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. We looked at the following areas: care and welfare of people who use the services, cleanliness and infection control, safety and suitability of the premises, supporting workers and complaints.

We saw that the provider had made improvements to the cleanliness, safety and maintenance of the ward environment since our last inspection. The provider had taken action to ensure that the risk that people were not unlawfully deprived of their liberty was monitored. Most patients we spoke with were aware of their care planning, however patient's involvement in their care plans was not evidenced in the records we reviewed. There was also a lack of evidence of mental capacity assessments in care plans.

Staff we spoke with felt supported and received regular supervision. Daily handovers, monthly staff meetings and clinical governance meetings took place to improve communication and ensure actions were follow up in a timely manner. Complaints were documented and investigated appropriately.

We found that a number of staff did not have current Disclosure and Barring Service (DBS) checks. We also found that incidents were not escalated or documented immediately.

Summary of findings

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

Are services safe?
The ward was clean, well maintained and had some refurbishment since our last inspection. Action had been taken to address on-going maintenance and infection control issues. Housekeeping records had been updated to be more detailed and comprehensive to ensure staff were aware of their responsibilities. We found a number of staff who did not have current DBS checks. Incidents were not always escalated or reported immediately.

Are services effective?
The provider had taken action since our last inspection to implement regular staff supervision sessions, staff meetings and clinical governance meetings. Staff received monthly supervision sessions and felt supported by management. There were daily handover meeting, weekly reflective practice sessions and monthly staff meetings. Most staff were up to date with mandatory training and could access additional professional development opportunities. Care plans and risk assessments were reviewed regularly. However, there was no information about annual health checks in patients' care plans.

Are services caring?
Staff were kind and caring towards patients. Most patients were aware of their care plans. However, care plans did not show evidence of service user involvement, mental capacity assessments and best interest meetings.

Are services responsive to people's needs?
There were new systems in place to ensure that complaints and concerns and complaints were handled effectively.

Are services well-led?
The provider had implemented new systems and processes ensure that patients and staff were supported. Staff attended monthly clinical governance meetings and leads completed clinical audits to share learning and improve services.

Summary of findings

Background to 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 five patients on the unit.

Our inspection team

The team included two CQC inspectors and a specialist advisor.

Why we carried out this inspection

We inspected this service as a follow up to an inspection we carried in August 2014.

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 focused inspection, we specifically looked at areas of previous non-compliance.

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 managers of the ward
- Spoke with 10 other staff members; including doctors, nurses, therapists and support staff

We also:

- Looked at five 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 they felt safe in the service and supported by staff. They spoke positively about the activities and therapy they were able to access. One patient spoke about using weights in the gym with a physiotherapist and going out in the community to the local café and shops. Another patient said they would like to have more activities to do on the weekend. Most patients had an understanding of their care plans.

Summary of findings

Areas for improvement

Action the provider MUST or SHOULD take to improve

The provider must ensure that all staff have up-to-date Disclosure and Barring Service checks.

The provider must ensure that staff escalate and document all incidents immediately.

The provider should ensure that patients' mental capacity assessments are always completed and documented in their care records.

The provider should ensure there is always evidence of patient involvement in their care planning.

The provider should ensure that annual health checks are completed for all patients and up-to-date records kept in patients' care plans.

The provider should ensure the fridge temperature is checked daily and documented when action is required.

Four Seasons Health Care Properties (Frenchay) Limited

Thames Brain Injury Unit

Detailed findings

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

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

The ward was clean, well maintained and had some refurbishment since our last inspection. Action had been taken to address on-going maintenance and infection control issues. Housekeeping records had been updated to be more detailed and comprehensive to ensure staff were aware of their responsibilities. We found a number of staff who did not have current DBS checks. Incidents were not always escalated or reported immediately.

Our findings

Safe and clean ward environment

At our last inspection (August 2014), we found that the environment was not clean or hygienic. Furniture in the lounge was visibly stained, one chair was broken. The floor covering in the lounge was extremely worn. The house keeping checklist did not specify which areas should be cleaned and the frequency with which it was to be cleaned.

On this inspection, we found that care was being provided in an environment that was clean and well maintained. Since our last inspection, the ward had new flooring, ceiling lights and furniture. An additional maintenance staff member had been recruited to ensure repairs could be addressed more quickly. A room on the ward had been converted into a multi-faith room. There were signs on the ward to help orient patients around the ward.

