Care Quality Commission

Respite (North West) Limited

Ashbrook Neuro Rehabilitation

Inspection report

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Rochdale
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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

Overall summary

This was an unannounced inspection that took place on 16 September 2015. This was the first inspection since the service was registered in July 2014. There were three people using the service at the time of the inspection.

Ashbrook Neuro Rehabilitation is a single storey detached building situated in a residential area of Rochdale. The unit is registered to care for up to seven adults with an acquired brain injury. The building has been adapted to provide seven suites that include a bathroom, bedroom, lounge, kitchenette and a private or shared garden area.

The service had a registered manager who, due to approved leave, was not present on the day of 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

Summary of findings

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 nominated individual, who is also a director of the company, was acting as the manager until the registered manager returned from leave.

We found people were cared for by sufficient numbers of suitably skilled and experienced staff who were safely recruited. Staff received the essential training and support necessary to enable them to do their job effectively and care for people safely. Records showed that staff had also received training relevant to their role. The staff we spoke with had a good understanding of the care and support that people required. The person who used the service that we spoke with told us they felt the staff were, "first class".

We found that suitable arrangements were in place to help safeguard people from abuse. Guidance and training was provided for staff on identifying and responding to the signs and allegations of abuse. Staff were able to demonstrate their understanding of the whistle-blowing procedures (the reporting of unsafe and/or poor practice).

Staff were also able to demonstrate their understanding of the principles of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS); these provide legal safeguards for people who may be unable to make their own decisions.

People's care records contained detailed information to guide staff on the care and support required. The care records showed that risks to people's health and well-being had been identified and plans were in place to help reduce or eliminate the risk. We saw that people, where able, were involved and consulted about the development of their care plans and their rehabilitation treatment programme.

We found the system for managing medicines was safe and we saw how the staff worked in cooperation with other health and social care professionals to ensure that people received timely, appropriate care and treatment.

People were provided with a choice of suitable and nutritious food and drink to ensure their health care needs were met. We saw that food stocks were good and people were able to choose what they wanted for their meals.

We saw that procedures were in place to prevent and control the spread of infection and risk assessments were in place for the safety of the premises. All areas of the unit were clean, well maintained and accessible for people with limited mobility; making it a safe environment for people to live and work in. Systems were in place to deal with any emergency that could affect the provision of care.

To help ensure that people received safe and effective care, systems were in place to monitor the quality of the service provided. Regular checks were undertaken on all aspects of the running of the unit and there were opportunities, such as care review meetings and questionnaires for people to comment on the facilities of the service and the quality of the care provided.

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?

Good

The service was safe.

We found that sufficient numbers of staff were provided to meet the needs of the people who used the service.

A safe system of staff recruitment was in place and suitable arrangements were in place to help safeguard people from abuse.

The system for the management of medicines was safe. The care records showed that risks to people's health and well-being had been identified and plans were in place to help reduce or eliminate the risk.

All areas of the unit were clean and well maintained and procedures were in place to prevent and control the spread of infection.

Is the service effective?

Good

The service was effective.

Staff received training to allow them to do their jobs effectively and safely and systems were in place to ensure staff received regular support and supervision.

We found the provider was meeting the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

People were provided with a choice of suitable and nutritious food and drink to ensure their health care needs were met.

The layout of the building ensured that all areas of the unit were accessible for people whose mobility was limited.

Is the service caring?

Good

The service was caring.

We saw that staff treated people with dignity and respect The cultural and religious needs of people were respected.

Staff were aware of how to access advocates for people who used the service.

Staff were aware of their responsibility to ensure information about people who used the service was treated confidentially.

Is the service responsive?

Good

The service was responsive.

Detailed assessments were undertaken before people were admitted to the unit. This was to ensure their needs could be met.

Summary of findings

The care records contained detailed information to guide staff on the care to be provided. The records were reviewed regularly to ensure the information contained within them was fully reflective of the person's current support needs.

The provider had systems in place for receiving, handling and responding appropriately to complaints.

Is the service well-led?

Good

The service was well-led.

The home had a manager registered with the Care Quality Commission (CQC).

Systems were in place to assess and monitor the quality of the service provided to ensure people received safe and effective care.

The registered manager had notified the CQC, as required by legislation, of any incidents that had occurred at the service.

Ashbrook Neuro Rehabilitation

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 was the first inspection since the service was registered in July 2014. This inspection took place on 16 September 2015 and was unannounced. The inspection team comprised of one adult social care inspector.

Before the inspection we reviewed the information we held about the service including notifications the provider had sent to us. Following the inspection we contacted some of the healthcare professionals who provide funding for the care of some of the people who use the service. The healthcare professionals we contacted told us they had no concerns about the service and were happy with the care people received.

