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?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We carried out this unannounced inspection on the 2 and 3 March 2017. West Heath House provides a rehabilitation service for up to 24 people who have an acquired brain injury. The length of time people stay at the service can vary from short term to longer term care. At the time of the inspection the service was providing support to 15 people. At our last inspection in September 2015 we found that the service was rated 'Good' overall.

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 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 told us they felt safe living at the service. Staff had a good understanding of the potential signs of abuse and knew the appropriate action to take should they have concerns.

People had the risks associated with their care well managed. Where any incidents had occurred there were systems in place to analyse these and plans had been put in place to reduce the risk of similar incidents reoccurring.

People received safe support with their medicines from staff who had received training and who had been assessed as safe to support people. There were systems in place to ensure people received their medicines safely.

There were sufficient staff available to support people and staff had been safely recruited. Staff had been provided with training to equip them with the skills and knowledge they needed to support people.

People benefitted from the support from a team of healthcare professionals who worked at the service. These healthcare professionals worked together to aid people's rehabilitation. Staff understood how promoting independence was a key part of aiding rehabilitation and we were provided with many positive examples of progress people had made with their independence at the service.

Staff understood how to support people in line with the Mental Capacity Act (2005).Where restrictions on people's care had been identified appropriate action had been taken to safeguard people's liberty.

People and their relatives told us that staff were kind and caring in their approach. Staff had a good knowledge of the people they supported and could describe people's interests and preferences for care.

People had been involved in planning and reviewing their care. People took part in a range of activities based on their interests.

People and their relatives were happy with how the service was managed. Staff told us they felt supported in their role which in part was due to the effective teamwork that they experienced There were systems in place to monitor the quality and safety of the service and to seek feedback from the people who lived at the service.

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.

People were supported by staff who knew how to recognise and act on the signs of potential abuse.

People had the risks associated with their care well managed.

People were supported by sufficient staff who had been recruited safely.

People received safe support with their medicines.

Is the service effective?

Good

The service was effective.

People were supported by staff who had the skills and knowledge to meet their needs.

People received support to eat and drink sufficient amounts of the foods they liked and were supported to maintain their health.

Staff understood how to support people under the Mental Capacity Act (2005).

Is the service caring?

Good

The service was caring.

People felt cared for by staff who knew them well.

People had their independence promoted and were treated with dignity and respect.

Is the service responsive?

Good

The service was responsive.

People had the opportunity to take part in activities they enjoyed.

People were involved in reviewing their care.

There were systems in place to manage concerns and complaints.

Is the service well-led?

Good

The service was well-led.

People and their relatives were happy with how the service was managed.

The registered manager was aware of their legal responsibilities

There were systems in place to monitor the quality and safety of the service.

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 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 2 and 3 March 2017. On the 2 March the inspection team comprised of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service. On the 3 March one inspector carried out the inspection.

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. We reviewed the information from notifications to plan the areas we wanted to focus our inspection on.

We visited the home and met with the people who lived there. We spent time in communal areas observing how care was delivered.

During our inspection we spoke with five people who lived at the home. We spoke with the registered manager, the head of care, a physiotherapist, an occupational therapist, the activities coordinator and five staff. We looked at records including two care plans and medication administration records. We looked at two staff files including a review of the provider's recruitment process. We sampled records from training plans, incident and accident reports and quality assurance records to see how the provider monitored the quality of the service. As part of the inspection we spoke with three relatives and a healthcare professional who was visiting the service for their views of the service.

Good

Is the service safe?

Our findings

People felt safe living at the service and one person told us, "I feel safe, it's my home." Another person we spoke with told us, "I feel safe, people are here for me." One relative we spoke with told us they felt their relative was safe at the service and commented, "She's very safe. I think that's a top priority."

People were supported by staff who were able to tell us the possible signs of abuse and the action they would take should they have concerns. Staff told us and records confirmed that staff had received training in safeguarding. Staff described a culture of reporting concerns and one staff member told us, "Everyone is hot on that." The registered manager demonstrated an awareness of their responsibilities to report any concerns that may arise. We saw that where safeguarding concerns had been identified the appropriate authorities had been alerted. Analysis of concerns took place afterwards to see if any preventative action could be taken. The combination of staff knowledge and systems in place meant appropriate action would be taken to safeguard people living at the service.

