Brain Injury Rehabilitation Trust

Myland 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

This inspection was unannounced and carried out on 31 August 2016.

Myland House is a residential care home that provides care and support for up to five people with complex neurological needs following a traumatic or acquired brain injury.
At the time of our inspection there were five people using the service.

A registered manager was 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service was last inspected on 10 October 2013 and at that time requirements in the Health and Social Care Act 2008 and associated Regulations were met.

Myland House provided a small homely environment and promoted a positive and inclusive culture. People described their care as good and told us that staff were kind and helpful. Staff had developed caring and meaningful relationships with people and knew each person's individual care and support needs. The service had established firm links with the community and supported individuals to develop and maintain personal relationships with friends and family, which enhanced their wellbeing.

People were protected from avoidable harm and potential abuse. Safeguarding procedures were in place and people were encouraged and supported to raise any concerns.

Potential risks were identified and assessed. Management and staff had a positive attitude towards managing risk and balanced the need for people to have preference and choice with ensuring they were safe, both in the service and in the community. Detailed management strategies were in place to provide guidance to staff on the actions to take to minimise risk and provide appropriate and individualised support.

Safe recruitment practices ensured the suitability of newly appointed staff coming to work in the service. People were supported by sufficient numbers of staff with appropriate experience, training and skills to meet people's needs. Staffing levels were flexible and supported people to follow their interests, take part in social activities and, where appropriate education and work opportunities.

Appropriate checks of the building and maintenance systems were carried out regularly to ensure people's safety. Medication was stored safely and administered correctly. Robust systems were in place to ensure medication and people's finances were managed safely and appropriately.

Management and staff understood the requirements of the Mental Capacity Act (2005) and the Deprivation

of Liberty Safeguards. Appropriate mental capacity assessments and best interest decisions had been undertaken by relevant professionals.

People were supported to maintain good health. They received continuing healthcare support to meet their needs and had prompt access to healthcare professionals when they became unwell. Staff promoted healthy eating. They supported people to balance choice with healthy options and people's preferences contributed to the menu planning.

The provider had arrangements in place to listen and learn from people's experiences, comments and views. There was a strong emphasis on promoting good practice in the service and there was a well-developed understanding of equality, diversity and human rights which management and staff put into practice. The registered manager was knowledgeable, inspired confidence in the staff team and led by example.

Quality assurance systems were robust and helped to ensure the service was of a good quality, was safe and continued to improve.

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 protected from abuse and avoidable harm.

Risks were regularly reviewed and, where appropriate, acted upon with the involvement of other professionals so that people were kept safe.

People received their care from sufficient numbers of staff.

People received their prescribed medication from competent staff and were protected against the risks associated with unsafe management of medicines.

Is the service effective?

Good

The service was effective.

People received care and support from staff who had the training, skills and competencies they needed to carry out their role and responsibilities and meet people's needs.

Staff understood and had a good working knowledge of the Deprivation of Liberty Safeguards and the key requirements of the Mental Capacity Act 2005. They put these into practice effectively, and ensured people's human and legal rights were respected.

People experienced positive outcomes regarding their health; healthcare needs were met and monitored and other healthcare professionals were appropriately involved when necessary.

Is the service caring?

Good

The service was caring.

Staff had developed positive caring relationships with people using the service.

People were treated with respect and their dignity and privacy was promoted.

Staff put into practice effective ways of supporting people to exercise choice, independence and control, wherever possible.

Is the service responsive?

Good

The service was responsive.

People received personalised care and support that was responsive to their diverse needs. Their needs, care and support were regularly assessed and kept under review.

People were supported to participate in meaningful activities and were provided with a range of opportunities, according to their individual wishes and preferences, including support to access the community.

The provider had arrangements in place to routinely listen and learn from people's experiences, concerns and complaints.

Is the service well-led?

Good

The service was well led.

The service promoted a positive culture that was person-centred, open, inclusive and empowering.

The service had good management and leadership and staff were well supported to carry out their role and responsibilities.

There were systems in place to assess the safety and quality of the service and these were used to drive improvement.

Myland 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.

This inspection took place on 31 August 2016. It was unannounced and carried out by one inspector.

Before our inspection we reviewed the information we held about the service, which included the Provider Information Return (PIR). This is a form in which we ask the provider to give us some key information about the service, what the service does well and any improvements they plan to make.

We had not received any information of concern about the service in the last 12 months such as statutory notifications. Statutory notifications provide information about important events that have occurred which the provider is required to send us by law.

During this inspection we had limited time to speak with people using the service and staff. This was because shortly after our arrival everybody went out with the staff team on an excursion to the seaside. Prior to their excursion we observed the interactions between people and staff, and spoke with two people.

We also spoke with the registered manager and a support worker. We looked at two people's care records, four staff recruitment records, the staff training matrix, medicines records, staffing rotas and records which related to how the provider monitored the quality of the service.