During this inspection we spoke with two people who used the service, one registered nurse, two rehabilitation staff and the nominated individual who was acting as the manager in the registered manager's absence. We did this to gain information about the service provided.

We looked around all areas of the unit, looked at how staff supported people, looked at two people's care records, three medicine records, four staff recruitment and training records and records about the management of the service.

Is the service safe?

Our findings

A discussion with the staff and an inspection of the staff rosters showed there was a registered nurse on duty 24 hours per day who was supported by an adequate number of care staff, known as rehabilitation coaches. The staff rosters identified there was a sufficient number of suitably experienced and competent staff available at all times to meet people's needs. One staff member told us, "There is more than enough [staff]".

We saw that the staff recruitment procedure in place gave clear guidance on how staff were to be properly and safely recruited. This helps to protect the health and safety of people who use the service. We looked at four staff personnel files .The staff files contained proof of identity, application forms that documented a full employment history, a medical questionnaire, a job description and at least two professional references. Checks had been carried out with the Disclosure and Barring Service (DBS).The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. The provider had checked that the registered nurses who worked at the service had a current registration with the Nursing and Midwifery Council (NMC); enabling them to continue to work as a registered nurse.

We saw that suitable arrangements were in place to help safeguard people from abuse. Inspection of the training records and staff training certificates showed all staff had received training in the protection of adults. Staff we spoke with told us they had to undertake safeguarding training before they started their job. Policies and procedures for safeguarding people from harm were in place. These provided guidance on identifying and responding to the signs and allegations of abuse. The staff we spoke with were able to tell us what action they would take if abuse was suspected or witnessed.

All members of staff had access to the whistle-blowing procedure (the reporting of unsafe and/or poor practice); It was displayed in the staff office and was also included in the staff handbook that was given out to every staff member.

The care records we looked at showed that risks to people's health and well-being had been identified, such as the risk associated with poor mobility, poor nutrition and the risk of choking. We saw that detailed care plans had been put into place to help reduce or eliminate the identified risks.

We saw that any accidents and incidents that had occurred were recorded. The acting manager told us this was so they were able to analyse any recurring themes and then take appropriate action to help prevent any re occurrence.

We looked to see how the medicines were managed. We checked the systems for the receipt, storage, administration and disposal of medicines. We also checked the medicine administration records (MARs) of the three people who used the service. We saw a detailed medicine management policy and procedure was in place. We found that medicines, including controlled drugs, were stored securely and only the registered nurses had access to them. The MARs showed that people were given their medicines as prescribed, ensuring their health and well-being were protected.

We saw the front door to the unit was kept locked and people had to ring the doorbell and be allowed access to the unit by the staff. Each garden area was enclosed and the bedroom doors that led out onto the garden areas had fob locks in place. This helped to keep people safe by ensuring the risk of entry into the unit by unauthorised persons was reduced.

The wide corridors helped to ensure safe movement around the unit and we saw that the provider had taken steps to ensure the safety of people who used the service by ensuring the windows were fitted with restrictors and the radiators were suitably protected with covers.

Inspection of records showed that a fire risk assessment was in place and regular in-house fire safety checks had been carried out. Records showed risk assessments were in place for all areas of the general environment. Records also showed that the equipment and services within the unit were serviced and maintained in accordance with the manufacturers' instructions. This helps to ensure the safety and well-being of everybody living, working and visiting the unit.

We saw infection prevention and control policies and procedures were in place and that infection prevention and control training was undertaken for all staff. We saw that staff wore protective clothing of disposable gloves and

Is the service safe?

aprons when carrying out personal care duties. Alcohol hand-gels were available and hand-wash sinks with liquid soap and paper towels were in place in the bedrooms, toilets, kitchens and laundry. Good hand hygiene helps prevent the spread of infection. We saw that colour coded mops, cloths and buckets were in use for cleaning; ensuring the risk from cross-contamination was kept to a minimum. On site laundry facilities were provided. The laundry looked clean and adequately equipped. Arrangements were in place for the safe handling, storage and disposal of clinical waste.

We looked to see what systems were in place in the event of an emergency. We saw procedures were in place for dealing with any emergencies that could arise and possibly affect the provision of care. We also saw that personal emergency evacuation plans (PEEPs) had been developed for all the people who used the service. These were kept in the person's individual care file and also in the emergency file situated in the staff office to ensure they were easily accessible in the event of an emergency arising.

We saw that emergency resuscitation equipment was available and was located in an identified designated position. We were told that the qualified nurses and the first aid staff on duty were trained in the use of the equipment.

Is the service effective?

Our findings

We spoke with one of the people who used the service who told us, “It’s first class. I am absolutely impressed with Ashbrook. I am impressed because I am making such progress. I am lucky being here”.