Some people living at the service displayed behaviour as a means of communicating their feelings or needs. We had received a high number of notifications informing us of incidents between people living at the service. The registered manager explained that some of the behaviours that were exhibited were born out of frustration and the consequence of acquiring a brain injury. Some people living at the service were frustrated about not being able to move on to a new home. We spoke with the registered manager who explained they worked hard to find suitable placements for people when they were ready to move to a new home. Staff had received training in how to support people safely at these times and the service was looking at improving their training further by providing courses that were accredited by national experts in behaviour support. Where people exhibited behaviour that challenged we saw there were detailed records in people's care plans of how to support the person. These plans ensured staff were able to support the person consistently and safely. Where incidents of behaviour had occurred a healthcare professional working at the service analysed these incidents to determine if any changes were needed in a person's support with an aim of preventing the behaviour re-occurring. Incidents were also reviewed with the team of healthcare professionals working at the service on a regular basis.

Individual risks associated with people's care had been identified and measures put in place to minimise the risk for the person. Staff were able to describe these risks and how they supported people to reduce these risks.

We saw there were sufficient staff available to support people. Some people had been assessed as needing support from one staff member at all times. We saw that this was carried out in practice. Staff informed us that staffing levels were increased when it was determined that people needed extra support at times. The service had ensured staffing levels were retained by having access to known agency staff when regular staff were on leave.

People were supported by staff who had been safely recruited. Staff told us and records confirmed that staff had a Disclosure and Barring Service (DBS) check carried out before supporting people. Additional checks

such as requesting and receiving references from previous employers were also carried out to ensure staff were suitable to support people.

People received safe support with their medicines. One person we spoke with told us they were happy with the support they received with their medicines and one relative we spoke with told us, "She gets right support with medicines." We saw people receiving their medicines in a dignified manner and staff explained to people which medicines they were being offered. Most medicines were stored safely although we noted the temperature for medicines stored in the fridge was over the recommended storage temperature. This could affect the efficiency of these types of medicines. This was addressed during the inspection. Staff told us they had received training in safe medicine administration and that their competency was checked before supporting people. Records we viewed confirmed this had taken place. There were clear instructions in place for how to administer medicines although one person's prescription label did not tell staff how many tablets the person had to take. Most people had written guidelines available for staff of when people may need 'as required' medicines. We noted one guideline lacked detail about the amount of medicine for one person's emergency medicine and there was a risk that staff would not know the correct amounts to administer in an emergency. The registered manager assured us this would be updated. Although these improvements were needed, we found no evidence that people's safety had been affected.

Where medicine errors had occurred we saw that there were systems in place to analyse the cause of the error and that learning took place to reduce the risk of a similar error occurring again. Audits of medicines took place regularly to check that medicines had been given safely.

Good

Is the service effective?

Our findings

People were supported by staff who had received training to provide them with the skills and knowledge required for their role. Staff we spoke with told us they had received an induction when they first started working at the service. Additionally staff worked alongside more experienced staff to get to know the people living at the service. Staff told us they had received sufficient training and one member of staff told us they had received, "Loads of training." We saw that training had been provided on topics specific to people living at the service such as how to support people with a brain injury. There were systems in place to check staff's completion of training on a monthly basis to ensure training was kept up to date for all staff. Where it had been identified that new staff working at the service had not had prior experience of working in care they were provided with the care certificate. 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. Staff told us they received supervisions that checked on staff's their well- being as well as disseminating any new guidance they may need for their roles.

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 we spoke with told us they had choices in their care such as when they wanted to go to bed. Staff told us they had received training on the MCA and were able to explain how they worked within the principles of the MCA. Staff explained how they ensured choices were offered to people throughout their care. The service had identified that some people needed choices to be offered using different communication aids. In response to this the service was using technology to offer people choice through pictorial aids. Assessments had taken place where it had been determined that a person lacked capacity to make decisions about some aspects of their care. Following this, meetings had taken place to ensure that the care provided was in the best interests of the person. We saw that both the assessments and best interests decisions were reviewed to ensure the decisions made continued to be in the best interests of the person.

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. Where restrictions had been identified surrounding people's care we saw the service had applied appropriately for a DoLS. The service continued to limit the effects of restrictions on care such as supporting people to access activities outside the service regularly. The registered manager was developing systems to ensure that any approved DoLS were re-applied for before they expired.

People had their nutritional and hydration needs met. People told us they were happy with the food they received and one person said, "I like the food." We saw that there was a relaxed atmosphere around meal times and people chatted with each other or staff members. There was opportunity for people to feed back

their preferences of food through meetings held by people living at the service. People had a choice of meals each day and the service was developing communication aids to support people with their choices. Where people needed to have their food prepared in a specific way due to a risk of choking, we saw there was guidance available to ensure food was prepared safely. The staff team ensured they communicated with the chef to inform them where people's needs had changed so that people received up to date support with their meals. We saw that the service had purchased specialist equipment to encourage people to eat independently.

