Brain Injury Rehabilitation Trust

Daniel Yorath House

Inspection report

1 Shaw Close
Garforth
Leeds
West Yorkshire
LS25 2HA

Tel: 01132873871
Website: www.thedtgroup.org

Date of inspection visit:
16 February 2016

Date of publication:
31 March 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 16 February 2016 and was unannounced. At our last inspection on 31 October 2013 we found the provider was meeting the standards we looked at.

Daniel Yorath House is a specialist neuro-behavioural rehabilitation centre for up to 20 people over the age of 18 with acquired brain injury. The service forms part of the nationwide network of rehabilitation support services provided by The Brain Injury Rehabilitation Trust (BIRT).

There was a registered manager in post. 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.

We found the provider had policies and procedures in place to ensure risks to the safety of people who used the service were minimised. For example, there was regular training in safeguarding and staff we spoke with understood the signs of potential abuse and what they should do if they had any concerns. People's care plans contained individual risk assessments covering aspects of their rehabilitation and daily lives, and environmental risk assessments had been undertaken to make sure risks associated with the premises and any activities were also well managed.

The provider's recruitment practices were robust and we saw checks were made to ensure staff were not barred from working with vulnerable people. We concluded there were sufficient staff to meet people's needs based on speaking with staff, making observations and looking at staffing records.

Medicines were managed and stored safely, and we found stocks of medicines were accurate. When we found a discrepancy the Head of Care investigated immediately and was able to provide a satisfactory explanation.

People lived in a safe, clean environment. We saw the provider ensured equipment and fittings were regularly inspected, serviced and repaired when required.

Staff told us they were supported to be effective in their roles through regular training, and we saw records which showed this was kept up to date. The provider had a thorough induction programme in place which included training, shadowing and observation of new staff's practice. Further support was given through a programme of regular supervision and appraisal.

Care plans we looked at showed how people who used the service accessed healthcare services when needed. They also included appropriate mental capacity assessments and best interests decisions. Staff received training in the Mental Capacity Act 2005 and understood the implications of this for their work.

Deprivation of Liberty Safeguards (DoLS) were well managed and we found documentation relating to these was completed appropriately. Systems were in place to ensure referrals were followed up and renewals submitted on time.

People's nutritional needs were understood and met well. People who used the service were consulted about the menu which changed weekly.

Care plans contained information relating to people's likes, dislikes and preferences and staff were able to demonstrate they knew people well. People's privacy and dignity was respected, and staff received regular training in this area to support their practice.

People who used the service were involved in setting their daily and weekly programmes of activity, and we saw people were engaged in a variety of recreational and rehabilitation activity throughout the day of inspection. We saw people had been actively involved in setting goals for their rehabilitation. These were regularly reviewed.

The provider had complaints management policies in place, and staff told us they received information about these during staff meetings. We saw positive feedback was also recorded and shared at staff meetings.

People who used the service had regular opportunities to attend feedback meetings, but we found not all actions identified had been followed up.

Staff we spoke with gave good feedback about leadership at Daniel Yorath House and said they found the management approachable and visible in the service.

Staff and people who used the service had regular opportunities to give feedback at meetings, and we saw the provider undertook an annual satisfaction survey which was sent to people who used the service, their relatives and people who commissioned the service.

There was a rolling programme of audit in place; however we found these had not always been undertaken at the frequency determined by the provider. We saw action had already been taken to improve this.

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.

Staff knew how to recognise and report concerns about abuse and individual risks had been assessed.

Staff recruitment was managed safely and staff were present in sufficient numbers to meet people's needs.

People were protected from risks associated with medicines because there were policies and systems in place to ensure safe management of these.

Is the service effective?

Good

The service was effective.

Staff received a variety of relevant training, and the provider had systems in place to ensure refresher training was arranged in a timely fashion.

The provider undertook mental capacity assessments of people who used the service and staff understood how the Mental Capacity Act 2005 (MCA) impacted on their work. Deprivation of Liberty Safeguards (DoLS) were managed and recorded appropriately.