Good

Is the service safe?

Our findings

Systems and policies were in place to help safeguard people from the risk of harm and potential abuse. Staff had completed training in safeguarding and this was up-dated annually in line with the provider's policy. The registered manager had a good understanding of their role in safeguarding practices. Information for staff about recognising abuse and what to do if they had concerns was clearly visible in the service, including contact details for the local authority safeguarding team and other agencies. There had been no concerns raised in relation to safeguarding issues in the last 12 months or more.

People had information in an easy read format to enable them to understand what keeping safe means and how to raise any concerns. People had regular meetings with their keyworker and records of these meetings showed staff reminded the individual of safeguarding procedures and provided them with the opportunity to discuss any concerns they may have. People were very happy with the care and support they received.

Risks to individuals were managed well so that people were protected and their freedom was supported and respected. Risk assessments were undertaken which were centred on the needs of the person and identified any actual or potential risks to the individual. Detailed management strategies provided clear guidance to staff on how the person should be supported in a safe and consistent way. They showed that the service respected people's rights to take informed risks, while ensuring their preferences were taken into account. The management and staff had a positive attitude towards managing risk and promoting independence. Risk management was discussed with people in keyworker meetings and care plan reviews so that people were involved in the support they needed to ensure they were safe.

People either had an externally appointed person or relative to manage their financial affairs. Staff supported people in the management of their day to day expenses and records showed that this was managed appropriately and safely.

People lived in a safe environment. Assessments, audits and checks of the building and maintenance systems were regularly carried out to identify any potential risks to people's health and safety. Regular fire safety checks were undertaken to reduce the risks to people if there was fire, and people had Personal Emergency Evacuation Plans (PEEP) recorded within their care records. These showed the support people required to evacuate the building in an emergency situation.

There were sufficient numbers of suitable staff to keep people safe. Staffing levels were based on people's individual needs and fluctuated on a day to day basis according to the type and level of support each person required throughout a day with regards to going out and planned activities. Staff were deployed in a way that was consistent with personalised care and were allowed time to focus their attention on people using the service. At the time of this inspection there were three staff providing support to five people.

People's medicines were safely managed and they received their medicines in a timely way, and as prescribed by their doctor. Medicines were stored safely and were locked away when unattended. The provider had robust systems in place to ensure medicines were managed safely and staff were appropriately

trained and competent to manage and administer medicines in a safe way.

Regular audits on medicines and competency checks on staff were carried out. These measures helped to ensure any potential discrepancies were identified quickly and acted on. The service dealt with any medicines errors in an open way ensuring learning from each event. Records showed that when a medication error was identified, appropriate action was taken in relation to ensuring there were no health implications for the person involved, and staff involved were supported to reflect on their practice, and additional training and supervision was given.

Good

Is the service effective?

Our findings

The needs of people were met by staff with the right competencies, knowledge, skills, attitude and behaviours to carry out their role and responsibilities.
The provider, Brain Injury Rehabilitation Trust (BIRT) had a proactive approach to staff members' learning and development needs and had its own learning and development department.

The registered manager told us and records showed that staff received a range of training that ensured they were able to meet people's needs effectively. Basic and intermediate specialist training in brain injury, developed by BIRT and delivered by a Psychologist employed by BIRT was provided to all staff. This enabled them to gain understanding, knowledge and relevant skills in relation to the associated needs, behaviours and rehabilitation for people who had a brain injury.

Staff were trained to use the Positive Behaviour Support approach which explored strategies and methods to reduce the incidence of behaviour that is challenging to others. The registered manager explained that this approach was used because it increased a person's quality of life by teaching them new skills and adjusting their environment to promote positive behaviour changes. This is vital for people who may experience difficulties in communicating or managing their emotions and use behaviour as a way to express themselves. Care records showed how this approach was implemented for people.

Face to face training was provided in-house each year on mandatory subjects such as health and safety, first aid and moving and handling. Systems were in place to ensure the registered manager was aware of staff skill and competencies and when they were due for refresher training. The training management system showed that staff training was managed well, monitored effectively and up to date. All staff had their own log-ins to access on line additional tutorials, courses and information which helped them to manage their own professional development.

We saw through staff interaction with people that they were knowledgeable about their work role, people's individual needs and how they were met. Supervision and appraisal systems, and staff meetings, were used to develop and motivate staff, review practice and address any concerns. The registered manager told us that management and staff worked well as a united team. They had an open door policy and any concerns were addressed promptly before they became a bigger issue. A staff member told us that the registered manager was always available, they said, "The manager is great, I am supported very well and there is nothing I can't ask".

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.

