

# 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

About the service: Myland House is a residential care home that provides personal 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 living at the service.

People's experience of using this service:

People received care from staff who knew them well. People told us staff were kind, caring in their approach and promoted their independence.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

There were systems in place to monitor the quality and safety of the service provided, and to drive improvements where this was required. The service considered people's feedback and was continuously trying to improve the service.

People were cared for by staff who knew how to keep them safe and protect them from avoidable harm. Sufficient staff were available to meet people's needs and people told us when they needed assistance, staff responded promptly. People received their medicines regularly and systems were in place for the safe management and supply of medicines. Incidents and accidents were investigated, and actions were taken to prevent recurrence.

People received a service which was personalised and met their needs. The care provided enabled them to remain as independent as possible. Care plans contained explanations of the control measures for staff to follow to keep people safe. Support was planned and delivered in a structured way to ensure people's safety and wellbeing. Staff had access to up to date information about how to support people and communication with health and social care professionals was effective in ensuring people received joined up care.

The service continued to be well led. The management team worked well to lead the staff team in their roles and ensure people continued to receive a good service. Staff and the registered manager showed a genuine interest and passion to deliver personalised care based on people's likes, wishes and preferences.

People had access to a variety of nutritious meals and snacks and were supported to learn skills in food preparation and cooking. People's weights were monitored.

Staff were aware of people's life history and preferences. They used this information to develop positive relationships and deliver person centred care. People's end of life care was considered, and people supported to express their views.

There was a varied range of social activities on offer. Staff encouraged people to participate in group and

one to one activities of interest to the individual.

Rating at last inspection: Good (report published on 21 October 2016).

Why we inspected: This was a scheduled inspection based on the previous rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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 remained safe.

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service remained effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service remained caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service remained responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service remained well-led.

Details are in our well-led findings below.

# Myland House

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

This inspection was carried out by one inspector.

Service and service type: Myland House is a care home. People in care homes receive accommodation and nursing or personal care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: The inspection was unannounced.

What we did:

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority. We assessed the information in the provider information return. This is key information providers are required to send us about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection, we spoke with three people who used the service, to ask about their experience of the care provided. We observed staff providing support to people in the communal areas of the service. This was so we could understand people's experiences. By observing the care received, we could determine whether or not they were comfortable with the support they were provided with.

We spoke with five members of staff including the registered manager, team leader, two support workers

and maintenance staff.

We reviewed a range of records about people's care and how the service was managed. This included looking at three people's care records, medicines administration records. We reviewed records of meetings, staff rotas and staff training records. We also reviewed the records of accidents, incidents and quality assurance audits the management team had completed.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- All the people we spoke with, who were able to respond, told us that they felt safe with all the staff who supported them. One person said, "I feel very safe here. They [staff] are all very friendly and kind, they look after me very well."
- Staff were aware of the signs of abuse and how to report safeguarding concerns. They were confident the management team would address any concerns and make the required referrals to the local safeguarding authority. The registered manager was aware of their responsibilities for reporting concerns to the CQC.
- Information was available for people and for staff regarding adult safeguarding and how to raise concerns.
- People were supported by an externally appointed person or relative to manage their financial affairs. Staff maintained records which showed people's money was managed appropriately and safely.

Assessing risk, safety monitoring and management

- Risks to people's health, welfare and safety had been considered and staff provided with guidance to mitigate the risk of harm.
- Risk assessments were completed in relation to the premises and general activities in the service. However, we identified a lack of assessments in relation to hot surfaces such as unprotected radiators where people diagnosed with epilepsy were at risk of scalding. We discussed this with the registered manager who immediately carried out a risk assessment in relation to individuals using the service and provided risk assessment guidance for staff.
- Legionella and fire safety risks identified in the service had been addressed.
- Risks were regularly reviewed and, where appropriate, acted upon with the involvement of other professionals so that people were kept safe.
- People had personal emergency evacuation plans (PEEPs) in place which included guidance for staff and the emergency services as to the support they would need to evacuate from the service safely.
- Regular planned and preventative safety, maintenance checks and repairs were carried out. The records of these checks were up to date.

Staffing and recruitment

- People told us there was enough staff to meet their needs. One person said, "They are always there when you need them."
- There were sufficient staff on duty to meet people's needs. Staffing levels were based on individual needs. Staff were deployed to ensure personalised, one to one care support was provided when needed.
- Staffing levels were achieved using regular bank staff. This ensured consistency of care for people.
- Robust recruitment procedures were in place and ensured that only suitable staff were employed to work at the service.

