







Brain Injury Rehabilitation Trust West Heath House

Inspection report

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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?	Requires improvement	
Is the service well-led?	Good	

Overall summary

We inspected this service on the 2 and 3 of September 2015. This was an unannounced inspection. West Heath House provides a rehabilitation service for people who have an acquired brain injury. Most people stay at the home for less than 12 months although some people have been at the home for a longer period. West Heath House provides accommodation for a maximum of 24 adults. When we inspected there were 20 people living at the home. The home is set out on one level and each person has a single bedroom with their own en-suite.

At our last inspection in September 2014 we found that the provider had breached the Health and Social Care Act 2008 in relation to supporting workers. Following that inspection the provider sent us an action plan detailing the action they would take to address the breach we found. At this inspection we found that improvements had been made to meet this regulation.

There was a registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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 living at the service told us they felt safe. Staff knew how to recognise when people may be at risk of harm and were aware of the provider's policy for reporting concerns.

People, relatives and staff we spoke with told us there were enough staff to meet people's needs. Staff received training to enable them to provide safe and effective care that met people's individual needs. Robust recruitment checks were in place to ensure new staff were suitable to work at the service.

Staff we spoke with had received training on the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS) and were aware of how to support people in line with this legislation. The registered manager had taken the appropriate action to safeguard people's liberty.

We looked at the ways in which staff minimised the risks to people. We found that risks were well managed and reviewed at regular intervals in order to reduce the risk of harm to the person.

The service had a multidisciplinary team on site to support people with all aspects of their rehabilitation. People's healthcare needs were monitored and reviewed on a regular basis.

People were supported to express their views about the service and each person had a named keyworker who they met with regularly to discuss any concerns or to discuss progress made with individual goals.

We saw that care needs of people were reviewed regularly by the multidisciplinary team based at the service. These reviews discussed the person's goals for rehabilitation. However, these meetings took place without the person being present and new goals were discussed and set for the person without their input.

There were systems in place to monitor the quality of the service. Although there were systems in place to seek the views of people and staff, these systems were not always effective in identifying where improvements were needed in the quality of the service.

Summary of findings

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.

People were kept safe by staff who could recognise signs of potential abuse and knew what to do when safeguarding concerns were raised.

There were systems in place to monitor risks that people might experience.

There were sufficient numbers of staff to meet people's needs.

Medicines were safely managed.

Good



Is the service effective?

The service was effective

Staff had the knowledge and skills required to meet the needs of the people they supported. Staff felt supported in their role.

Staff had a good understanding of the Mental Capacity Act 2005. Appropriate action had been taken to safeguard people's liberty.

People were supported to have enough to eat and drink and were supported to maintain good health.

Good



Is the service caring?

The service was caring.

People told us they felt cared for and staff interacted with people in a kind and compassionate way.

People were supported to express their views about the service.

People were treated with dignity and respect.

Good



Is the service responsive?

The service was not always responsive.

People were not always involved in reviewing their care or planning their goals.

People and their relatives were aware of how to make complaints.

Requires improvement



Is the service well-led?

The service was well-led.

Quality assurance systems were in place.

The registered manager was clear about her responsibilities

Good



West Heath 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 unannounced inspection took place on 2 and 3 September and was undertaken by one inspector.

Before 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 and any incidences that put people at risk of harm. We refer to these as notifications. We reviewed the notifications that the provider had sent us and any other further information we had about the service to plan the areas we wanted to focus our inspection on. 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 also contacted the local authority who commission services from the provider for their views of the service.

We visited the home and spoke with three people who lived there, five members of staff, one healthcare professional and the registered manager. Some people's needs meant that they were unable to verbally tell us their opinions of what it was like to live at the service. We observed how staff supported people throughout the day. After the inspection we spoke with four relatives and two healthcare professionals.

We looked at records including three people's care plans and medication administration records. We looked at three staff files including their recruitment process. We also sampled records from training plans, residents' meetings, staff meetings, incident and accident reports and looked at the provider's quality assurance records to see how the service assessed and monitored the quality of the service.