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 was being met. We found that the provider had properly trained and prepared their staff in understanding the requirements of the Mental Capacity Act and the specific requirements of the Deprivation of Liberty Safeguards (DoLs). This was put into practice effectively, and ensured people's human and legal rights were respected. Related assessments and decisions for people had been taken properly. It was clear from care planning records that appropriate strategies had been used to support the person's ability to make a decision for themselves where possible. We observed that people were given opportunities to make choices and decisions throughout the day and these were respected.

People's nutritional needs were assessed and they were provided with enough to eat and drink and supported to maintain a balanced diet. The menu was discussed at house meetings and people were supported to contribute their choice and preferences to the menu planning. Staff promoted healthy eating and supported people to balance choice with healthy options. Drinks and snacks were readily available and freely accessible. Where issues had been identified, such as weight loss or difficulty swallowing, guidance and support had been sought from health care professionals, including dieticians and speech and language therapists. This information was reflected in people's care plans and used to guide staff on meeting people's needs appropriately.

People experienced positive outcomes regarding their health. Care records detailed specific and individual health needs and the actions needed to maintain and improve the health of the individual, and any help needed to achieve them. The service engaged proactively with health and social care agencies and acted on their recommendations and guidance in people's best interests. People had access to a range of health care professionals and therapies to help support their care, treatment and rehabilitation programmes. Regular healthcare reviews and appointments with other healthcare professionals were attended to maintain health and wellbeing such as well woman screening, dentist, optician, speech and language therapist as well as the orthotic department for equipment to help mobilisation. Staff acted promptly when any health concerns were identified.

Good

Is the service caring?

Our findings

People were positive about the care and support they received. They told us that the staff and registered manager were very kind and provided the help that they needed. They were happy and at ease with staff and we saw that staff had a good rapport with them. Staff demonstrated warmth, understanding and kindness. They explained to people the purpose of our visit and were alert to any changes in people's behaviour. They provided appropriate reassurance and when necessary diverted people's attention, which reduced their anxiety. Staff had a good knowledge about people's backgrounds, their current needs, strengths and anxieties and the type and level of support each person needed.

We observed kind and respectful interactions, where people were given time to express themselves fully. People freely approached staff to ask for assistance, and were comfortable in doing so. We observed excited discussion taking place between individuals and staff as they were getting ready to go out on a trip to the coast, for fish and chips.

Staff were familiar with changes to people's moods and responded to their needs quickly in a caring and meaningful way. We saw a member of staff recognise when a person's mood suddenly changed and they became distressed. The member of staff talked to the person calmly and in a reassuring manner. They suggested to the person to walk with them to their bedroom where they could watch their television undisturbed while they were waiting to go out. The person agreed to the suggestion and their distress subsided.

People were involved, where possible, in decisions regarding any interventions for rehabilitation, care and support and their concerns were always acknowledged. They were proactively supported to express their views through various forums such as resident meetings, surveys, key worker meetings, support plan reviews as well as through daily interactions and activities. The registered manager told us that when required people were supported to access independent advocacy services. They gave us examples of how this enabled individuals to have a stronger voice and have as much control as possible over their own lives.

The relationship between staff and people receiving support consistently demonstrated dignity and respect at all times. Staff involved people and facilitated choice on how they spent their day, where they wanted to go out to and what they wanted to eat. People had choice over their daily routines and were supported to change activities and plans when they decided to. People told us about their key worker and how they provided them with additional support emotionally and in personal activities such as shopping for new clothes.

People's privacy and dignity was respected and promoted. We saw that staff knocked on people's bedroom and bathroom doors and waited for a response before entering. Where able some people held keys to their bedrooms. They moved freely around the house and when individuals chose to have private time alone this was respected.

Independence was promoted and staff provided active and individualised support that enabled them to

participate, where they were able, in day to day living activities such as shopping, cleaning, laundry, cooking and bed changing. People were supported by staff to maintain relationships that mattered to them. There was an open door policy and people were able to receive visitors as they wished. It was evident from discussion with people, the registered manager and review of care records that important events such as family occasions, family contact and involvement was recognised and facilitated.

Good

Is the service responsive?

Our findings

Myland House provided a long term continuing rehabilitation service to people. This included personal, social and domestic skills, behavioural management, therapeutic sessions, leisure time, community access, education and work opportunities. The registered manager and staff demonstrated a good understanding of the varied and profound physical, psychological and social consequences a person with a traumatic or acquired brain injury may have following injury or disease.

People received care and support that was planned and centred on their individual and specific needs. Each person had an individually tailored support and rehabilitation programme and they were actively involved in reviewing their progress towards short and long term agreed goals. The rehabilitation and support programmes were personalised and sufficiently detailed to guide staff on the nature and level of care and support each person needed, in a way they preferred, and how this was to be delivered for an effective recovery and rehabilitation programme.