#### Using medicines safely

- People's medicines were managed safely. Processes were in place for the timely ordering and supply of medicines and medicines administration records indicated people received their medicines as prescribed. This was confirmed by the people we spoke with.
- Staff completed training to administer medicines and their competency was checked.
- The management team completed regular audits of medicines to ensure policies and procedures were followed and any errors or concerns were identified.

#### Preventing and controlling infection

- We identified a risk of cross infection in the kitchen and bathrooms where cracks in worktops, tiles and sealant around showers needed attention. The registered manager responded to our feedback with evidence of planned maintenance/refurbishment to rectify these shortfalls.
- There was a lack of cleaning schedules in place which meant areas such as the kitchen fridge and oven had not been cleaned on a regular basis. In response to our feedback the registered manager told us cleaning schedules would be implemented immediately to guide staff. They also told us these areas would be monitored as part of monthly management audits.

#### Learning lessons when things go wrong

- Staff understood the importance of reporting and recording accidents and incidents.
- There were systems for monitoring and investigating incidents and accidents. Incidents and accidents were monitored to identify any trends.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- 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.
- The registered manager continued to support staff to provide care to people in line with best practice guidance and legislation.
- People's needs were assessed and regularly reviewed. This included the outcomes people hoped to achieve from their planned care and support. People's protected characteristics under the Equalities Act 2010 such as their culture, religion, ethnicity, disability was identified as part of their needs assessment.
- People's care records contained information as to how staff should support them to make day to day choices and decisions. People's capacity to make decisions had been assessed. There was no one subject to any legal authorisation to restrict their freedom of movement.
- Staff had completed training to enable them to understand their roles and responsibilities in relation to the Mental Capacity Act 2005 (MCA). Staff described how they sought consent from people when supporting them and respected people's decisions.

Staff support: induction, training, skills and experience

- Staff received supervision and annual appraisal to enable them to review their practice and consider any training needs.
- Staff had the knowledge and skills required to meet people's needs. Staff completed an induction training plan when they started working at the service.
- Staff had received training in line with recommended best practice guidance, to ensure they had the skills and experience to support people with specific health conditions.
- Nursing staff had completed training with updates in clinical areas such as, wound care, syringe driver, catheter and end of life care.

Supporting people to eat and drink enough to maintain a balanced diet

- People were provided with a choice of food and drink.
- People told us they were involved in the weekly planning of menus, shopping and food preparation as staff sought to promote their independent living skills.
- People's comments about the food provided, included, "The food is good here. We choose what we want to eat each week and go shopping." And, "If we change our mind about what to eat that is okay. We sometimes go out for meals which I like."

- Staff supported and encouraged people to try and maintain a healthy diet. People's likes and dislikes were recorded and staff knew people's needs well.

#### Adapting service, design, decoration to meet people's needs

- Each person's room was personalised with their own belongings and decorated to a style that suited them. People told us they were consulted in the decoration of their rooms.
- People had secure storage facilities in their rooms for items they wished to keep safe.
- People had access to personal ensuite shower rooms.
- Work was needed to refurbish the kitchen as cupboard doors were missing, wall ties missing and those in place cracked. The registered manager told us cracked worktops were due to be replaced the following week and the kitchen scheduled for a total refurbishment in June 2019. A schedule of works was produced which described planned refurbishment work with timescales which demonstrated planning for continuous improvement of the environment.

#### Supporting people to live healthier lives, access healthcare services and support

- People had access to a GP from a local surgery where regular reviews of people's health care needs were carried out including a review of prescribed medicines.
- Staff worked in partnership with GPs and other health and social care professionals to plan and deliver an effective service.
- People had regular access to chiropodists, dentists, opticians and access to psychologist support.

#### Staff working with other agencies to provide consistent, effective, timely care

- Where people required health or social care services, staff made referrals and liaised with professionals to attend appointments and assessments.
- Staff worked with other healthcare professionals to make sure people's health needs were met and they had the equipment they required to promote their safety and independence. Care records showed that staff communicated with other health care professionals when needed.
- Records showed that referrals to health and social care were made in a timely way to enable people to maintain their health and independence.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us that staff were very kind, caring and friendly and we saw that interactions were warm. One person said, "They [staff] are all very good. They are very nice."
- There was a warm caring and friendly atmosphere in the service with positive interactions observed between staff and people using the service. Staff clearly knew people very well and were able to tell us about individuals, their choices and aspirations.
- People's diverse needs were respected, and care plans identified people's cultural and spiritual needs.

