specific training had been provided to help staff to understand people's individual needs including training on how brain injuries could affect people. There were systems in place to ensure staff were competent following the completion of training and to ensure training was kept up to date. At the time of the inspection, none of the staff were required to complete the Care Certificate although the registered manager had access to this training should the need arise. The Care Certificate is a nationally recognised induction course which provides staff with a general understanding of how to meet the needs of people who use care services.

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 people lack mental capacity to take particular decisions, any decision made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA. People told us that they were offered choices about their care and we saw this in practice. The staff we spoke with had a good understanding of how to support people in line with the MCA. Where it was considered that a person may have lacked capacity to make a specific decision, we saw that assessments and best interest meetings had been carried out which were kept under review. People were supported in line with the principles of the MCA.

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 are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service had applied for DoLS appropriately and whether any conditions on authorisations to deprive someone of their liberty were being met. The service had identified that some restrictions on care were needed to keep people safe. In these instances the registered manager had made appropriate applications for a DoLS, some of which had been approved.

People were supported to eat and drink sufficient amounts as they wished and to maintain their health. People were happy with the meals they received and one person told us, "The food is excellent." We saw that people had access to the kitchen and had planned times during the week to develop their meal preparation skills. People were supported to express their food preferences and these became part of the menus. Where people required support from staff to eat their food, we saw that this was done in a dignified and respectful manner.

People had been supported to maintain their healthcare needs. The service had access to a team of healthcare professionals who had been employed by the registered provider to help promote people's health and wellbeing. People confirmed that they also had regular health checks and support from community health professionals. People were supported to see these community health professionals where it had been identified that their specific healthcare conditions needed more regular monitoring. Staff had access to key information about people's healthcare needs to enable them to support people effectively.



## Is the service caring?

### Our findings

People we spoke with told us they felt cared for and were happy living at the service. One person we spoke with told us that the staff were, "Friendly people," and another person told us, "Staff are always helpful." People told us that staff were respectful of their privacy and dignity. Relatives told us that staff were caring in their work and one relative commented, "The staff are all excellent, without exception. I have total trust in them." During the inspection we observed kind, caring interactions between people and staff and we saw that staff tailored their communication style to the person they were communicating with.

Staff we spoke showed that they were engaged in and enjoyed their role of supporting the people who lived at the service. When we spoke with one staff member, they described the best part of their role as, "Working with the service users." Many of the staff had worked at the service for a number of years and had a good knowledge of the preferences of the people they were supporting.

One of the main aims of the service was to provide rehabilitation to people who had an acquired brain injury by ensuring people had the opportunity to re-learn life skills and to promote their independence. We saw that people were encouraged to take part in daily living skills such as cooking, laundry and cleaning tasks with the support of staff. People we spoke with told us that staff encouraged and enabled their independence. One staff member we spoke with described how this support had benefitted some people who had previously lived at the service in enabling them to move on to more independent living.

People and those who were important to them were involved in planning care to ensure the care provided was tailored to meet people's individual needs. Care plans contained details of these preferences although we noted that people's records did not always reflect the knowledge staff had of people's likes and dislikes. People told us that staff knew how they preferred to be supported.

The service had ensured that people maintained contact with people who were important to them. People told us that visitors were welcome at any time. Where some people's families lived a long way away from the service, staff supported people to contact them through telephone calls as they wished. The registered manager was developing the use of technology as another method of helping people to keep in touch with their loved ones.

## Is the service responsive?

### Our findings

People were involved in reviewing their care to ensure it continued to meet their needs and preferences. One person told us, "They [the staff] always get me involved." Each person living at the service had a keyworker who reviewed people's care and goals for rehabilitation with them at regular intervals. These meetings enabled people to state any changes they wanted to make to their care. One relative we spoke with told us, "They involve me in his care. We have a review every now and then."

People took part in a range of activities that were based on their interests. People we spoke with told us they were happy with the activities they did and told us they had been on outings to the cinema, bowling and theatre. The service had an activity co-ordinator who worked with people to discuss what activities they would like to take part in. Where people found it useful, activity timetables were developed to enable people to know what had been planned for the week.

There were systems in place for staff to share information about people's changing needs. We saw that these systems were effective and used by all staff. This aided staff to receive up to date information about people's needs and preferences.

The service had a robust complaints procedure in place. People received information about how to complain when they first moved into the service and were reminded about the right to complain during meetings that were held between people who lived at the service. The service had received no complaints in the last twelve months. Although relatives stated it didn't occur very often, they felt able to raise any concerns they had and one relative told us, "I do raise concerns if I feel it necessary."

## Is the service well-led?

### Our findings

People, relatives and staff we spoke with provided consistent feedback that the management of the service was effective. People knew who the managers were and were confident to approach them should they have any concerns. Relatives were happy with how the service was managed and one relative told us, "I can speak to the managers."

There was a registered manager at the service who was present throughout the 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. The registered manager was supported by a deputy manager who was able to provide leadership should the registered manager be unavailable. The registered manager was aware of their responsibilities to inform the Commission of specific events that had occurred at the home, and agreed to meet the requirement to inform us where DoLS had been approved.

Systems had been developed to monitor the quality and safety of the service. Regular checks were undertaken to ensure the service provided was safe and of a good quality. These regular checks included the monitoring and analysis of any accidents and incidents to promote learning and continuous improvement at the service. Whilst the majority of these checks had monitored the quality of the service well, we noted that some medicines audits had not identified where improvements were needed. We received assurance that the registered manager would take action to improve the effectiveness of these audits. The registered provider carried out additional monitoring checks of the service to ensure the quality of the service was meeting the expected standard.

The registered manager had developed opportunities for people to share their views of the service through meetings that were held regularly. Within these meetings people were able to provide feedback about meals and activities, for example, and people were consulted about any events that the registered provider had planned. People and their relatives were also able to feedback their views through an annual survey.

Staff told us that felt supported in their roles and able to approach the management of the service should they need guidance or support with their well-being. Staff told us that their sense of support was also aided by the effective team work that occurred at the service.