Is the service safe?

Our findings

People who used the service told us they felt safe. Relatives we spoke with told us that they felt confident that their relative was kept safe.

Staff we spoke with could explain the providers safeguarding procedures and informed us that they had received training in how to recognise the signs of abuse and described what action they would take should they have any concerns. Staff felt confident and comfortable in raising any concerns they may have with the registered manager. Records confirmed that staff had received training in safeguarding to ensure they were knowledgeable about safeguarding practices. People who used the service received information in an easy read format about abuse and how to report it to the appropriate person if they had any concerns.

We looked at how the service managed risks to individuals. Prior to admission people were subject to a comprehensive analysis of their needs to determine if the service was able to meet those individual needs. People's individual risks were reviewed at different time intervals depending on the severity of the risk by a multi-disciplinary team. As a minimum risks were reviewed every month. These reviews aimed to reduce the risks for the person as far as possible. We saw a notice board for staff that informed them of any changes to people's care needs or risks that had been reviewed. This meant staff were kept up to date with people's current care needs and how to support them in a safe way.

We found that accident and incident records were clearly recorded. After each instance of an incident an analysis was carried out to identify areas which may prevent the same incident happening again. Accidents and incidents were monitored on a monthly basis and detailed the action taken and the outcome for the person. We looked at risks associated with behaviours that challenge. We found that there were a high number of incidents of behaviour that occurred between people living at the service. We spoke to

the registered manager about this who explained that incidents of behaviour can be more frequent due to people coping with the psychological impact of acquiring a brain injury and the associated frustrations of the person's change of ability. Each incident of behaviour was analysed and reviewed at a weekly meeting to try and reduce the risk of the behaviour re-occurring. The manager had taken appropriate action to inform other agencies of these incidents.

People who used the service told us that there were enough staff to meet people's needs. Staff we spoke with felt there were enough staff available to support people and commented that there were; "Enough staff so we can help people live life to the max". The service had access to regular agency and bank staff in order to maintain designated staffing levels. We saw that there were enough staff to support people and where it had been identified that a person needed a higher level of staff support this was provided.

There were processes in place for staff recruitment which included obtaining Disclosure and Barring Service (DBS) checks to ensure that people employed were safe to be working to support people. We found that further steps had been taken to ensure staff were suitable to support people who used the service.

People were supported to receive medication in a dignified and sensitive way. We saw that staff explained what medicines the person was taking and staff asked people if they needed their 'as required' pain relief medication. Staff we spoke with emphasised the importance of the person's right to refuse their medication and explained what action they would take to monitor the person if this occurred. Medication was stored securely and at a safe temperature which was monitored. We saw that the prescription label for one person's 'as required' emergency medication did not have the amount of tablets to take when needed. This put the person at risk of receiving an incorrect amount of medication. The registered manager informed us that she would rectify this with the pharmacy.

Is the service effective?

Our findings

At our last inspection in September 2014 we found that the provider had breached the Health and Social Care Act 2008 in relation to supporting workers. Following that inspection the provider sent us a plan detailing the action they would take to address the breach we found. At this inspection we found that improvements had been made to meet this regulation.

People who used the service told us that staff had the skills and knowledge to meet their care needs. Relatives we spoke to told us that staff had the knowledge to provide appropriate support to care for people effectively.

Staff we spoke with felt supported within their role. Staff told us that they received formal supervisions and felt able to speak to the management team on an informal basis as and when any concerns arose. Staff told us that they had regular training to provide them with the knowledge to carry out their role effectively. Training was booked in advance by a learning and development team to ensure the correct training was provided to staff. When staff could not attend booked sessions there were systems in place to re-schedule this training. Staff we spoke with informed us of induction training they had received and the assessment that followed to ensure the staff member was competent and confident in their role. The registered manager informed us that new staff were completing The Care Certificate, which is part of the induction process for new staff. Staff meetings occurred at regular intervals and if staff couldn't attend then there were systems in place for staff to put forward any issues or concerns.

