Respite (North West) Limited

Ashbrook Neuro Rehabilitation

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

Ashbrook Neuro Rehabilitation is a single storey detached building situated in a residential area of Rochdale. The unit is registered to provide care and support for up to seven adults with an acquired brain injury. The building has been adapted to provide seven private suites. Each have a bathroom, bedroom/ lounge, kitchenette and a private or shared garden area. The service also has a communal living area and therapy rooms.

Our last inspection of the service was in September 2015. At that inspection we rated the service good overall. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The service had a new manager who was in the process of registering with the Care Quality Commission (CQC). He showed enthusiasm and commitment to developing the service. 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.

There were systems in place to help safeguard people from abuse. Recruitment checks had been carried out to ensure staff were suitable to work with vulnerable people.

The unit was clean and well-maintained. People had appropriate equipment in place and this had been serviced and regularly checked to ensure it was safe to use and functioning correctly. There were effective infection control and prevention measures within the service. The administration and management of medicines was carried out safely.

People were supported through their rehabilitation by a team of staff made up of registered nurses, rehabilitation coaches (support workers), therapists (physiotherapy, occupational therapy and speech therapy), therapy assistants and a visiting neuropsychologist. There were sufficient staff to support people appropriately.

New staff were provided with an induction programme. Staff received training in a range of topics, including safeguarding, infection control, health and safety, fire safety, mental capacity and consent, first aid and moving and handling. We found some people's refresher training was slightly out of date. The manager has arranged for this to be completed. The majority of staff had received supervision. However, we noted the registered nurses had not received supervision this year. We have been assured this will take place in the next few weeks and we have asked for evidence to show it has been completed.

The service worked within the principles of the Mental Capacity Act (MCA) 2005. People were supported to make choices, such as what they would like to eat and wear and what they would like to do. Staff sought consent before assisting people. People/relatives we spoke with were complimentary about the care and support provided at the service.

People chose what food they would like to eat, and where able, were encouraged and helped to cook their meals.

People's care records were detailed and person-centred. They provided staff with sufficient information to guide them on how people should be helped in their rehabilitation. Staff supported and encouraged people to be as independent as possible within their capability.

The service had a process for handling complaints and concerns. There had not been any recent complaints.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains good.	**Good**
Is the service effective? The service remains good.	**Good**
Is the service caring? The service remains good.	**Good**
Is the service responsive? The service remains good.	**Good**
Is the service well-led? The service remains good.	**Good**

Ashbrook Neuro Rehabilitation

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 was an unannounced inspection which took place on 28 and 29 August 2018. The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed information we held about the service. This included the statutory notifications the CQC had received from the provider. Notifications are changes, events or incidents that the provider is legally obliged to send to us without delay.

During our inspection we spoke with the manager, the team leader, a registered nurse, a rehabilitation coach, two people who lived at the service, two relatives and a visiting healthcare professional. We looked at the environment and checked on the condition of the communal areas, toilets and bathrooms, kitchens and laundry. We also looked in three peoples' suites. These were each made up of a large bedroom/living space and a bathroom.

As part of the inspection we reviewed the care records of three people living at the home. The records included their care plans and risk assessments. We reviewed other information about the service, including training and supervision records, three staff personnel files, medicine administration records, audits, meeting minutes and maintenance and servicing records.

Good

Is the service safe?

Our findings

The unit had systems in place to help protect people from abuse. Safeguarding and whistle blowing policies were available to guide staff. Records showed that 77% of staff had completed the annual safeguarding training, and a date had been arranged for those people who needed to complete it. We received positive comments about the way staff treated and spoke to people living at the unit. One relative told us "I feel he's very safe. I've never worried about him there. It's the best place he's ever been.''

We looked at staffing levels at the unit and found these were suitable for the number of people living there and the support they needed. The unit was staffed by a registered nurse at all times. People were supported by a team of rehabilitation coaches (support workers), therapists (physiotherapist, occupational therapist and speech therapist) and therapy assistants. The two relatives we spoke both commented about the low turnover of staff and that people were supported by a of team of staff who were familiar with their needs. A senior member of staff was always available to support the staff team. There was an 'on-call' rota for senior staff cover out of normal hours and at weekends which ensured there was someone senior available to advise staff 24 hours a day.

