

Four Seasons Health Care Properties (Frenchay) Limited

Thames Brain Injury Unit

Quality Report

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Locations inspected

Location ID	Name of CQC registered location	Name of service (e.g. ward/unit/team)	Postcode of service (ward/unit/team)
1-126333080	Blackheath Brain Injury Rehabilitation Centre	Thames Brain Injury Unit	SE10 8AD

This report describes our judgement of the quality of care provided within this core service by Four Seasons Health Care Properties (Frenchay) Limited. Where relevant we provide detail of each location or area of service visited.

Our judgement is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from people who use services, the public and other organisations.

Where applicable, we have reported on each core service provided by Four Seasons Health Care Properties (Frenchay) Limited and these are brought together to inform our overall judgement of Four Seasons Health Care Properties (Frenchay) Limited.

Mental Health Act responsibilities and Mental Capacity Act / Deprivation of Liberty Safeguards

We include our assessment of the provider's compliance with the Mental Health Act and Mental Capacity Act in our overall inspection of the core service.

We do not give a rating for Mental Health Act or Mental Capacity Act; however we do use our findings to determine the overall rating for the service.

Further information about findings in relation to the Mental Health Act and Mental Capacity Act can be found later in this report.

Summary of findings

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Summary of findings

Overall summary

- This was a focused inspection at the Thames Brain Injury Unit to follow up on areas of previous non-compliance, that not all staff had up to date Disclosure and Barring Service checks and that incidents were not being escalated or documented immediately. We looked at the following areas: care and welfare of people who use the services, cleanliness of the ward, medication management, safety of the premises, recruitment and supporting staff.
- The provider had continued to make improvements to the cleanliness, safety and maintenance of the ward environment since our last inspection. Patients were involved in their care planning and spoke highly of the service they were receiving.
- Staff felt supported and accepted that changes had needed to be made. Although there was a plan in place for all staff to have regular supervision, this plan had not been fully embedded with nursing staff who were not yet all receiving regular supervision. Staff said there had been a high turnover of nursing staff and there were still several nursing and therapy posts vacant. There was an ongoing recruitment plan to address this.
- Disclosure and Barring Service (DBS) checking for all staff had almost been completed and there was a clear process in place to monitor this going forward. A new manager was being appointed with responsibility for DBS oversight.

Summary of findings

The five questions we ask about the service and what we found

Are services safe?

We only rate services following comprehensive inspections. This service has not yet had a comprehensive inspection and will not be rated for safe.

The ward was clean and well maintained and full refurbishment was nearly complete. Action had been taken to ensure all staff had current Disclosure and Barring Service (DBS) checks. Incidents were now reported on the electronic incident reporting system and a comprehensive log of incidents was kept. Learning from incidents had been discussed with the staff team. Medical charts showed that on some occasions some common drugs were out of stock due to a problem with the unit's contract with local GPs. There is a contingency plan in place until a new GP contract starts in September 2015.

Are services effective?

We only rate services following comprehensive inspections. This service has not yet had a comprehensive inspection and will not be rated for effective.

There was a plan in place for all staff to have monthly supervision. Records for nursing supervision were not always up to date. The provider had established a full range of staff and management meetings. Most staff said they were up to date with mandatory training and could access additional professional development. Care plans and risk assessments were reviewed regularly and included capacity assessments and detailed behavioural management plans.

Are services caring?

We only rate services following comprehensive inspections. This service has not yet had a comprehensive inspection and will not be rated for caring.

Staff were kind and caring towards patients. Patients were aware of their care plans and said that staff were polite and helpful.

Are services responsive to people's needs?

We only rate services following comprehensive inspections. This service has not yet had a comprehensive inspection and will not be rated for responsive.

We reviewed the facilities and the system for complaints.

Summary of findings

The ward was well equipped and patients' rooms were personalised. Patients said the choice and quality of food was very good.

Are services well-led?

We only rate services following comprehensive inspections. This service has not yet had a comprehensive inspection and will not be rated for well-led.

The provider had continued to build on new systems and processes to ensure that patients and staff were supported. There were vacancies for four staff nurses, one nurse team leader, one senior occupational therapist, two speech and language therapists, one clinical psychologist and one social worker. However all of these posts had been advertised.

Staff felt supported by management and enthusiastic about the improvements made to the environment and the quality of care.