People who used the service were consulted in the weekly menu and were offered a variety of meals using locally sourced fresh ingredients.

Is the service caring?

Good

The service was caring.
The service was caring.

People's care plans contained clear information about their likes, dislikes and preferences.

Staff received annual training in dignity and were able to give

detailed examples of how they were mindful of the privacy and dignity of people who used the service. During the inspection we saw people were relaxed in the presence of staff.

People who used the service were involved in setting their own daily programmes.

Is the service responsive?

Good

The service was responsive.

The provider had policies and procedures in place to ensure complaints were investigated and lessons learnt. Staff told us they were informed about complaints in staff meetings.

Care plans contained individual goals which the person had been involved in setting. Progress made against these goals was recorded and we saw people and their relatives were involved in regular reviews.

There were regular meetings which people who used the service could attend, but we found that actions were not always followed up.

Is the service well-led?

Good

The service was well-led.

Staff gave good feedback about the management of the home and said it was a positive place to work.

The provider held regular meetings to ensure information was shared with staff, who told us they were free to contribute and make suggestions.

The provider undertook checks on service quality and delivery and showed us actions they had taken to improve the effectiveness of these systems.

Daniel Yorath 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 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 inspection took place on 16 February 2016 and was unannounced. The inspection team consisted of two adult social care inspectors.

Before the inspection we reviewed all the information we held about the service including the previous inspection report and any notifications we had received from the provider. We also contacted the local authority and Healthwatch to ask if they had any feedback. 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.

We did not send a provider information request before this inspection. 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.

There were 17 people living at Daniel Yorath House on the day we visited. During the inspection we spent time making observations in the home and spoke with staff including two members of the clinical team, three care staff, two catering staff, the Head of Care, the deputy manager and a representative of the provider. We also spent time looking at how people's medicines were managed. We did not speak with people who used the service as they were engaged in activities linked to their care, and the registered manager was not present. We also looked at records relating to people's care and the general running of Daniel Yorath House and observed a meeting of health professionals employed in the service. These included a clinical psychologist, assistant psychologists, consultant neuropsychologists, speech and language therapists and the Head of Care.

Good

Is the service safe?

Our findings

Daniel Yorath House had a calm and homely atmosphere and we saw people who used the service were relaxed when in the presence of staff. In the survey responses we saw 14 people answered 'yes' when asked if staff communicated with them in a way they could understand. One person answered 'not sure' and one person answered 'no'.

In a survey the provider carried out in November and December 2015, 16 people who used the service and seven relatives gave feedback. When asked if they felt they were safe and secure living at Daniel Yorath House, 14 people who used the service indicated they felt safe all the time, with no one replying 'never'. The remainder felt they were safe most of the time. We saw all families who responded said they felt their relative was safe and secure. Commissioners were asked if they were happy with the service, and we saw 100% positive responses.

The provider had policies and procedures in place which minimised risks to the safety of people who used the service. There was a policy in place to ensure the safeguarding of vulnerable adults, and staff we spoke with told us they received regular training in this area. When we looked at records of training we saw this was the case. Staff were able to tell us about the types of abuse from which people who used the service were at risk and were clear about their responsibility to report any concerns. Staff told us they would raise concerns with the registered manager and were confident appropriate action would be taken as a result. In addition staff were aware of the whistleblowing policy and understood they could also raise concerns with other bodies such as the local authority and the CQC. Whistleblowing is when an employee raises concerns about potential wrongdoing.

People were further protected because the provider undertook a range of risk assessments to ensure care, support and the general environment were kept safe. We looked at four people's care plans and saw they contained a range of risk assessments including falls, moving and handling and individual risk assessments relating to each person's care and support needs. For example in one care plan we saw individual risk assessments including epilepsy, accessing the local community and self-catering. The risk assessments were detailed and contained clear guidance for staff.