The recruitment process was carried out correctly. Full employment checks were made before staff started work at the service. These included references, checks on any employment gaps and a Disclosure and Barring Service (DBS) check. DBS checks help employers make safe recruitment decisions as they identify if a person has had any criminal convictions or cautions. Checks had been made to ensure nurses were registered with the Nursing and Midwifery Council (NMC). The NMC is the regulator for all nurses and midwives in the United Kingdom.

The unit was well-maintained. We saw documentation and certificates which demonstrated that checks had been carried out on equipment, such as hoists, and services, such as the gas and electrical supply. Weekly checks of the hot water temperatures, wheelchairs, bedrails and mattresses and been carried out. These helped to ensure all equipment and services were well-maintained and people living at the unit were kept safe. We noted that the weekly check of the nurse call system had not been completed for the last four weeks. This was carried out immediately after we brought it to the attention of the manager.

The unit was secure. The entrance was kept locked and people could not enter the building without being let in by a member of staff. There was a 'signing in' book for visitors. This ensured staff were aware of who was in the building at any one time. Doors to laundry, the room where hazardous cleaning materials were stored and the treatment room, where medicines were stored, were kept locked to prevent people from entering and harming themselves.

Systems were in place to minimise risks to people from the spread of infection. The premise was clean and free from any unpleasant odour. Toilets had adequate supplies of liquid soap and paper towels and guidance about the correct handwashing procedure was displayed. Staff used personal protective equipment (PPE), such as plastic gloves and aprons, when carrying out personal care tasks. This helped to prevent the spread of infection. Anti-bacterial hand gel was available at different points throughout the

building. The service did not have a food hygiene rating. This is a rating given by the local authority following an inspection of its food hygiene practices. Following our inspection, the service immediately contacted the local authority to arrange an inspection of their premises.

Fire safety procedures were in place to protect people from the risk of fire at the unit. Servicing of the fire alarm and fire extinguishers was up-to-date and there was a recent fire risk assessment. The fire alarm and fire door guards were checked twice daily to ensure they were working correctly. The fire exits were clear at the time of our inspection. Everyone living at the home had a personal evacuation escape plan (PEEP). PEEPs explain how each person would be evacuated from the building in the event of an emergency.

We looked at the management of medicines. Medicines were only administered by the registered nurses on the unit. All medicines were stored in a locked room. The temperature of the treatment room and medicine fridge were checked daily to ensure that medicines were stored at the correct temperature. Everyone had an individual file which contained information necessary for the safe administration of medicines. This included a sheet displaying their name, date of birth, room number and photograph; medication profile with information about any allergies and a list of medicines and why they were needed; a signed consent form; staff signature sheet and a medicines administration record (MAR). Some people required the use of PRN (when required) medicines and we saw protocols were in place to inform staff when these were needed and under what circumstances they should be given. We checked the MARs and found they had been completed correctly which indicated people had received their medicines as prescribed. The service and a process for dealing with medicine administration errors which enabled staff to reflect on and learn from their mistakes.

We looked at how risk was managed to ensure people were not being placed at harm. People had risk assessments in their care files which covered areas such as falls, mobility, skin integrity and behaviour. Where people had an identified risk, there was guidance for staff to follow. The 'waterlow' score was used to help identify if a person was at risk of pressure ulcers and where needed, the appropriate pressure relieving equipment, such as a mattress, was in place. People who had bed rails in place to keep them safe whilst in bed and prevent them falling and hurting themselves had the appropriate risk assessment. This helped minimise the risks associated with bedrails, such as entrapment.

Accidents and incidents were managed correctly. Following an accident/incident, staff completed a form which recorded the nature of the incident, any injury sustained, who had been involved, any contributing factors and action that had been taken. This helped the service monitor accidents and take steps to avoid future occurrence.

Good

Is the service effective?

