

Team Brain Injury Support Limited

# Team Brain Injury Support Limited

## Inspection report

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10 April 2019

11 April 2019

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24 May 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:

Team Brain Injury Support Limited is a domiciliary care agency. It provides personal care to people who are living with a brain injury, in their own homes. A service was being provided for thirty people at the time of the inspection.

### People's experience of using this service:

People received a service that was safe, effective, caring, responsive and well led.

The service had the characteristics of a good service in all areas.

Systems were in place to keep people safe.

People's needs were met by suitable numbers of staff who worked in teams and knew them well.

People received support with their medicines as prescribed.

People were protected from the risk of infection because staff had received relevant training.

People were supported to prepare and cook food when appropriate.

People were treated with kindness and respect and staff spoke kindly about them.

People's privacy and dignity was respected.

People received personalised care which was responsive to their individual needs.

People enjoyed a range of activities which they had chosen.

People had care plans in place which detailed how staff would support them and meet their needs.

People could access the complaints procedure and complaints were investigated appropriately.

People's views were sought and they were included in the running of the service.

### Rating at last inspection:

At our last inspection, (report published 29 October 2016) we rated the service as Good.

### Why we inspected:

This was a planned comprehensive inspection.

### Follow up:

We did not identify any concerns at this inspection. We will therefore re-inspect this service within the published timeframe for services rated good. We will continue to monitor the service through the information we receive.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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  
Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective  
Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring  
Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive  
Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led  
Details are in our Well-Led findings below.

# Team Brain Injury Support Limited

## **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.

Inspection team:

One inspector carried out this inspection.

Service and service type:

Team Brain Injury Support Limited is a domiciliary care agency. It provides personal care to people who are living with a brain injury, in their own homes.

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 less than 24 hours' notice of the inspection site visit because we wanted to ensure the relevant staff were available.

We visited the office location on 10 April 2019 and 11 April 2019 to see the manager and office staff; and to review care records and policies and procedures.

What we did:

Before the inspection we looked at information we held about the service:

We looked at the last inspection report for the service.

We require providers to send us key information about their service, what they do well, and improvements they plan to make. We call this the Provider Information Return (PIR). This information helps support our inspections. The registered manager completed the PIR which we looked at before we visited the service. The law requires providers to notify us of certain events that happen during the running of a service. We reviewed notifications received since the last inspection.

During the inspection:

We spoke with two people using the service: one face to face in the office and another on the telephone. We spoke with three staff members, three members of the management team and the registered manager. We looked at the care records for three people. We looked at other records to do with the running of the service, such as audits and recruitment records.

After the inspection:

We spoke with another person using the service on the telephone. We received written feedback from an external professional who supports one person using the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: 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 procedures in place designed to protect people from the risk of harm and abuse.
- Staff had completed training in safeguarding adults and were aware of the different types of abuse and what they would do if they suspected or witnessed abuse. The registered manager knew how to contact the local authority safeguarding team if necessary.
- The provider had created a 'safeguarding handbook' which was sent to all staff and used as part of safeguarding training. They had also set up a specific email address for staff to report any possible safeguarding concerns in addition to being able to telephone the office or other relevant agencies.
- One person told us they felt safe when being supported by staff. Another person said they had staff who slept in the house at night and that they could easily alert staff if they needed support. This meant that they felt safe at home.
- A social care professional told us, "Safeguarding procedures are in place and any concerns have been responded to quickly. Staff working with my client are able to recognise abuse and protect him from harm."

Assessing risk, safety monitoring and management

- Risk assessments were in place which identified possible risks to people living in their own homes. These included risk assessments of the environment and equipment people used to support them at home, such as hoists. Specific risks were also identified, for example, around smoking. Action was taken to minimise any identified risks.

Staffing and recruitment

- Recruitment procedures were in place which included seeking references and checks through the Disclosure and Barring Service (DBS) before employing new staff. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.
- The provider employed a named staff member to undertake the recruitment of new staff. This staff member ensured they recruited new support workers who had the qualities the individual person would like in their staff team. They did this by talking to the person, their family and attending meetings with professionals who knew the person well.
- People's needs were met by suitable numbers of staff who worked as a team with specific people. A team for someone needing twenty-four-hour support would typically consist of around nine staff. This meant people were supported by a consistent staff team, even when staff were on holiday.

Using medicines safely

- Some people were prescribed medicines and were supported with this by staff who were trained and assessed as being competent to do so. The provider employed a nurse and part of their role was to oversee medicines administration procedures. Staff training was refreshed each year.
- Staff completed records accurately which showed that people had received their medicines as prescribed.

#### Preventing and controlling infection

- Staff received training regarding infection control and used personal protective equipment such as gloves and aprons when supporting people with personal care.
- Staff were also trained in food hygiene as they prepared food for some people.