Summary of findings

Information about the service

Thames Brain Injury Unit is one of two units that form the Blackheath Brain Injury Rehabilitation Centre. The unit provides care, treatment and support to up to 17 people who have mental and / or physical health problems resulting from an acquired brain injury. At the time of our inspection there were ten patients on the unit.

The Thames Brain Injury Unit has been inspected on two previous occasions in August 2014 and April 2015. The compliance actions from the inspection in April 2015 have now been met.

Our inspection team

The team was comprised of: one CQC Inspection Manager and one CQC Inspector.

Why we carried out this inspection

We inspected this service as a follow up to an inspection we carried out in April 2015.

How we carried out this inspection

To fully understand the experience of people who use services, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

For this focussed inspection we specifically looked at areas of previous non-compliance. We had previously found that a number of staff did not have current Disclosure and Barring Service (DBS) checks. We had also found that incidents were not escalated or documented immediately.

During the inspection visit, the inspection team:

- visited the ward and looked at the quality of the ward environment and observed how staff were caring for patients
- spoke with three patients who were using the service
- spoke with the manager of the ward
- spoke with eight other staff members; including doctors, nurses, therapists and admin staff
- interviewed the divisional director with responsibility for these services

We also:

- looked at 3 treatment records of patients.
- checked the clinic room on the ward
- looked at a range of policies, procedures and other documents relating to the running of the service

What people who use the provider's services say

The patients we spoke to said that they felt safe and that the ward staff were polite and caring. They all said that the food was good and the environment was comfortable and clean. Each patient had a copy of their care plan.

Summary of findings

Areas for improvement

Action the provider **SHOULD** take to improve

- The provider should ensure that supervision arrangements for nursing staff are fully embedded and records of supervision are kept up to date.
- The provider should ensure that any required medication is available and that the new GP contract commences on time.
- The provider should implement and monitor the recruitment plan so that all required staff are available to the service.

Four Seasons Health Care Properties (Frenchay)
Limited

Thames Brain Injury Unit

Detailed findings

Locations inspected

Name of service (e.g. ward/unit/team)	Name of CQC registered location
Thames Brain Injury Unit	Blackheath Brain Injury Rehabilitation Centre

Mental Health Act responsibilities

We do not rate responsibilities under the Mental Health Act 1983. We use our findings as a determiner in reaching an overall judgement about the Provider.

Are services safe?

By safe, we mean that people are protected from abuse* and avoidable harm

* People are protected from physical, sexual, mental or psychological, financial, neglect, institutional or discriminatory abuse

Summary of findings

Please see page five.

Our findings

Safe and clean environment

- The ward environment was clean and significant refurbishment had taken place. The fridge temperature was checked every day and logged. There was a plan for maintenance staff to be alerted should the temperature fall outside of the acceptable range.

Safe staffing

- A new ward manager had been appointed and was due to start work in September. Recruitment was underway for a new consultant and a staff grade doctor had recently started work on the ward.
- There were two qualified nurses on shift at any one time. There was full access to a range of therapists including occupational therapists, speech and language therapists, physiotherapists, psychologists and dieticians.
- There was a problem recruiting nursing staff and turnover was high. A recruitment drive was in place and there was access to bank and agency staff for cover.

Assessing and managing risk to patients and staff

- At our last inspection not all people working had in date Disclosure and Barring Service (DBS) checks. Following

the inspection the provider wrote to us to tell us they had taken immediate action to ensure all staff had in date DBS checks. The provider was now meeting this standard. A new monitoring system Has been implemented. All but one member of staff working on the unit had in date DBS checks. This person was in the process of renewing their check.

- Patients had up to date risk assessments on file. In the three files we reviewed all risk assessments were up to date and relevant.
- The incident log that we saw recorded 16 incidents of drugs being out of stock for patients, relating to three different types of medication. Three of the five drug charts we looked at had recorded medication as being out of stock. This was due to a problem with prescriptions as a contract with the local GP had been terminated. A new contract was due to commence in September and a contingency plan was in place.

Reporting incidents and learning from when things go wrong

- Safeguarding alerts were being raised and the divisional director felt that the relationship with the local authority had improved significantly in relation to safeguarding.
- Incidents were being reported on the electronic system and we saw a full log of recent incidents. The unit had alerted CQC appropriately over several recent incidents and the log of incidents evidenced that debriefing with staff had taken place.