We looked at how staff were supported to develop their knowledge and skills, particularly in relation to the specific needs of people living in the unit. A discussion with the staff showed they had an in depth knowledge of the needs of the people they were looking after. Staff told us they had received the necessary induction and training to allow them to do their jobs effectively and safely. A check of the training records confirmed this information was correct.

The personnel records we looked at showed that staff received regular supervision. Supervision meetings provide staff with an opportunity to speak in private about their training and support needs as well as being able to discuss any issues in relation to their work.

We saw that verbal and written handover meetings were undertaken on each shift to help ensure that any change in a person’s condition and subsequent alterations to their care plan were properly communicated and understood.

The one person we were able to speak with told us they were able to consent to the care and support they required. They also told us they were able to make decisions about most aspects of their daily routine. They told us about their rehabilitation treatment plan and what the staff did to make sure they remained as well as they could be.

From our observations and inspection of care records it was evident that one of the people who used the service was not able to consent to the care provided. An inspection of their care record showed how a ‘best interest decision’ had been made on their behalf. A 'best interest' meeting is where other professionals, and family if relevant, decide the best course of action to take to ensure the best outcome for the person using the service.

We spoke with the acting manager about their understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and how the service manages the DoLS. The MCA is essentially a person centred safeguard to protect the human rights of people. It provides a legal framework to empower and protect people who may lack capacity to make certain decisions for themselves. What they told us demonstrated they had a good understanding of the importance of determining if a person had the capacity to give consent to their care and treatment.

DoLS are part of the MCA. They aim to make sure that people in care homes are looked after in a way that does not inappropriately restrict their freedom. The safeguards should ensure that a person is only deprived of their liberty where this has been legally authorised.

The Care Quality Commission is required by law to monitor the operation of the DoLS and to report on what we find. We saw that one application had been made to the supervisory body (local authority) and had been approved. Records we looked at provided evidence that the provider had followed the correct procedure to ensure any restrictions to which a person was unable to consent were legally authorised under the DoLS.

The layout of the building ensured that all areas of the unit were accessible for people whose mobility was limited. Adequate equipment and adaptations were available to promote people's safety, independence and comfort. Equipment was available to safely hoist and transfer people whose mobility was impaired.

The unit had two kitchens; one a domestic type kitchen and the other designed and adapted for wheelchair users. The adapted kitchen had height adjusting worktops, and a ‘hi- lo’ cooking hob and sink. The adapted kitchen is for people, on assessment, to access and utilise as part of their rehabilitation programme. We saw that each bedroom had ramped access to the private or shared garden. The bedrooms had their own en-suite shower room with height adjusting sinks, mirrors and toilets. We also saw that specialised equipment was in place in the bedrooms to meet people’s specific individual needs.

We checked to see if people were provided with a choice of suitable and nutritious food and drink to ensure their health care needs were met. Staff told us there were no set menus and that the people who used the service chose what they wanted to eat. We saw that food stocks were ample. We were told that one person, accompanied by staff, shopped at the supermarket for their own food. The one person who used the service to whom we spoke told us they chose what they wanted to eat and that staff then did their shopping for them. This person told us, “The food

Is the service effective?

is good and I enjoy it; especially now I am able to eat more normal food". We were made aware that, due to their medical condition one person was fed with a prescribed food supplement through a tube into their stomach.

The care records we looked at showed that people had an eating and drinking care plan and they were assessed in relation to the risk of inadequate nutrition and hydration.

Following a discussion with the acting manager and inspection of care records we were made aware that the health care needs of the people who used the service were met by a team of health care professionals. The team of professionals included, in addition to the registered nurses and rehabilitation coaches, a consultant physician who specialises in the care of people with an acquired brain injury, physiotherapists, neuropsychologists, occupational therapists, speech and language therapists and a dietician. In addition to the team of professionals who provided a service at the unit, people had access to external health and social care professionals, such as hospital consultants, GPs, and dentists.

The healthcare professionals we contacted told us that the staff regularly communicated with them to ensure that the care provided was safe and effective.

Is the service caring?

Our findings

The person we spoke with told us, “The staff are so good, they are first class too. I like them all”. Although verbal communication was not possible for one of the people we spoke with they responded positively by smiling and a ‘thumbs up’ when asked by us if they were being well looked after.

A senior healthcare professional that we contacted told us they felt the staff were professional, knowledgeable and extremely caring.

The atmosphere in the unit was calm and relaxed. We saw there were frequent and friendly interactions between people who used the service and the staff supporting them. We saw staff treated people who used the service with dignity and respect but also with plenty of warmth and humour.