We looked at the recruitment records of four members of staff. We saw the provider made detailed notes during interviews which evidenced the person's suitability for their role. In addition references were requested and received for all staff, and we saw the provider also made checks with the Disclosure and Barring Service (DBS). The DBS is a national agency that holds information about people who are barred from working with vulnerable people. Making a range of background checks such as these helps providers make safer recruitment decisions.

People who used the service were asked in the most recent satisfaction survey if staff responded quickly when they needed help. 11 of the 16 who responded answered 'All the time'. Two people said they were not sure and three people said 'some of the time'. No one who replied to the survey said staff never responded. All seven relatives who responded to this question said staff always responded quickly.

Staff we spoke with said they felt there were enough staff to meet the needs of people who used the service safely. During the inspection we saw staff had time to interact with people and did not see people were unable to get assistance if they needed it. We spoke with the deputy manager who told us how about staffing in the service. We reviewed rotas and saw staff numbers had been maintained at this agreed level.

We looked at the provider's management of medicines. We saw medicines were stored securely in an appropriately maintained room, records were up to date and regularly checked, and those medicines which required refrigeration were kept at a suitable temperature which was checked regularly. The majority of people's medicines were provided pre-dispensed in packs from the local chemist, which meant the risk of errors being made with medicines had been reduced. We looked at the medicines administration records (MAR) for three people, and saw each contained information to enable staff to identify the person, the medicines, the prescribing instructions and details of any known allergies. Stocks of medicines were checked for three people and we found these were correct. We found the quantity of one medicine did not match records and discussed this with the Head of Care. They investigated and resolved this during the inspection. Some people managed their medicines independently. We saw checks were in place to make sure people who managed their own medicines did so safely.

Medicines for return were securely stored and we saw procedures in place to manage controlled drugs (medicines which are more liable to misuse and therefore need close monitoring) safely. There were no medicines of this type in stock at the time of our inspection, but we saw records were in good order.

In the provider's survey responses relatives of people who used the service were asked if all areas were kept clean to an acceptable standard. All seven who responded said they were. We found people lived in a clean and well-maintained home, and saw the provider ensured its safety through regular servicing and timely repair of equipment. We looked at a range of certificates showing servicing of essential equipment such as boilers, lifts and fire equipment were up to date.

Good

Is the service effective?

Our findings

Staff told us they had access to a range of mandatory and additional training which supported them to provide effective care and support for people. One member of staff told us, "There is plenty of training, and you can ask if there's something you're really interested in." We looked at records of training and found a rolling programme was in place, with clear monitoring to ensure refresher training was booked in a timely way. Mandatory training included safeguarding, moving and handling, equality and diversity, mental capacity, epilepsy and managing challenging behaviour.

Staff received a thorough induction before taking up their role. The deputy manager told us this included a day of guidance about policies and procedures in the home which included safeguarding, fire safety and health and safety and a minimum of three shifts spent shadowing (working alongside) more experienced staff. The provider's learning and development team ran a rolling programme of induction training which new staff also attended. A discussion then took place between the line manager and staff member to review progress and check whether the member of staff felt ready to begin working in their role. Where staff felt they were not yet ready to work unsupported a formal supervision was held to ensure that any outstanding training or development needs were documented and actioned before the person moved out of induction.

Staff told us about the support they received through supervision and an annual appraisal. One member of staff said, "I have a supervision about once a month, we look at any issues from both sides and I can flag any concerns I have or training I would like. I can speak openly and what I say gets acted on." Another member of staff said, "I'm not sure of the frequency of supervision, but we chat about how things are on a day to day basis." We looked at records of supervisions and saw most staff received a supervision once a quarter, in line with the provider's policy.

Care plans we looked at showed people were supported with access to healthcare services when needed. We saw input from other health professionals such as GPs, opticians, dieticians and external brain injury specialists.