People benefitted from the input of a team of healthcare professionals who were based at the service. These healthcare professionals focussed on different aspects of a person's rehabilitation such as physiotherapy, occupational therapy and psychology input. The different healthcare professionals worked together to discuss each person's rehabilitation in order to provide a holistic approach to a person's treatment. We observed a daily handover that occurred between this team of professionals and where issues were raised about a person's care the expertise of different healthcare approaches was discussed to determine the most positive outcome for the person. People living at the service and staff were also able to feedback the efficiency of any treatment plans where alternatives could be made quickly where needed. We also saw evidence that the service had acted responsively where people needed support from external professionals such as doctors. People had their healthcare needs met effectively.

Good

Is the service caring?

Our findings

People told us they felt cared for and one person told us, "100% they [the staff] treat me well," and further told us, "[I] love it here- it's my home." Another person told us, "I like the staff as well- they're okay." Relatives we spoke with told us the staff were caring and one relative told us, "Most staff have got to know my relative well, they're really good." Another relative we spoke with told us, "The staff are lovely, very pleasant." We saw kind, respectful interactions between staff and the people living at the service.

One of the service's main aims was to provide rehabilitation to people who had acquired a brain injury. As part of this aim promoting independence was a key part in supporting people's rehabilitation. Staff we spoke with were clear about how they promoted people's independence and described how they achieved this through gentle prompting and encouragement. The service had a dedicated kitchen area where people were supported to learn cooking skills and parts of people's care was planned to enable people to re-learn life skills. There were also two flats at the service where people had their own kitchen area to provide people with the experience of living independently whilst remaining in a safe environment. We were provided with many examples during the inspection where positive outcomes had been experienced by people through the work the staff team had carried out around people's independence. Staff spoke of the achievements some people had made at the service and commented, "To see their progress is amazing," and another staff member told us, "It's great seeing people leave as we've helped that happen."

Staff we spoke with demonstrated a caring attitude to their work. Staff told us they enjoyed their work at the service and one staff member told us, "It's lovely I really enjoy it." Another staff member told us, "I like spending time with the service users." Staff had a good knowledge of the people they supported and were able to tell us people's life history, how they preferred to be supported and people's interests.

Care plans had been developed with people and their relatives when a person first moved into the service. People told us they were involved in planning their care and one person told us, "I plan with [name of staff] my care worker." We saw care plans were detailed and provided guidance on how to support the person in all aspects of their care. We noted that care plans did not always reflect the in-depth knowledge staff had about people's specific likes and dislikes and things that were important in their care. Specific communication guidelines were developed for people where people needed help with their communication. Within people's care plans goals had been set of how to support a person's rehabilitation. These goals focussed on specific parts of people's care and detailed how the person should be supported to achieve these goals. One person we spoke with told us how they had been involved in developing these goals based on what they wanted to achieve.

People were supported to maintain relationships with people who were important to them. People's relatives were able to visit the service and there were private areas available for people to meet relatives. One relative told us that the service had made an extra effort to set up a private room so that the person and their family could enjoy Christmas dinner together. Some people's family did not live locally so the service had ensured people had access to technology and phone access to enable contact with loved ones to be maintained.

Relatives we spoke with described how the service had provided support to both their relative and themselves. Relatives described how staff had taken the time to explain how brain injuries could affect a person and one relative told us, "The service have helped me understand brain injuries." Relatives further explained that emotional support had been provided and that staff were available to speak to.

People had their privacy and dignity retained. Each bedroom had a door bell outside which staff used before entering a person's bedroom. Staff were able to describe how they retained people's dignity during personal care by ensuring people were covered and by explaining to people about how they would be supported.

Good

Is the service responsive?

Our findings

People told us that the staff responded to their needs. One person we spoke with described how the staff were able to respond to any requests for support and told us, "I've got a button around my neck. I can press it for emergencies- I do use it if I need the toilet or need someone to do something."

People had the opportunity to take part in activities they enjoyed. The service had an activities co-ordinator who talked with people about their interests and then developed an individual timetable for each person based on these interests. The provision of activities was interspersed into the schedule of planned rehabilitation for each person whilst also allowing consideration of time to relax and have free time. We spoke with the activities co-ordinator who explained they were also in the process of sourcing new activities that were accessible, would meet people's needs and would give people the opportunity to have new experiences. We saw that people took part in activities outside of the service which included bowling, dog therapy and taking part in a choir. Where people had chosen to there were also opportunities to attend local colleges for further education. Staff we spoke with were able to describe people's interests and activities people liked to do. People were able to feedback their experience of activities which then allowed changes to be made where needed.