A revised cleaning schedule had been introduced, which divided the ward into separate areas. For example, individual bedrooms and bathrooms were specified. Each area was then divided into individual tasks that were signed by staff daily once completed. The cleaning schedule also indicated which areas should be cleaned on a daily, weekly or monthly basis. Infection control leads were identified and completed relevant training.

During our inspection of the clinic room, the fridge temperature was recorded at 11 C between 24 February 2015 and 5 March 2015. There was not evidence that any action had been taken in response to this. Records showed that the fridge temperature was checked daily until 6 April 2015. This meant that there may be a risk that medicines were not stored consistently at the correct temperatures.

Assessing and managing risk to patients and staff

During our visit, we found that several permanent members of staff did not have up-to-date DBS checks ranging from months to a couple of years. We brought this to the attention of the provider who took immediate action. This meant that the provider did not have the systems and processes in place to ensure that patients were protected against the risk of abuse.

Reporting incidents and learning from when things go wrong

Safeguarding alerts were raised and documented appropriately. Any learning from safeguarding referrals were discussed in staff meetings and the monthly clinical governance meeting. We saw documentation of safeguarding updates being provided in the meeting minutes.

We also found that not all incidents were escalated or reported immediately. Although there were systems and processes in place to report incidents, these were not being operated effectively by staff. In particular, this was a concern during the weekends and out of hours. For example, two incidents had recently occurred over a weekend. One of these incidents had not been brought to the attention of the doctor who had been in contact with the unit every day. The other incident had not been recorded on the electronic system until four days after it was reported.

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

The provider had taken action since our last inspection to improve support for staff. Staff received monthly supervision sessions and felt supported by management. There were daily handover meeting, weekly reflective practice sessions and monthly staff meetings. Most staff were up to date with mandatory training and could access additional professional development opportunities. Care plans and risk assessments were reviewed regularly. However, there was no information about annual health checks in patients' care plans.

Our findings

At our last inspection (August 2014), we found that staff did not have regular access to bimonthly supervision sessions. There was only one record evidenced that an appraisal had taken place in the previous year. Staff we spoke with said they were unsure if there were any actions that would be taken as a result of them raising concerns. Some patients were at risk of being unlawfully deprived of their liberty at the time of our last inspection.

Skilled staff to deliver care

Since our last inspection, the provider had developed a supervision tree and had begun monitoring monthly supervision sessions. Staff we spoke with said they received regular supervision sessions and we saw records to confirm this. Appraisals had not yet been arranged. Management told us would be put in place when staff had received adequate initial supervision support.

There was a daily handover meeting with nursing and therapy staff and monthly staff meetings. Staff we spoke with said they felt supported by management and could raise any concerns which would be dealt with. There was also a quarterly staff forum for staff to provide feedback and action plans developed to address any issues.

Staff were offered weekly reflective practice and positive behaviour support sessions with the psychologist. This was a confidential platform for staff. An anonymous suggestion box was available for staff to provide feedback for issues they do not feel comfortable to raise directly with the group.

We saw records of staff attendance records and most staff had completed mandatory training or were registered to attend. Mandatory training included specialised training for the patient group including brain injury and communication; seating, positioning and postural management; eating, drinking and swallowing. Staff we spoke with said they were able to access external training courses. Four members of staff were registered to attend a conference on brain injury.

Assessment of needs and planning of care

We found physical observations were recorded in care plans. There were also assessments for weight, nutrition, pressure ulcers, mobility and care handling needs. One patient received support around management of their diabetes. However, there was no current information of annual health checks available in patients' current care records. Staff told us that these records may be archived and therefore were not easily accessible. This meant that there may be a risk that information from annual health checks was not available when needed.

Adherence to the MHA and MHA Code of Practice

We found that the provider had taken action to ensure that the risk that people were not unlawfully deprived of their liberty was appropriately monitored. There was a sign on the door informing patients who were not detained under the Mental Health Act 1983 of their rights to leave the premises. On some of the incident forms we reviewed, the form stated that the patient "lacks capacity" but did not provide additional information on the capacity assessment.

Are services caring?

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

Summary of findings

Staff were kind and caring towards patients. Most patients were aware of their care plans. However, care plans had limited documentation of service user involvement, mental capacity assessments and best interest meetings when they were required.

Our findings

At our last inspection (August 2014), we found that evidence was not available to demonstrate that people were involved in their care planning. Some physical health checks were not consistently recorded.