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).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Some people's care plans contained information relating to DoLS applications that were either pending or granted. We saw records were kept in

good order and staff we spoke with told us they were briefed about any restrictions or requirements associated with DoLS in place. One member of staff told us they would refer to documentation in the person's care plan if they wanted to check on any requirements associated with their DoLS. They said, "I would rather check and be certain." We looked at the provider's monitoring of DoLS and saw systems were in place to alert the service when a DoLS would expire, meaning these could be re-applied for in a timely way. Where applications had been submitted but not approved the provider kept records of when and how they had checked on the progress of these with the relevant local authority.

We saw MCA training was provided for all staff, and records showed it was refreshed regularly. Members of staff and the management team demonstrated a good understanding of this legislation and what this meant on a day to day basis when seeking people's consent. Care plans we looked at contained mental capacity assessments and, where relevant, records relating to best interests decisions.

In the provider's survey people who used the service and their relatives were asked if they enjoyed the food provided in the home. 14 of 16 people had replied 'yes', and we saw comments including, 'Always fish and chips on a Friday, I can't have everything on the menu,' and 'Restaurant, five star hotel.'

We spoke with the chef who was able to tell us about people's individual dietary needs. We saw copies of relevant sections of people's care plans were kept in the kitchen, meaning catering staff were kept up to date with people's current needs. The chef told us they changed the menu weekly and got feedback from people who used the service which helped plan each week's meals. Fresh fruit, vegetables and meat were sourced locally and we saw menu choices were adapted to meet people's dietary needs, for example the chef told us how they made pizza so it was suitable for someone who needed a soft diet, meaning they were able to have the same choices as people who had no specific dietary needs.

Good

Is the service caring?

Our findings

In the provider's most recent quality survey 15 of 16 people replied 'yes' when asked if staff treated them with dignity and respect. Comments included, 'Yes – certainly!' and 'Most of them are very good.' When asked if staff were friendly and helpful the same number of people had replied 'yes'. We observed people who used the service were relaxed and comfortable in the presence of staff and saw staff were focused on people they were supporting or chatting to.

People's care plans contained information about people's likes, dislikes and preferences for care, which meant staff were assisted to understand how to provide care and support which was person-centred. We saw training in dignity was refreshed annually for all staff.

Staff we spoke with demonstrated they knew people well and talked about them with fondness. They showed they understood people's rehabilitation needs and the support they needed to give in order for these to be achieved. One member of staff said, "What we do is about helping people get their identity back. You have to give people time, let them talk, then you can really understand them."

The provider held regular meetings to help staff stay up to date with people's rehabilitation needs. One staff member told us, "We are briefed on any changes. When someone new is moving into the service we have an opportunity to ask questions about their programmes and make any suggestions we have. You get far more insight into people's needs than you would from just reading care plans."

Training records showed staff received annual training in dignity, and staff we spoke with were able to give examples of how they maintained people's privacy and dignity. One member of staff said, "I try to have empathy, put myself in people's shoes. I think about what I would want, and work like that. I let people do what they can for themselves, try not to help too much. I knock on doors and make sure people are covered up as much as possible when I help with personal care."

We saw people's care plans contained clear rehabilitation goals which evidenced the person's involvement in setting them. We saw progress towards these was recorded and there was evidence goals were regularly reviewed through a process which involved both the person using the service and their relatives.

Good

Is the service responsive?

Our findings

In the provider's survey people who used the service were asked if they had been involved in setting goals and choosing activities. We saw there was a positive response. 15 of 16 responses were either 'yes' or 'not sure'. Comments included, 'Yes – definitely' and 'Yes, rota own programme.' When asked if they had achieved any of their current goals, six of 16 people replied 'yes' and six replied 'some'. Four people replied 'not sure.' No one said they felt they had not achieved any of their goals.

People who used the service were involved in selecting activities which they enjoyed or supported their rehabilitation. People had a full programme each day, which was arranged into six periods of time across the full day. On the day of the inspection we saw people were engaged in a variety of activities including discussions about the day's news, playing games, going out for walks and meals and shopping. The programme for each day also showed when people were spending time with specific therapists and other health professionals. Staff we spoke with said they encouraged people to talk about things they would like to do and ensured these were added to the programme.