Each person had a structured activity timetable that was planned according to their needs, and recovery and rehabilitation pathway. The activities were aimed to overcome difficulties and maximising and increasing independence in daily living tasks and activities. These ranged from basic self-care to more extended activities, for example meal planning, accessing the community, shopping, money management and meal preparation. Reviews looked at the progress people had made towards achieving their individual goals such as doing their own laundry.

Individual care and support plans clearly identified people's anxieties, how they presented and the support the person required from staff to manage and reduce them. All staff were trained and implemented Positive Behaviour Support which enabled them to support people in a consistent and effective way if they became distressed. Episodes of anxiety and/or any incidents that occurred were recorded and reviewed on a regular basis to identify any trends and if current management strategies needed to be adjusted.

Support was provided that enabled people, where able, to take part in and follow their interests and hobbies. This included regular access to the local community and access to social activities. People's abilities, levels of engagement and enjoyment were considered at each care and support review to ensure that the activities were suited to their needs, ability, preference and choice. There were regular opportunities for people to use local facilities, such as shops, cafes, pubs, garden centres, restaurants and cinema. During our inspection we saw all the people using the service, supported by staff to access the community on an unplanned social trip out to enjoy the good weather and have fish and chips by the sea. Part of the conservatory had been set up as an office for one person where they worked producing recipe books and maintaining a stamp collection.

Bedrooms were personalised with people's own belongings and people were encouraged and supported to individualise their rooms with items they favoured and meant something to them. This helped to provide comfort and familiarity. The environment was very homely and provided facilities that enabled people to live a normal lifestyle within a risk management and rehabilitation programme.

Good verbal and written communication was maintained with families about any changes with people or that affected them in the home. There were arrangements in place for people and their family members to provide feedback on the quality of the care provided. Surveys were regularly undertaken and analysed to ensure areas identified as requiring attention were addressed.

The provider's complaints policy and procedure was visible and freely available to people who used the service and others. There were details of relevant external agencies and the contact details for advocacy services to support people if required. The service had not received any concerns or complaints in the last 12 months.

Good

Is the service well-led?

Our findings

People and staff were actively involved in developing the service. The registered manager and staff worked in a creative way to enhance the lives of those they supported and to ensure they were maximising every opportunity to them. Staff and people using the service, with support from the local community, were raising funds for a community library and a craft and resource centre to be fully accessible and run by people using the service. The registered manager explained that the aim of the proposed centre was to increase opportunities and activities for people at Myland House and Cook Close, promote independence and community integration as well as maximising leisure activities and vocational education. People were at the centre of the project and were very excited about it and how they were working towards it. The joint project promoted an inclusive and empowering culture within the service.

People, where able, and if they chose to, were involved in the process of recruiting new staff. They were supported to set questions for, or participated in, recruitment interviews and were encouraged to give their views for the selection of potential new staff.

People's views about the service were sought through various methods such as resident surveys, resident and individual key worker meetings as well as day to day conversations. Agenda items ranged from menu planning and daily activities to planning a holiday to Centre Parcs, the homes garden projects and fund raising.
A newsletter was produced each month to keep people, relatives, friends and others informed about activities in the service.

There were clear lines of accountability and responsibility at Myland House. The organisational values were embedded in working practices and staff worked to provide a service which was designed around the needs of the individual. We saw that care and support was delivered in a safe and personalised way with dignity and respect. Equality and independence was promoted at all times. Staff we spoke with felt that people were involved in the service and that their opinion counted. They said the service was well led and that the registered manager was approachable and listened to them.

The service was well organised and had effective leadership. The registered manager also managed Cook Close, another similar service provided by the organisation which was a short distance from Myland House. A senior support worker with the support of the registered manager provided day to day leadership and the registered manager provided 24 hour cover to each service for guidance, advice and emergency situations.

Staff told us there was good team working and an approach to delivering care and support that was centred on people using the service. Staff said that they were treated fairly, listened to and encouraged to share ideas if they felt they would enhance practice and the lives of those they supported.

There were good quality assurance systems in place that ensured the quality and safety of the service delivered and drove improvement. Audits were regularly carried out that ensured all systems were working properly for example medication handling, health and safety practices and management of peoples

finances. Outcomes with associated actions where needed and timescales were communicated to staff in staff meetings and one to one supervisions. For example the medication system was revised and the medication policy reviewed to improve practice.

The service was visited and monitored regularly by representatives, on behalf of the provider and this provided additional oversight of the service to ensure that the care was of a high quality. All aspects of the safety and quality of the service were reviewed and action was taken by the registered manager to address any shortfalls identified.

The organisation, BIRT, guided and promoted best practice in the field of brain injury rehabilitation. They ensured their staff were kept up to date in this specialist area. Information of key changes in practice and legislation as well as best practice examples were shared with services and staff through their newsletters and training to drive improvement.