Staff we spoke with had received training on the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). All the staff we spoke with were confident about how to comply with the MCA and were aware of the deprivations that had been identified for some

people living at the home. We looked at whether the provider was applying the DoLS appropriately and that any restrictions were appropriately assessed and authorised. The registered manager informed us of the actions she had taken and records confirmed that the appropriate action was taken to safeguard people's liberty. The service was also considering the use of technology to provide care in the least restrictive way.

People we spoke with told us that staff offered them choices and we saw staff responding to these requests effectively. People told us that staff sought consent before supporting the person. We saw staff seeking consent around medication and before supporting people with meals.

People were supported to eat and drink enough to meet their needs and maintain good health. We saw that people were supported to choose what to eat and where to eat. The menu for the day was written on a board in the dining room with the choice of food available. There were no other communication aids available for people to know what meals were available although the service was going to start work on this. People were asked what their favourite meal was and this was then incorporated into menu planning. The chef sought feedback from people to see if they liked the food that day and whether to include it in future menu plans.

The service provides rehabilitation to people who have an acquired brain injury. There are a team of professionals, on site, from different healthcare backgrounds that are able to support people in all aspects of their rehabilitation. Records confirmed that people's healthcare needs were monitored and reviewed on a regular basis by this team of professionals. Relatives informed us that the service was quick to seek advice from the G.P if their relative was unwell.

Is the service caring?

Our findings

People told us that they felt cared for and we saw that staff interacted with people in a kind and compassionate way. One person we spoke with told us, “Staff are lovely, very caring.” Relatives of four people spoke highly of the staff and comments included, “Staff are absolutely fantastic”; and “I’m over the moon with the care.”

Staff we spoke with knew people’s life histories including the reasons people had acquired a brain injury. Staff used this information in a sensitive way to understand the impact the brain injury had had on the person and subsequently their new support needs.

We saw that people had some involvement in planning their care. Where the person was unable to fully participate in care planning, due to their specific needs, relatives of the person were consulted. We saw that care plans were detailed and included people’s current needs. These care plans explained how to provide the person with support with all aspects of their care needs in line with their wishes. People who used the service were involved in staff recruitment by showing interviewees around the service and sitting in on the interview panel. This meant people had some involvement on choosing who provided their care.

The main aim of the service is to provide people with rehabilitation and reablement of life skills. To achieve this aim the service provides tailored sessions from healthcare professionals based at the service to aid rehabilitation for people. Therefore the service has put in place limited visiting times to enable people to complete their rehabilitation sessions. The registered manager did

comment that they could be flexible with visiting times if relatives had to travel a long way. Relatives commented that the service kept them informed of any changes. For those people with no known relatives, advocacy services had been arranged.

People were provided with a guide when they moved into the service that provided them with key information about the service. The guide was written in an easy read format to enable ease of understanding for the person accessing it.

People could express their views via a suggestion box which was situated in the dining room. People who had some difficulties in verbally communicating had access to communication aids to enable communication. People were supported by named staff and a keyworker was allocated to each person who met with the person to discuss their care and support needs.

We saw that staff treated people with respect and dignity. Each person had a key to their bedroom door and the staff had to press a door bell before they could enter a person’s bedroom. Staff told us that one of the main aims of the service is to help people gain independence. The building was adapted so that it was freely accessible to all people and enabled independent movement around the building. The service had two flats with their own kitchen on site so people could practice living independently in a safe environment. One person told us about how he had been supported to plan meals out with staff, purchase the food and then cook the meal. People could also practice using the laundry. Staff spoke passionately about helping people with their independence and stated that “The best part of working here is seeing someone being able to walk out of the front door”.

Is the service responsive?

Our findings

We saw that care needs of people were reviewed weekly or monthly by the multidisciplinary team based at the service. These reviews discussed the person's goals for rehabilitation and the progress the person had made towards these goals and also gave the multidisciplinary team the chance to review any current risks the person may have. Some of the goals were task orientated and were not easily understood by people living at the service. Relative's told us that they were involved in care reviews and were able to give input at these meetings. However, these meetings took place without the person been present and new goals were discussed and set for the person without their input. The person was then informed what their new goals were. When we spoke to people about their goals one person told us that he didn't know what his goals were and therefore was frustrated that he didn't know how to progress with the end goal of being discharged from the service. The registered manager assured us that all people using the service are made aware of their goals, with some people requiring daily prompts. Following our inspection the provider has informed us that new systems were going to be put in place in order to involve people in their reviews more.

