Brain Injury Rehabilitation Trust

27 Ledston Avenue

Inspection report

27 Ledston Avenue
Garforth
Leeds
West Yorkshire
LS25 2BP

Date of inspection visit:
27 June 2016

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25 July 2016

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

Our inspection took place on 27 June 2016 and was announced. We gave the provider 48 hours notice as this is a small service where people live independently, and we needed to be sure they would be available to speak with us.

27 Ledstone Avenue is a registered unit that provides rehabilitative support for up to two people with an acquired brain injury. The service is part of Daniel Yorath House, and shares staff, management and management systems with that service. At the time of our inspection there were two people using the service, which is a domestic house close to Daniel Yorath House and local amenities. 27 Ledstone Avenue is used to assess a person's ability to live independently as part of their injury rehabilitation programme.

There was a registered manager in post when we inspected. 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 who used the service told us they felt safe and were confident in the care and support they received. Risks associated with people's care were assessed well and documented, and the provider had a good approach to positive risk taking to support people's rehabilitation goals. Staff had received training in safeguarding, could describe the signs of potential abuse and were confident the provider would react appropriately to any concerns that were raised.

The environment was well maintained. Fire safety procedures were in place and staff were confident in their ability to assist people to evacuate the building safely if required. Care plans contained personal evacuation plans to support this.

Recruitment was carried out safely. Appropriate background checks were made to ensure new staff were not barred from working with vulnerable people. People told us staffing levels were appropriate, and staff said they had access to support from colleagues working in the main service at Daniel Yorath House when they needed it.

Medicines were stored and managed safely. People were able to manage their own medicines, and we saw records were kept up to date.

People told us they thought staff were well trained, and we saw evidence of a robust induction and training programme. Some refresher training was overdue, but the registered manager had taken steps to address this. Staff had regular support through supervision meetings with senior staff and an annual appraisal at which their performance and training needs were discussed.

The provider was working within the principles of the Mental Capacity Act. People's capacity to make

specific decisions was assessed and documented, and there were appropriate systems in place to ensure decisions made on people's behalf were made in their best interests. Care plans contained records of consents given by people for various aspects of their rehabilitation.

People were able to plan their shopping and cook their own meals according to their tastes and preferences. Staff told us they gave advice about healthier options but respected people's decisions about what they wanted to eat.

We received good feedback about the staff and people told us they felt they were caring. People using the service said they were involved in setting their goals and the pace of their rehabilitation programme. They told us they made choices about how they spent their days and were free to have visitors or to make visits to friends and family.

Staff described how they were mindful of people's privacy and dignity and we observed a relaxed and informal atmosphere in the service Staff were knowledgeable about people and spoke about them respectfully and with fondness.

People's preferences for daily routines was documented in their care plans, together with the amount of prompting or assistance they required for each task.

People's care plans were based on a thorough pre-assessment of needs and contained a number of specific care plans to support their rehabilitation. We saw people who used the service, families and healthcare professionals were involved in writing and review of care plans.

The provider had systems in place to ensure they recorded and responded to complaints appropriately. We saw the provider had not received any complaints relating to the service, and looked at the wide range of compliments received from family members of people who used the service.

We found a collaborative culture in the service, with people and staff able to contribute ideas and suggestions both formally and informally. Staff told us they felt the manager had a clear vision for the service.

There were quality assurance activities in place to monitor and drive improvement in service delivery. The registered manager had delegated some activities to appropriate staff and given them protected time to complete audits. We saw this was improving the effectiveness of the audit programme.

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 told us they felt care and support was safe. We found risks to people were assessed and documented well, and the service had a culture of positive risk taking to support people's rehabilitation.

Recruitment practices were safe, including background checks to support applications and minimise the risk of employing staff who were barred from working with vulnerable people.

Support with medicines was tailored to each person's needs and level of risk and was well managed. Medicines were appropriately stored and records kept up to date.

Is the service effective?

Good

The service was effective.

People told us they thought staff were well trained. We saw there was a robust induction programme in place which staff said prepared them well for their role.

The provider was working within the principles of the Mental Capacity Act. Decision specific capacity assessments were in place and there was clear information relating to how best interests decisions would be made where people lacked capacity to decide for themselves.

We saw evidence people were supported to access a wide range of health professionals in order to meet the aims of their rehabilitation programmes.