Supporting people to express their views and be involved in making decisions about their care

- People's likes, dislikes and preferences were considered and respected. People told us they were encouraged to spend their time where they chose to do so and their independence promoted. People were encouraged to be as independent as possible. For example, in relation to laundry, cleaning, cooking and shopping.
- One person said, "They encourage me and treat me well. I get to choose what I do."
- People were able to choose how and where they spent their day. We saw staff checked with people before providing support and encouraged them to express their views and wishes.
- Regular meetings and surveys were provided to enable people to air their views and shape the future planning of the service.

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain and develop relationships with those important to them.
- People were positive about the care they received. The relationship between staff and people consistently demonstrated staff promoting people's dignity and respectful interactions.
- People told us staff respected their privacy, and where able, held keys to their bedroom doors.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's needs were assessed prior to admission to ensure the service could meet individual needs and plan their care. Staff were aware of people's life history and preferences and used this information to develop positive relationships and deliver person centred care.
- Care plans had been reviewed and updated regularly to reflect people's changing needs.
- People's communication needs were known and understood by staff. Care plans identified people's communication needs and the registered manager ensured people had access to the information they needed in a format they could understand. This approach helped to ensure people's communication needs were known and met in line with the Accessible Information Standard (AIS). The AIS is a framework making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.
- Care plans identified people's anxieties, how they presented, and the support needed to manage and reduce behaviours that may present a risk to the person and others. Incidents of distressed behaviour were recorded, reviewed and strategies in place adjusted as needed.
- Support was provided to enable people, where able, to take part in and follow their interests and hobbies. This included regular access to the local community. Activities provided were suited to the needs of individuals, and person centred.
- People had access to the local community with the use of a minibus belonging to the service.
- People told us how access to the community enhanced their sense of wellbeing and reduced the risk of isolation from the outside world.

Improving care quality in response to complaints or concerns

- The provider's complaints and feedback procedure was visible and available to people who used the service and others.
- People told us they would feel confident to raise any concerns. One told us "I would speak with any of the staff. It wouldn't worry me."
- Staff were aware of the procedure and what action to take if they received a complaint.
- The service had not received any complaints since the last inspection.

End of life care and support

- At the time of the inspection no-one was receiving end of life care from the service.
- Care plans showed people had been consulted as to their wishes if they needed end of life care.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager and all the staff continued to demonstrate a commitment to provide person centred, high-quality care. They placed people using the service at the centre of everything they did.
- Staff told us, "I love working here, it is the best place I have ever worked. It is not like coming to work, it is a pleasure." And, "This is a lovely place to work. It is a nice team and we really look forward to coming to work. We all come together to support the people who live here, they are our priority."
- The management team completed a full range of quality audits on a regular basis and we saw that actions were identified and addressed to bring about improvements. Audit results were monitored by the provider and representatives of the provider visited to carry out quality and safety monitoring.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service continued to be well led by an experienced registered manager who also managed another similar service provided by the organisation.
- Staff and the registered manager demonstrated a commitment to provide person-centred, high-quality care by engaging with everyone using the service and stakeholders.
- Planning with timescales for action were in place to address shortfalls identified in management audits.
- People and staff were positive about the leadership of the service. One told us, "The manager is very approachable. If we are concerned about anything, for example, a safeguarding issue we have faith something will be done."
- The management team positively encouraged feedback and acted on it to continuously improve the service, by seeking people's views in surveys and meetings.
- Staff understood the provider's vision for the service and told us they worked cohesively as a team to deliver high standards.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and staff were encouraged to contribute their views on an ongoing basis through one to one meetings with their keyworker and as a group.
- Satisfaction surveys were carried out with people who used the service as well as stakeholders.

Continuous learning and improving care

- We found an open and transparent culture. The registered manager and staff were enthusiastic and

committed to further improving the service for the benefit of people using it. One member of staff told us, "This job is really rewarding. The guys living here are so involved in how things are run."

- The management team had systems in place to monitor the quality and safety of the service provided, and to drive improvements where this was required. The service considered people's feedback and was continuously trying to improve the service.
- Some of the areas we have noted as needing development as described within the safe section of this report were actioned upon with evidence provided.

#### Working in partnership with others

- Actions were taken to learn from accidents and incidents. These were monitored and analysed to check if there were any emerging trends or patterns, which could be addressed to reduce the likelihood of reoccurrence.
- Staff and the management team worked well with other professionals such as psychologists, social work teams and GP's. The registered manager was in consultation with local community groups to encourage participation to enhance the garden for the benefit of people who used the service.