#### Learning lessons when things go wrong

- The registered manager and the management team ensured lessons were learnt when things went wrong by looking into what went wrong and how the mistake could have been avoided. An example was given around medicines for one person. Their liquid medicine had been found to be running out as the month continued. This was because the label was wrong on the bottle. A new process was put in place to ensure staff checked the labels on the medicines.

# 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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before Team Brain Injury Support Limited offered to provide a service.
- If a person was in hospital, staff attended any meetings being held with healthcare professionals, for example, to observe how the physiotherapist supported the person to move around.
- The registered manager kept up to date with professional standards of care using national guidelines, contact with healthcare providers and professional organisations.

Staff support: induction, training, skills and experience

- People were supported by staff who were trained to meet their needs. New staff completed an induction, which included the provider's mandatory training, such as moving and handling and brain injuries. New staff also completed the care certificate. This is an identified set of standards that health and social care staff adhere to in their daily working life. It provides assurance that care workers have the skills, knowledge and behaviours to provide compassionate, safe, high quality care and support. After this training was completed, staff received bespoke training, relevant to the person or people they would be supporting, such as epilepsy.
- Staff told us the training was relevant and that every year they updated their training. One support worker said, "The training is very good, the best training I've had."
- Staff were supported through supervision with their line manager. The registered manager told us that not all staff had received an annual appraisal since the last inspection. However, they had a plan in place which would ensure staff had received an appraisal by the end of July.
- Staff felt supported by management. One staff member said, "I have had issues before [with attending a shift] and phoned up. They said, 'don't worry, we'll find cover'. I find them supportive."

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

- Some people were supported to prepare and cook their own meals.
- One person told us how they went shopping, prepared food and ate meals with their support team. They said, "I will get the meal, they assist with preparation, it's a nice environment, meal planning together and shopping together. It's about team building and relationships, it's good fun."
- Where people were assessed as needing their food and drink to be served in a specific way, for example, thickened fluids, or needed specialist crockery, staff ensured people's needs were met.

Staff working with other agencies to provide consistent, effective, timely care

- Staff liaised with other agencies to ensure consistency of care. This included local Clinical Commissioning Groups, social services, a neuropsychologist, occupational therapists, physiotherapists and the makers of specialist foods which were given directly into a person's stomach via a tube.



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

- People were supported to see healthcare professionals such as doctors and dentists. One person told us they went to the dentist every six months.
- Where necessary, professionals such as speech and language therapists were involved in supporting people's individual needs. Staff ensured they followed advice and guidance provided by healthcare professionals.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any 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.

- Staff received training in the Mental Capacity Act 2005 and staff were aware of their responsibility to deliver care only with the person's consent. Staff told us they always spoke with people and asked their consent before providing care and support.

# 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

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

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by support workers who treated them with respect and cared about them.
- One person told us the service was, "excellent, they are really good to me. They understand my brain injury, they should get a medal!"
- Another person told us, "I have good relationships with the staff."
- A professional told us, "Staff treat my client with compassion, kindness, dignity and respect and involve him as much as he is able in day to day decisions."
- When staff talked to us about how they supported people, they spoke in a kind, respectful way and showed concern when discussing situations where people had become unwell, for example. One support worker said, "[Person's name] has known us for years, we have such a good relationship with him, it's lovely."
- The management team and staff were keen to put in place extra little touches to show people that they cared about them. One example was that they made a homemade hamper for everyone using the service at Christmas. The registered manager told us each hamper was tailor made for each person to ensure they could fully enjoy the contents. This was also extended to families and to a neighbour on one occasion when they had helped with some maintenance.
- Another example was that one person had really enjoyed an activity and photographs had been taken. The service then had a photo made into a wall canvas so the person could look at the picture in their home and remember the activity.

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

- People were involved in planning their care and their family and advocates were included as appropriate. The management team spoke to people regularly about their care and were open to new ideas for supporting them.
- One person told us, "The staff are great. They know my personality, they hand pick who works with me to see if I want to work with them. If not, they don't make me. If I change my mind, I can, I don't have to work with them."
- Another person also confirmed they made decisions about who worked as part of their team. They said, "New staff do a shadow shift. If I didn't like the new support worker, I can tell 'Team' and ask them not to come again."
- People made choices about all aspects of their lives, such as what to wear and when to go to bed.

Respecting and promoting people's privacy, dignity and independence

- People chose whether they were supported by male or female staff, or both. One person told us they were

supported by both male and female staff and that this suited them. They said, "I don't want all of one and none of the other. There is a good mix, it's nice to have a mix of personalities."

- One support worker told us they ensured doors and curtains were closed when supporting people with personal care and that they covered people with a towel to maintain their dignity.
- One person told us, "I don't think, 'I've got a carer with me, a burden', I am happy to have them with me. They're there when I need them, but not stuck to my shoulder."