A discussion with the acting manager showed they were aware of how to access advocates for people. Information leaflets about the advocacy service were displayed in the reception area of the unit. An advocate is a person who represents people independently of any government body. They are able to assist people in many ways; such as, writing letters for them, acting on their behalf at meetings and/or accessing information for them.

Staff we spoke with were aware of their responsibility to ensure information about people who used the service was treated confidentially. Staff told us their induction included training on maintaining confidentiality of information. We saw that people’s care records were kept securely in a filing cabinet in the staff office.

We were told the cultural and religious backgrounds of people were always respected. We were told that one of the people, who is from a minority ethnic background, went to their own church, which was several miles away, every Sunday. We were told that a staff member always accompanied them. We were told that this person also liked their traditional foods and that staff would take them shopping to the ‘specialist food’ shops.

We were told that a relative of one of the people who used the service was, by mutual agreement, involved in their relative’s personal care on certain days of the week. The person who used the service confirmed this information was correct. They also told us they went home at weekends and really looked forward to it. They also regularly went to the pub with their friends.

We asked the acting manager to tell us how staff cared for people who were very ill and at the end of their life. We were told that although the staff had not received any specialised end of life training the registered nurses were very experienced in caring for terminally ill people. The provider told us that if a person became very ill and their family or friends wished to stay overnight they could, with their relative’s permission, stay in the person’s bedroom on the bed settee.

Is the service responsive?

Our findings

The care records we looked at showed that detailed assessments were undertaken prior to the person being admitted to the unit, to ensure their needs could be met. The assessments were undertaken by the relevant people from the team of health care professionals employed by the registered provider.

The care records contained detailed information to guide the nursing and rehabilitation staff on the care to be provided. They also contained specific specialist information and guidance from the relevant professionals involved in the development of people's individual rehabilitation treatment programmes. The care records were reviewed regularly by staff to ensure the information was fully reflective of the person's current support needs.

We saw evidence in the care plans to show that families had been involved in the care planning and decision making. We also saw that the relevant family members were invited to attend their relative's healthcare case review.

We looked to see what activities were provided for people. We were told that the activities provided were centred around what people were able, or wished to do, at any given time. We were informed that people had an individual rehabilitation plan that included periods of rest and activity.

We saw that one person was in the dining room reading the newspaper and another person was resting in bed, watching the television. Staff told us they took people out to the local library and shops. We were shown the large greenhouse that was for the use of people who used the service. We saw that lots of plants and vegetables were being grown in the raised flower and vegetable beds.

We asked the acting manager to tell us how, in the event of a person being transferred to hospital information about the person was passed on. We were shown a 'hospital passport' that was kept in each person's care file. The document contained detailed information about the person's care needs and the medication they were receiving. We were told that if a person who used the service required hospital attendance or admission they would be supported by one of the rehabilitation coaches. This was to ensure the person's safety and well-being and maintain continuity of care.

We looked at how the service managed complaints. We saw people were provided with clear information about the procedure in place for handling complaints. There was a copy of the complaints procedure displayed in the reception area in an 'easy read' format. The complaints procedure was also included in the 'welcome pack' that was given out to people who used the service and to their families. The procedure explained to people how to complain, who to complain to, and the times it would take for a response. The registered provider told us that no complaints had been received about the service but if any were received they would be appropriately recorded and managed in accordance with their complaints procedure.

Is the service well-led?

Our findings

The service had a registered manager who, due to approved leave, was not present on the day of 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 service was being managed by the nominated individual until the registered manager returned from leave.

Our conversations with the staff showed they felt included and consulted with. Staff spoke positively about working at the unit. They told us they felt valued and that management were very supportive.

A discussion with the acting manager showed they were clear about their aims and objectives. This was to ensure that the service was run in a way that supported the need for people to gain independence through the most effective rehabilitation possible.

We asked the acting manager to tell us what systems were in place to monitor the quality of the service to ensure people received safe and effective care. We were told that regular checks were undertaken on all aspects of the running of the service. We saw some of the checks that had been undertaken, such as medication and environmental safety audits.

We saw management sought feedback from people who used the service and their relatives through questionnaires that were sent out twice a year. The questionnaires asked for their views on how they felt they were being cared for and if the facilities at the service were to their satisfaction. We looked at some of the responses. Overall they were very positive. We saw that management had addressed an issue that one person had identified as needing to be dealt with.

We saw evidence to show that staff meetings were held regularly. It was explained to us that because they were a small, consistent team the staff were able to discuss or raise any issues with management at any time.

We checked our records before the inspection and saw that accidents or incidents that CQC needed to be informed about had been notified to us by the registered manager. This meant we were able to see if appropriate action had been taken by management to ensure people were kept safe.