Kindness, dignity, respect and support

We observed caring interactions between staff and patients. Patients had information folders in their rooms that included a copy of their care plan, welcome pack, medication information, the patient's like and dislikes, and information on how to make a complaint. There were also photographs of the patient's named nurse and lead therapist. Staffing levels were adjusted appropriately for patients requiring higher level of care and observation.

Individual care plans and risk assessments were reviewed regularly. One patient's records had an information sheet about their likes, background and how to best support the patient. Another record had a Life Story sheet that included the patient's family situation, important events, the experiences remembered, and how the patient liked to spend their time. We saw documentation of family involvement in patients' care and decision making processes. Carers and relatives were able to attend a bimonthly meeting with a psychologist. Staff we spoke with had a good understanding of patients' needs and were able to talk about individual preferences.

The involvement of people in the care they receive

Most of the patients we spoke with were aware of their care plans. There was limited evidence of service user involvement, mental capacity assessments or best interest decisions documented in the care plans we reviewed. Several care plans stated that the patient lacked capacity to make specific decisions but did not include capacity assessments to explain how these decisions were made. For example, one care plan for medication stated that information had been given to the patient about their medication. However, there was no documentation about whether the patient had capacity to consent to taking the medication. One patient had a DNAR (do not attempt resuscitation) form completed, however there was no care plan or mental capacity assessment in place and no indication of the rationale for the DNAR. Another care plan stated that it was written in the patient's best interest, however there was no documentation of a mental capacity assessment having been completed.

We were provided with some patients' mental capacity assessment records that were stored electronically and were not included in their paper care records. The provider had identified the quality of care plans and involvement of patients in their care planning through monthly quality audits. In response, staff had attended training on care planning in December 2014. The ward is in the process of changing to electronic records, which is due to go live on 21 April 2015.

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

There were new systems in place to ensure that complaints and concerns and complaints were handled effectively.

Our findings

Listening to and learning from complaints

At the previous inspection (August 2014), we found the complaints system was not consistently applied. There was no evidence that complaints which were fully investigated, so far as reasonably practicable, had been resolved to the satisfaction of the service user, or the person acting on the service user's behalf.

During this inspection, we saw records of concerns, compliments and complaints being documented, investigated and responded to appropriately. Complaints and compliments were discussed in the minutes of one of the senior management meetings and clinical governance meetings. There was information on how to make a complaint in patients' information folder in their bedrooms. There was also a book held at reception to record any compliments and complaints.

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

The provider had implemented new systems and processes ensure that patients and staff were supported. Staff attended monthly clinical governance meetings and leads completed clinical audits to share learning and improve services.

Our findings

At our last inspection (August 2014), there had not been a staff meeting in the six months prior to this inspection. Clinical governance meetings had not taken place for four months prior to this inspection.

Leadership, morale and staff engagement

Staff were clear about their roles and worked collaboratively as a multidisciplinary team. Staff were positive about the changes that have been implemented on the ward since the last inspection. For example, improved environment, more effective communication, being able to raise any issues and that they will be responded to and actioned. Staff we spoke with said they found the recently implemented daily handovers to be useful. Staff were able to provide feedback including via a staff forum, staff meetings and staff survey.

Patient support group monthly meetings were held on the ward. This was an opportunity for patients to discuss any issues regarding food, housekeeping, care staff, activities and therapy sessions. We reviewed minutes that evidenced issues raised were actioned and followed up on by staff. A patient satisfaction survey had been conducted and patients were involved in staff recruitment panels.

Good governance

Since our last inspection, the provider has implemented monthly clinical governance committee meetings attended by clinical staff. We reviewed minutes from these meetings which included updates on patient involvement, risk management, health and safety, clinical audit, staffing and training. There were examples of learning being shared and discussed at these meetings. For example, a recent incident around infection control and what should be done differently in the future to prevent a reoccurrence.

Each lead completed clinical monthly audits on areas including safeguarding, care plans, infection control, and medication. Any area that requires development highlighted in the audit was discussed in the monthly meetings. However, not all of the audits had the date of completion recorded. There were several final versions of each monthly audit which made it difficult to understand which was the most up to date.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **The provider had not taken the steps to ensure that incidents were escalated and reported immediately.** **This is in breach of Regulation 17(2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Assessment or medical treatment for persons detained under the Mental Health Act 1983 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed **The provider did not have the systems and processes in place to ensure that all staff had up-to-date Disclosure and Barring Service checks.** **This is in breach of Regulation 19(3)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.