Are services effective?

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

Summary of findings

Please see page five.

Our findings

Assessment of needs and planning of care

- We looked at three patient records in detail. Each patient had information stored in three files: an admission file stored in the nursing office, the electronic system and a personal file kept in the patients' rooms. The care plans were detailed with a separate one for each different type of intervention. Most of these plans showed evidence of patient involvement. The plans written by the therapists had more detail than those written by the nurses. The behavioural management plans written by the psychologists were all person centred and aimed at helping other staff encourage recovery and manage challenging behaviour.

Skilled staff to deliver care

- The multi disciplinary team comprised registered nurses and nursing assistants, both full time, part time and

agency and bank staff. There was psychiatric medical cover and access to the psychology, physiotherapy, speech and language and occupational therapy teams. There was also a part time community liaison clinician.

- All the staff members that we spoke with said there was a good skill mix on the ward and the care records evidenced the involvement of a wide range of professionals. This included off site appointments where transport was arranged to enable patients to attend.
- All staff said they had supervision but for the nurses this was sometimes group supervision rather than 1:1 supervision. Supervision records are kept centrally but records for the nursing staff are not up to date, so it is unclear if supervision has taken place.

Good practice in applying the Mental Capacity Act

- There were ten patients on the ward, a significant increase since our last inspection because NHS England had lifted the embargo on admissions. Of those patients two were informal, one was detained and seven were subject to Deprivation of Liberty Safeguards (DOLS). Each care record we saw had a detailed capacity assessment with regard to the decision to remain on the ward and accept treatment. This led appropriately to action on DOLS where capacity was lacking.

Are services caring?

By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect.

Summary of findings

Please see page five.

Our findings

Kindness, dignity, respect and support

- We observed caring interactions between staff and patients. We saw one nurse reassuring a patient who was upset and another nurse patiently explaining an activity plan to a patient who had severe short term memory problems. Patients had information folders in their rooms that included a copy of their care plan. Staffing levels were adjusted appropriately for patients requiring higher levels of care and observation. At the time of our visit three patients were being nursed 1:1.

- Patients told us they felt well supported. There was evidence in the case records of carer and family involvement in care planning.

The involvement of people in the care that they receive

- On our last inspection patients' involvement in care planning was not evidenced. On this inspection the three case records we saw demonstrated patient involvement in care planning, noting disagreements and preferences. Staff said they tried to involve patients in care planning as much as possible but that the level of cognitive impairment was sometimes a real challenge.

Are services responsive to people's needs?

By responsive, we mean that services are organised so that they meet people's needs.

Summary of findings

Please see page five.

Our findings

The facilities promote recovery, comfort, dignity and confidentiality

- Staff said the patient journey incorporates a twelve week programme with clear goals, assessments and reviews. Staff said that they found the model of care to be good and that they believed they did have a recovery

focussed system. This was supported by the care records and by patients, one of whom described his recovery focussed discharge plan and said he was looking forward to going home after being well cared for and enabled.

Listening to and learning from concerns and complaints

- The system of responding to complaints and sharing the learning from complaints had developed and was discussed in staff forums including the senior management team meeting. There was a communication book made available to families and carers to make comments about the service.

Are services well-led?

By well-led, we mean that the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

Summary of findings

Please see page five.

Our findings

Good governance

- The provider had undertaken monthly clinical governance committee meetings, which were attended by clinical staff. We looked at minutes from these meetings which included updates on staffing, recruitment and training.
- Incidents were reported appropriately. We also looked at the electronic log of reported incidents which included incidents of medication stocks running out. There was evidence of learning being shared and discussed. For example, there were additional checks

for diabetic patients in place following the admission of a patient to general hospital as the proper medication had not been given. In another incident staff had not been able to locate oxygen in an emergency situation. The provider had implemented a new system with the emergency kit being stored in the office and had briefed staff with regards to this new process.

- A system for implementing and reviewing Disclosure and Barring Service checks was in place.

Leadership, morale and staff engagement

- Morale amongst staff was generally good. Staff spoke with enthusiasm about improving the service and being able to raise issues with managers, including the divisional manager. The unit is eight months into an eighteen month transformation programme and staff were optimistic that this was on course. A consultant, a new ward manager and a mental health act administrator had been recruited.