Is the service caring?

Good

The service was caring.

People told us they found the staff caring. Staff were knowledgeable about people and spoke about them with respect and fondness.

People's preferences for daily routines was documented in their care plans, together with the amount of prompting or assistance they required for each task.

Is the service responsive?

Good

The service was responsive.

People were involved in the processes of setting and reviewing their rehabilitation plans with support from health professionals and family members.

Care plans showed the provider carried out a thorough pre-assessment of people's needs and used this information to write care plans supporting individual areas of rehabilitation.

There were procedures in place to ensure the provider responded appropriately to any complaints they received.

Is the service well-led?

Good

The service was well-led.

Staff described a collaborative culture in which they were free to make suggestions. They gave positive feedback about the leadership team and said there was a clear vision for the running of the service.

The provider ran meetings and survey activities to ensure people who used the service, their families, staff and external health professionals were able to give feedback about the service to help monitor quality and drive improvement.

There were quality monitoring process in place to check and improve the effectiveness of the service. We saw delegation of these activities was improving and increasing their value to the service.

27 Ledston Avenue

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.

Our announced inspection took place on 27 June 2016 and was carried out by one adult social care inspector. 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 reviewed all the information we held about the service including past inspection reports and notifications sent to us by the provider. We contacted Healthwatch and people who commission services at 27 Ledstone Avenue to ask if they had any information which would support our inspection. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. They did not provide any information of concern.

During the inspection we looked at care plans and medicines records of both people using the service, and reviewed other records relating to care and the management of the service. We spent time speaking with people about the care and support they received. In addition we spoke with the registered manager, the deputy manager, the head of care, an occupational therapist, a member of the administration team and two members of staff.

Good

Is the service safe?

Our findings

People who used the service told us they felt safe living at 27 Ledstone Avenue. One person told us, "All the help I get here is safe. I'm safe." We saw care plans contained comprehensive assessments of individual risk including falls, seizures, suicide, balance, allergies and self-harm. The level of risk to each person was assessed by measuring the likelihood of any occurrence and the potential impact on that person, and staff were provided with clear guidance on how to minimise those risks.

We found there was a culture of positive risk taking in the service which was appropriate for supporting people with their rehabilitation and longer term aims of moving into independent living with few restrictions. The registered manager told us, "Positive risk taking is about balancing any anxiety about a particular activity with the longer-term aims, getting people away from residential care to the independence they want and need."

People lived in a homely environment which was well maintained. Any maintenance requests were recorded in a log kept in the unit, and we saw these were attended to in a timely way by maintenance staff from the main service We looked at a range of certificates showing servicing of essential equipment such as boilers and fire equipment were up to date. Care plans contained personal evacuation plans for use in the event of fire, and staff said they felt confident in their ability to manage emergency situations safely. We saw fire evacuation practices took place monthly, and staff told us that an additional evacuation practice was arranged for the day someone moved into the unit.

Staff had received training in safeguarding, and those we spoke with could describe signs of potential abuse and how they would report any concerns. Staff said they were confident the registered manager would act appropriately on information reported to them. One member of staff told us, "You just think about what we all want from the world, it's no different for someone with a brain injury." Another member of staff said, "We are told about whistle-blowing too. We can raise concerns outside the service if we need to."

We looked at four staff files and saw the provider managed recruitment safely. Files contained completed application forms, interview records and background checks. References were requested and checks were made with the Disclosure and Barring Service (DBS). The DBS holds information about people who may be barred from working with vulnerable people, and making checks with them helps employers make safer recruitment decisions.

Staff from Daniel Yorath House worked at the 27 Ledstone Avenue on a rota basis. They spent 24 hours on shift, including sleeping overnight. There was one member of staff on duty on the day of our inspection, and people who used the service told us they felt this was appropriate to support their aim to progress to independent living. They also had support from the health professionals including occupational therapists and psychologists employed at Daniel Yorath House, and visited the main service for some therapeutic and social activities. The registered manager told us staff on duty at 27 Ledstone Avenue could call on Daniel Yorath House for support when needed. One member of staff we spoke with told us, "If you need help or you just need a break from a challenging situation you can call the main unit and swap over with someone."