We spoke with the activity coordinator for the service. They told us that activities were planned with people based on their interests. People had been supported to continue with past interests such as music lessons, in order to aid

their rehabilitation. We saw people receiving support to access the community to practice life skills which would aid their rehabilitation. The service recognised the need for social activities to increase self-esteem.

We saw that daily meetings took place with people to help orientate the person with the day, date and also gave an opportunity to discuss what was happening in the news. Each person also had a discussion with staff about what was going to happen during the day.

We saw that each person had a named member of staff who met with the person regularly to discuss any concerns they may have, any input they wanted to give to review meetings and to discuss progress made with existing individual goals.

People told us that they knew how to raise concerns they may have and felt confident that these concerns would be dealt with effectively. People had access to information about how to raise a complaint in an accessible format in the service user handbook. Staff that we spoke with told us they felt able to raise any concerns with the management team and also felt confident in whistleblowing should the need arise. Relatives told us that they knew how to complain but had not had the need to express an official complaint. We saw that where complaints had been received the registered manager had completed a full investigation and used outcomes of the investigation for learning to improve further practice. The registered manager had provided written responses to complaints received and had apologised where the complaint was founded.

Is the service well-led?

Our findings

People we spoke with told us they were happy with how the home was managed and staff told us they felt supported within their role. The service had a clear management structure and the registered manager was supported by a deputy manager and a head of care. People had named key workers who communicated with relatives to keep them up to date with the persons care. Relatives could tell us who these key workers were but most relatives could not tell us who the registered manager was. The reasoning they gave was that there were so many healthcare professionals involved in one person's care that the registered manager had not needed to contact them.

The registered manager followed requirements to inform the Care Quality Commission of specific events that had occurred in the service and had worked with other agencies to keep people safe. The registered manager was aware of current changes to regulations and how they needed to be implemented within the service.

The registered manager informed us that one of the planned improvements for the service included signing up to The Social Care Commitment which is a scheme introduced by the government whereby care services make an official commitment to provide high quality care services.

People and staff informed us that they felt they were involved in the running of the home and were able to express suggestions for improvement to the registered manager. Staff told us that this happened on an informal as well as formal basis. People were supported to express their views about the service through a service user forum. One of the people living at the service had been nominated to represent all the people who lived at the service and this person chaired the service user meetings which occurred monthly. The agenda of these meetings was decided by the people living at the home and the staff added items of

information that people may need to know concerning the running of the home. However, we found that when people had raised issues at these meetings there had been no action to resolve the issue. For example, one person stated that they wanted to learn a new skill such as decorating and another person had stated that they wanted to go on an outing to visit a museum. There was no evidence that these requests had been actioned. Furthermore, people who didn't attend the meeting were not consulted about their view before the meeting commenced.

We looked at systems in place to monitor the quality of the service. We found that there were a number of systems in place. The registered manager had put an action plan in place to address previous issues raised about staff supervisions and training. Most of the goals and targets of this action plan had been reviewed and following the inspection the registered manager informed us of systems that were going to be put in place to complete the remainder of the targets. External quality audits were being completed monthly to determine whether the service was performing in key areas.

There were monthly quality assurance data sheets that detailed key incidents that had happened over the course of the month in order to monitor risks. This data was then analysed by the quality assurance department to highlight any reoccurring incidents or safety concerns in order to safeguard the people living at the service.

We saw that the provider had sent out questionnaires to people and their relatives to seek their views of the service. These had been completed two months prior to the inspection but had yet to be analysed. The questionnaires had been sent out electronically, which the service realised afterwards was not accessible for all people and only half of the people living at the service had completed the survey. There was no evidence of how the people who couldn't answer the survey had had their views sought.