Our findings

We looked at the support provided to staff. All new staff completed an induction. This provided basic information about the service, including the rota system, service guidelines, fire procedure and risk assessments. Staff received training in a range of topics including, safeguarding, infection control, health and safety, fire safety, mental capacity and consent, first aid and moving and handling. We found that some people's training was slightly out of date. We discussed this with the manager, who told us that this was in part due to some training being changed from three yearly to annually. This had affected the service's compliance with training. Following our inspection, the manager arranged refresher training dates for all staff who required it.

We noted from reviewing the supervision matrix that although the rehabilitation coaches had received supervision during 2018, the registered nurses had not. We discussed this with the manager, who assured us that these would be carried out within four weeks. We have asked for evidence of this to be sent to us on completion. Supervision meetings provide staff with an opportunity to discuss their training needs and progress with a senior member of staff and to receive feedback about the quality of their work.

The unit was spacious with wide open corridors and communal areas. This meant people who had limited mobility and used a wheel chair still had access to these spaces. One of the kitchens had been adapted so that the sink, worksurface and hob could be lowered to wheelchair height. People were helped to use this kitchen as part of their rehabilitation programme. Everyone living at the unit had their own 'suite' which consisted of a bedroom and living area with small kitchenette and an en-suite shower room/toilet. People were encouraged to bring in their own belongings so that rooms were decorated to their own personal taste. There was a garden area with wheelchair access. A physiotherapy room was available for people to use as part of their rehabilitation programme. Specialist equipment, such as electric beds, pressure relieving mattresses and ceiling track hoists was provided for those people who required them.

People were supported by on-site staff and external healthcare professionals, including a neuropsychologist, to maintain their health and wellbeing. Regular multi-disciplinary team meetings ensured people were given the right support to work towards their individual rehabilitation goals.

We looked at how people were supported to maintain a good diet. The service did not have set menus. People were asked what meals they would like and the food was bought on a weekly basis and cooked for them by the rehabilitation coaches. Some people, as part of their rehabilitation programme, were supported to shop for themselves and cook their own meals in the therapy kitchen. People could eat their meals in the communal dining area or their rooms if they preferred. The emphasis within the service was around individual meal choice.

People had their weight monitored to ensure it was maintained within normal limits. One person received their nutrition through a feeding tube into their stomach. We looked at their care records and saw that they contained a detailed care plan which informed staff about the person's nutritional regime and how the tube should be maintained and cared for.

We checked if the service was working within the principles of the Mental Capacity Act 2005 (MCA). The 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 saw details of best interest meetings that had been held at the service. For example, one record showed details of a best interest meeting around a person's future accommodation.

Staff helped people make decisions for themselves where they were able, for example by talking slowly to them or by using communication aids, such as picture cards. Care files contained records of people's consent to photographs, sharing information, care and treatment and staff entering their room. We observed that staff always asked people for their consent before providing any support.

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). Records showed relevant DoLS applications had been submitted to the local authority for authorisation.

Good

Is the service caring?

Our findings

We received positive and complimentary comments about the way people were supported at Ashbrook Neurorehabilitation Unit. One relative told us, "I can't fault the care he's had. They meet his needs in every way." Another relative said, "The staff are friendly and helpful. All the staff are very good with (name)." One person we spoke with said "The staff are absolutely wonderful – more like friends really."

We read a recent comment made in the 'comments book'. It said, "Thank you for listening and understanding (name's) needs. You have helped ease his tensions and fears. Your standard of care was really excellent."

People's dignity and privacy were respected. For example, there was evidence in the care files we viewed that people were asked if they had a gender preference for the person who supported them with personal care needs. Each person's suite was locked by a 'fob' system, and people were given their own fob if they wished. This meant they could maintain their privacy and have private time in their own room whenever they wanted. Everyone had a sofa bed in their suite, which meant people could have relatives/friends to stay overnight if they wished.

As rehabilitation was the main aim of the service, there was an emphasis on promoting people to be independent. For example, people were encouraged to clean and tidy their bedrooms and cook their meals as part of their rehabilitation programme. Some people were well enough to manage their own money and go out shopping. People had specialised equipment to help them be independent. For example, one person had adapted cutlery so that they were able to feed themselves rather than rely on staff to help them. People were encouraged to be as independent as possible, depending on their limitations following an injury/illness. One staff member told us, "It's all about empowering people."