The provider had policies in procedures in place to ensure complaints were addressed promptly and investigated thoroughly. Clear findings were communicated to people at the end of any investigation and we saw the provider identified recommendations and learning from each incident. Staff we spoke with told us they were made aware of any complaints received by the provider and had an opportunity to discuss these during staff meetings in order to prevent re-occurrence.

People who used the service were given a number of opportunities to give feedback to the provider. For example there were regular meetings. We looked at the minutes of the most recent meetings and saw a variety of discussions had taken place including asking people which group activities they would like to arrange, fundraising events and how to celebrate events such as Christmas and Halloween. In the minutes of the October 2015 meeting we saw people had been asked for feedback on the quality of staff, therapy input and outdoor activities. However, we found requests were not always followed up. For example we saw one request for an activity made in August 2015 had still not been actioned in December 2015. Although meetings were regular there was no follow-up on progress towards completing actions identified in previous meetings. We discussed this with the deputy manager and provider on the day of the inspection and they told us they would make improvements to this area.

We saw the provider undertook an annual survey, which captured feedback from people who used the service, their relatives and also organisations that commissioned care. In addition we saw feedback was used in the service development plan, which included service user input and involvement in the setting of organisational goals and objectives.

People were also encouraged to give regular feedback through contact with their key worker. A member of staff told us about the ways in which this worked, saying, "You get to know the person more, you have time to talk to them and share information and concerns. It's about getting feedback to make their programme as beneficial as possible."

We looked at positive feedback and comments sent to the provider from people whose relatives had used the service. Comments included, 'Thank you for the tremendous help and support [name of person] received whilst in your care,' and 'We were always struck by the unfailingly cheerful and friendly approach of all the staff whenever we came into contact with them, and we were impressed by the way this positive attitude rubbed off onto the service users.'

Good

Is the service well-led?

Our findings

At the time of our inspection there was a registered manager in post, although they were not present on the day we attended. Staff we spoke with gave good feedback about leadership in the service. One member of staff told us, "It's a rewarding place to work, you're not treated as a number; that's down to the approachability of the management. They muck in; they are visible in the service." Another said, "There's a good team spirit." Staff we spoke with told us they were proud of what they did at Daniel Yorath House. One member of staff said, "I feel we really make a difference to people's lives."

Staff had regular staff meetings which gave them opportunities to give feedback on and discuss the quality of the service. Staff told us they were able to suggest agenda items and felt they could speak openly during the meetings. We looked at minutes of recent meetings and saw discussions included people who used the service, sharing positive feedback and updates about the service. In addition the provider ran weekly 'tutorials', meetings where people's rehabilitation programmes were discussed in detail.

People who used the service and their relatives also had opportunities to give feedback about the service through regular meetings, surveys and involvement in reviews of care plans. Information from the provider's most recent survey in December 2015 was shown to us during the inspection, but the deputy manager told us this had not yet been fully analysed or communicated to people who used the service.

The provider and registered manager undertook a rolling programme of audits to measure and improve the quality of service. We saw audits of various areas of the service including medication, infection control, nutrition, care plans and people's participation in activities. Although we saw these audits were thorough they were not always completed at the frequency indicated in the audit plan. For example the infection control audit was listed as a bi-monthly check, but records showed this had last been undertaken in June 2015, and the bi-monthly nutrition audit was recorded as having taken place in March and December 2015. We also found inconsistencies in the action plans written to address any concerns arising from audits. Some lacked clear delegation to show who was responsible for taking action and by when this should be completed. We discussed this with the deputy manager and provider on the day of the inspection and they told us about action they had already taken to improve consistency in this area. The registered manager was now completing a monthly quality assurance and health and safety data sheet which captured audits completed and any action plans arising.