People were supported to manage their own medicines, which were held in a secure cabinet. We saw there were risk assessments in place to ensure medicines management was safe and appropriate, and checks in place to ensure the level of support people received was effective. We looked at the medicines administration records (MAR) and stocks of medicines of both people using the service. We found MARs were up to date with no gaps, and stocks of medicines matched the records. There were no medicines requiring refrigeration and no controlled drugs in use.

Good

Is the service effective?

Our findings

People who used the service told us they felt staff had the necessary skills and experience to support their rehabilitation. One person said, "The staff are well trained in all areas." Another person told us, "The staff are all pretty good."

The provider ensured they supported staff to be effective in their roles. Induction for new staff included face to face training, meetings with the clinical teams to build knowledge of how rehabilitation was planned and delivered. New staff spent time shadowing more experienced colleagues and discussed their progress with senior colleagues before starting to work as a full member of the staff team. One member of staff told us, "My induction prepared me well for the job."

We saw records showing the provider ensured staff received training across a broad range of subjects including safeguarding, moving and handling, equality and diversity, mental capacity and challenging behaviour. There was a programme of refresher training in place, however this was arranged centrally by the provider and the registered manager told us sessions were sometimes cancelled as a result of not enough staff planning to attend. This meant some deadlines for refresher training were not always met. They said they had given feedback to the provider about their concerns, and we saw evidence this was the case.

Staff were further supported in their roles with regular supervision meetings with senior staff, and an annual appraisal. We saw records which showed these were kept up to date in line with the provider's policies. Staff we spoke with said the meetings were planned in advance and took the form of useful discussions. One member of staff said, "We discuss future aims and if you have any training needs."

Care plans contained evidence people were supported to have good access to healthcare professionals in support of their rehabilitation programmes. The main service at Daniel Yorath House employed a large multi-disciplinary team including occupational therapists and psychologists who contributed to people's rehabilitation. In addition we saw records relating to people's access to a range of services including speech and language therapists, smoking cessation teams, neurology and GPs.

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 they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS). There was no one using the service with a DoLS in place on the day of our inspection, although we saw one authorisation had been applied for.

We checked whether the service was working within the principles of the MCA, and saw care plans contained

assessments of each person's capacity to make specific decisions, for example to refuse medical attention and manage their financial affairs. Where people were assessed as lacking capacity to make a decision there were clear processes in place to make best interests decisions on their behalf. These identified who should be involved and how to work towards the least restrictive option.

Care plans we looked at contained a broad range of consents which the person had signed. These showed they had agreed to various aspects of their rehabilitation including sharing of data, use of homely remedies, self-administration of medicines and assistance with management of financial affairs.

People using the service were responsible for planning and cooking meals with support from the staff member where needed. On the day of our inspection one person had planned shopping for the week and another made and ate their lunch whilst speaking with us. One person told us, "I enjoy cooking, I do it for us all; staff included." Staff told us they made suggestions to encourage people to have a healthy diet, but that food choices were up to the people living in the service.. They said, "We can suggest fruit and vegetables, ask 'do you think that's a healthy choice?', but ultimately it's up to that person. They decide."

Good

Is the service caring?

Our findings

People who used the service said they thought staff were caring. One person told us, "They are nice, caring people. You have a more equal relationship with them in the unit, that's the point of it." There was a relaxed, informal and friendly atmosphere in the service which people said they enjoyed. People told us they were free to have visitors and had been supported to make visits to family.

Staff told us people who used the service were asked to contribute to recruitment processes in order to help recruit staff who they thought would be able to build good relationships with the people they supported. A staff member said, "We ask staff to spend time with people who use the service so we can see a bit of their approach. Service users are asked to be really involved; whether it is giving feedback on candidates or coming to the interviews and asking questions that are important to them."

When we spoke with staff at all levels they were knowledgeable about people whose rehabilitation they were supporting and spoke about them with respect and fondness. Staff gave examples of how they were mindful of people's privacy and dignity. One staff member told us, "Some people are more private than others, so we always ask how much help people want and how they like to be helped. We respect the level of privacy they prefer."

We saw people's care plans documented their preferences, likes and dislikes, which showed goals were person-centred. Preferred routines such as time of getting up, going to bed, showering or bathing and dressing were written into the plans along with the amount of independence the person had in following these routines and any prompting that was required. This meant staff were able to support people to maintain their independence and only offer assistance where this was needed or wanted.