# Is the service responsive?

## Our findings

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

Good: 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

- People were involved in planning their care which meant care plans were specific to their needs.
- Care plans identified the level of support people needed as well as their likes and dislikes. Care plans also contained details regarding people's health care needs and how support workers would meet those needs. Strategies were in place to inform staff how to support people if they became distressed or upset.
- One person told us, "[Staff] support me really well. They understand me, they ask me 'what is the matter?' and I [ask myself], 'how do they know?'" The person also confirmed that staff supported them in the way they preferred.
- One professional told us, "My client's needs are met to a very good standard, the team know his likes and dislikes and his health needs and are quick to identify and report any problems or concerns. Care plans are in place and reviewed regularly. Staff involve my client in day to day decisions such as where to go on a day out, what shop to go in and what clothes to buy. My client has communication difficulties and they are very patient with him and give him time to communicate his wishes. My client has a small team of regular staff providing continuity of care making my client as comfortable and cared for as possible within his own home. They facilitate and help my client maintain his relationship with his family."
- Staff told us that they read the care plans and found them useful, particularly when the care plans had been updated to show people's needs had changed.
- People were supported to go out for day trips and on holiday. People had individual goals to achieve completing activities of their choosing and where necessary the bigger goal was broken down into stages. For example, if someone wanted to fly abroad on holiday, they started with shorter flights and breaks. Other examples of activities people enjoyed were going to premier league football matches, car racing circuits, fishing and cricket. One person went to a family wedding and support workers helped them to look at outfits to wear for the big day.

Improving care quality in response to complaints or concerns

- People had the opportunity to complain if they were not happy about the service provided.
- A complaints procedure was made available to people and their relatives. Where complaints had been made, these were investigated and responded to within relevant timescales.
- One person told us, "I have no complaints. In the office, they all greet me, talk to me, they are friendly. Staff ask me if there are any concerns or issues. There is good communication."
- One professional told us, "Any concerns I have had with staff or procedures have been dealt with quickly and effectively."

End of life care and support

- The service does not specifically provide end of life care. However, the registered manager had planned a relevant training course for staff and the nurse who was employed was trained in end of life care.

# 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

Good: 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 with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager was aware of their responsibilities around duty of candour and the need to apologise if something went wrong.
- Staff felt able to 'own up' if they made a mistake and knew that extra training would be provided to minimise the risk of something going wrong again.
- Staff felt the management team were open and transparent. One staff member said, "I feel I can talk to [manager's name], she is very good. She is lovely, very supportive. The quality of the training and support is very good, I would recommend them to work for. They make sure we're ok. Any issues, they are always there. Any personal issues and they are really good."
- Another staff member said, "If you put hard work in, it gets noticed. [Management] are very respectful, they're on your level. Any problems, I can talk to them." They went on to say they were working with one person on a particular project and that management were supporting them to do that.

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

- The management team was made up of the registered manager and area managers, who managed teams of staff within a geographical area. Staff and people generally spoke with the area managers when contacting the office. One person told us that their contact in the office was "always at the end of the 'phone. [Staff name] sorts out the rota. I am very happy with 'Team'." A professional told us, "The higher management structure have always been amenable to me and dealt with any concerns I have had promptly."
- The registered manager had a quality assurance system in place which included a range of weekly and monthly audits. Audits identified any areas which needed to be improved and action was taken. For example, where there had been some gaps in the records which had not been picked up, a new checklist was put into place to ensure the issues were identified. Care plans were audited and spot checks were completed to observe how staff supported people.
- The registered manager notified the Commission of any specific incidents or accidents.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider sought the views of people using the service and their friends and family, as appropriate, through a system of spot checks, regular visits and an annual questionnaire which sought people's views

about the specific staff who supported them. Action was taken, as necessary to improve the experience of people receiving care and support. We saw from people's questionnaires that they were happy with the staff who worked with them.

- Staff were also given an annual questionnaire and we saw the results were positive.
- Staff who worked as part of the team to support individuals had meetings together to put forward ideas, share information and ensure consistency of support.
- One person was involved in the training programme for staff. They spoke to new staff about their experience of brain injury and what people's expectations would be of support workers.

#### Continuous learning and improving care

- The provider had a computer system in place which enabled them to create reports in different formats, such as pie charts. This meant that if a general question was identified, for an individual or a number of people, the system could produce the answer in a way which enabled management to have a clear picture. The system assisted management to monitor and see any trends as they developed.
- The registered manager was aware of the changing technological landscape and were being guided by members of the staff team who were knowledgeable in areas such as social media to improve, for example, around communication.

#### Working in partnership with others

- The registered manager and staff worked with solicitors and 'case managers' to support individual people, due to their brain injury. Case managers had oversight over aspects of people's lives, for example, they may manage the person's money.