At our last inspection we had identified that the service needed to improve the way people were involved in reviewing their care and their goals in care. At this inspection we found that a new key worker system had been introduced where people were able to give their feedback and input about the goals of their care. This feedback was then shared with the rest of the team involved in the person's care to enable changes to be made wherever possible. People and relatives told us they were involved in reviewing care and one relative told us, "We have regular meetings to see how [she is] progressing." In addition to people's care being reviewed though meetings, we saw that staff reviewed people's care records to ensure they contained people's current needs. We noted that these reviews had been useful in recognising where monitoring of people's care had not been completed accurately at times. We saw that action had been taken to address this to ensure monitoring checks were carried out and recorded accurately.

We saw that handovers took place between staff to allow important information to be shared about people's needs. These handovers took place away from communal parts of the home to preserve confidential information. Where people's needs had changed or particular parts of people's care needed monitoring staff put plans in place at handovers of how this would be achieved. This sharing of information allowed people to receive care that reflected their current needs and preferences.

The service had recognised and responded to people's cultural needs. We were provided with an example of how the staff at the service were learning about one person's culture to ensure this person's cultural needs would be supported appropriately.

There were effective systems in place for people to raise concerns or complaints. People and their relatives told us they knew how to raise concerns or complaints. One relative we spoke with told us, "We always raise concerns and get feedback from them." People living at the service were reminded of the right to complain

in care reviews and a copy of the procedure was given to people when they first moved into the service. For those people who were not able to communicate verbally, the service had developed communication aids to support people in expressing whether they were or weren't happy with the support they were receiving. We saw that one complaint had been received in the last twelve months. We saw that the service had followed their procedure by responding to the complainant and stated what had been learnt from the investigation.

Good

Is the service well-led?

Our findings

People and their relatives were happy with how the service was managed. One relative we spoke with told us that the managers at the service were, "Very approachable," and another relative commented about the registered manager stating, "She's been fantastic." The service provided had achieved lots of positive outcomes for people, which in part was evidenced through a number of compliments that the service had received and one relative told us the service was, "Quite honestly excellent." Another relative told us, "West Heath House have been fantastic."

Staff told us they felt supported in their roles both from the managers of the service and through the team work that occurred. Staff told us, "[I] feel very supported by the manager's," and another staff member commented, "[We] support each other." Staff meetings took place and staff were able to give suggestions of improvements to the service. The service had also introduced awards for staff based on recognition of providing a good quality service. In addition the registered manager was providing staff with knowledge about the areas CQC inspect at a service which demonstrated a culture of transparency and a drive for improvement within the service.

Through conversations with the registered manager we were able to determine that they had a good knowledge about changes in regulation and how they applied these to the service. The registered manager had followed requirements to inform the commission about specific events that had occurred at the service and we saw that the registered manager had followed requirements to display the most recent inspection report both at the service and on the provider's website.

There was a leadership structure in place. The registered manager was supported by a deputy manager and head of care who were able to provide leadership should the registered manager be unavailable. The registered manager received support from the other healthcare professionals at the service and from the provider's external management team.

There were systems in place to monitor the quality and safety of the service. The registered manager completed audits around key aspects of the service including monitoring incidents and training of staff. We found that the majority of audits had identified where the service was performing well although some medicines audits had not been entirely effective in identifying where improvements were needed. However people had not experienced any harm from the medicine issues we had identified and we were confident that the provider would take the action needed to improve the efficiency of these audits. Audits that were completed were monitored and analysed by the provider to identify any reoccurring incidents in order to monitor and improve the safety at the service. A representative of the provider carried out regular monitoring visits to the service to check the quality of the service and to share learning from the provider's other services.

People were able to feedback their views of the service through a 'forum'. Meetings were held with people who lived at the service. We saw that only a small number of people chose to attend these meetings. However, people were given the opportunity to feedback their views daily at meetings that occurred. Where

issues were raised at meetings we saw that action plans were put in place to ensure these items were followed up.

A survey had recently been sent to people, their relatives and external professionals seeking their views of the quality of the service. The results of these surveys were not yet available at the time of the inspection. However we were able to view the previous year's survey and saw that most responses were positive. Where any issues had been raised, follow up actions had been put in place which were monitored. This meant the provider had systems in place to monitor people's experience of the service they were receiving and took action where any improvements were identified.