Good

Is the service responsive?

Our findings

Care plans showed people had been involved in setting their rehabilitation goals, and people we spoke with confirmed this was the case. One person said, "I feel like an equal partner in all this, they listen to what I say. I have had a lot of input into setting my plan." Another person said, "I was involved in setting my goals. They let me set the pace; they are not bullies."

We saw care plans were based on a thorough pre-assessment of need and personalised goals by which rehabilitation could be measured. The pre-assessment covered a range of needs including medical and medication, seizures, continence, sleep and physical independence. This helped the provider understand the person's individual needs and ensure they were able to meet them. The pre assessment was then used to form a series of care plans covering areas such as epilepsy, personal care, mobility, communication and self-medication. We saw these had involved health professionals and were signed by the person.

People had good access to health professionals both from the team at Daniel Yorath House and external provision from people such as GPs. We saw the provider had a hospital passport system in place. This was a document which could be given to hospital staff and contained information such as current medical conditions and the named health professionals involved in the person's rehabilitation, any allergies, likes and dislikes for treatment and communication and any risks associated with care and support. For example, choking risks associated with eating and drinking.

We saw care plans were regularly reviewed and people told us they were consulted in this process. One person told us, "I have a twelve-weekly review with the staff and my family. Most things that get suggested happen. I have improved since being here, it has gone well." Staff received detailed updates about people's rehabilitation through regular meetings with the clinical care team. Staff told us this meant they had a good understanding of people's needs and how to support them.

During the inspection we saw people chose how they spent their time. One person had chosen to watch television and told us they were looking forward to visiting the gym. Another person had been fishing on the morning of our inspection. They told us, "I said I wanted to go fishing and they (the staff) started a group." Each person living in the service had an individual programme which included rehabilitation and social activities which reflected their needs and preferences.

The provider had policies and procedures in place for managing complaints which ensured they were fully investigated and feedback given to the person raising the concern. The provider had not received any complaints relating to 27Ledstone Drive. People who used the service said they felt able to address complaints to any member of staff and were confident any issues would be dealt with appropriately. One person told us, "They often ask your opinion, give you chance to have your say."

We looked at compliments received about the service. Comments included 'Thanks for the amazing work you've done.' 'thank you for the care and support,' and 'I can't believe my eyes, gobsmacked to see [name of person] walking and standing tall.'

Good

Is the service well-led?

Our findings

There was a registered manager in post when we carried out our inspection. They were supported by a large senior team including a deputy manager, head of care, an administration team and a multi-disciplinary healthcare team.

People and staff told us they felt the service was well run and that the registered manager was a visible presence in the service. One person told us, "The manager is very friendly, she always says 'good morning' when I see her." Staff confirmed they saw the registered manager regularly. One staff member told us, "We see a lot of her, she comes to the unit, she doesn't just sit in her office." Another member of staff said, "She drives the place forward, it's well-led."

Staff told us there was a culture of working together in the home, and that they felt free to make suggestions either in formal meetings or during conversations with the registered manager. One member of staff said, "There is really good communication here. The manager is absolutely approachable, she sets standards and we share them." Another staff member told us, "The manager knows what she wants and how she wants it, but she will run ideas past people and listens to what they say. She takes people's ideas on board."

We looked at records which showed regular meetings were held to enable staff to discuss operational issues and get updates on developments in the service. Staff told us these were useful meetings and they felt able to contribute. One staff member said, "There are meetings every month, everyone is free to speak up."

People who used the service said they felt able to talk with any member of staff or the leadership team to make suggestions, and told us they were consulted about any planned changes to their rehabilitation programme or the service as a whole. The provider undertook annual survey activities, with questionnaires sent to people who used the service, families and external health professionals. Results were analysed and fed back to people, and we saw it was used as a driver to measure and improve quality in the service. There had not been any recent survey activity at the time of our inspection.

There were systems of audit in place to check, monitor and improve the quality of the service. We saw the provider was improving the effectiveness of these by delegating activities to senior members of the team who were allocated time on their rotas to complete these activities. We saw this was improving the control and output of audit activities and looked at the records of audit and action plans relating to health and safety, infection control and medicines administration. These had all been completed recently. The registered manager told us they and the clinical lead were developing a medicines audit programme that would be rolled out across the provider's services.