Staff respected people's religious and cultural needs. One person required halal meals and these were provided. We were told that one person had celebrated the festival of Eid with their family, who had brought in food to be shared with people and staff.

Each suite contained a 'welcome pack', which contained information about the service, its statement of purpose and how to make a safeguarding referral. Details about advocacy services was also provided. An advocate is a person who represents and supports people who find it difficult to speak up for themselves.

Good

Is the service responsive?

Our findings

Before a person was accepted by the service a full and detailed assessment was carried out to ensure that the placement was the right environment to continue their rehabilitation following neurological/brain trauma. This covered key areas, including the person's current abilities with their personal care, risks and rehabilitation needs. People had their care packages reviewed by the multi-disciplinary team after three months to see how their rehabilitation was progressing. Regular reviews continued throughout their stay at Ashbrook. People stayed for different lengths of time at the unit. This varied from a few months to one to two years. Their length of stay depended on their level of need, rehabilitation progress and finding a suitable place for them to move on to at the end of their residential rehabilitation period. The service was outcome focused and was proactive in helping people progress through the rehabilitation process, without discharging them before they were ready to move on.

We reviewed three people's care files. These contained detailed care plans which described how each person should be supported and helped with their rehabilitation, along with other information, such as monitoring charts and risk assessments. Care records were reviewed regularly to ensure they were up-to-date.

People were supported with their rehabilitation by a physiotherapist, occupational therapist, therapy assistants and rehabilitation coaches. Each person had their own rehabilitation programme which included helping them to improve/relearn their mobility and personal skills, such as washing, dressing and cooking. People were also helped to take part in activities of their choice and to develop their social skills. One person had a pool table in their room. Another person was a skilled artist and spent their time painting. Some of their paintings were on display in the entrance hall. Some people went out to attend activities, such as swimming or the gym. The communal lounge had a television and numerous board games. The unit had its own van, which was used to take people out to activities or appointments.

Staff attended a handover meeting at the start of their shift. There was a handover communication sheet which contained brief notes about each person's medical history, support needs, behavioural issues, diet, social activities and appointments. This ensured staff were kept well informed about people's needs.

The service had a complaints policy and information about how to make a complaint was given to people and families on their admission to the unit. People we spoke with knew how to make a complaint, although they told us they had never had to. The service had not received any recent complaints.

Good

Is the service well-led?

Our findings

The service had a new manager. At the time of our inspection they had been in post for seven weeks. They were in the process of registering with the CQC to become the registered manager. 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.

People spoke positively about how the service was managed and about the way staff worked well together. One person commented, "It's all a team effort" and another member of staff said, "We work together well." We saw a thank you card from a member of staff who had recently left the service. It said, "Thank you for being such wonderful colleagues."

Safety checks and audits were carried out to monitor and improve the quality and safety of the service. The service had up to date policies and procedures in place to guide staff on their conduct and practice.

During our inspection we identified that some of the staff had not completed all the required training. We have written about this in the 'effective' section of this report. However, we found that the manager took prompt action during and shortly after our inspection to arrange refresher training. We also found that the service had not had a recent food hygiene inspection. Again, the manager took prompt action to rectify the situation. They immediately contacted the local authority to arrange for an inspection to be carried out.

Records we reviewed showed that staff meetings were held regularly. Minutes from the most recent meeting in July 2018 showed that it had included discussions about training and the new manager. Staff meetings are important as they help to keep people informed of developments within the service and encourage communication between the management and other staff. People who lived at the service were also invited to regular meetings where they were asked if there were things that could be done to improve their stay at Ashbrook.

From 1 April 2015 it has been a legal requirement of all services that have been inspected by the CQC and awarded a rating to display the rating at the premises and on the service's website, if they have one. Ratings must be displayed legibly and conspicuously to enable the public and people who use the service to see them. We found that the rating from the last CQC inspection was displayed in the entrance hall. The service did not have a website. We checked our records and found that we had been sent notifications about significant events at the service, such as accidents/incidents. This enabled us to see that the correct action had been taken to maintain people's safety.