The Disabilities Trust

Brain Injury Rehabilitation Trust - Bristol Road

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
The Brain Injury Rehabilitation Trust – Bristol Road is a rehabilitation service for up to eight people who have acquired brain injury. At the time of inspection, the service was providing accommodation and personal care to eight people living at the service. The home is a large specifically adapted building with seven ensuite rooms on the ground floor and one self-contained flat on the first floor. Since the last inspection the service has added supported living accommodation which provides care to six people across two locations. The two locations are large town houses accommodating three people in each house with an office in each and an allocated staff team.

People's experience of using this service and what we found
The registered manager and the staff team presented as extremely caring, ensuring they put people at the centre of their care, they considered the service peoples home and not their work place. The staff team made every effort to know and understand each of the people living in the service. The staff and registered manager considered the service users equality, dignity and respected people. People's views were actively sought by which were listened to and actioned.

Risks were identified and mitigated through comprehensive risk assessments. The staff team were experienced with a varying skill mix benefiting the complex needs of people. Medicines were stored and administered safely. Infection control procedures were in place and all staff were aware of these. When incidents occurred, the staff learned lessons through investigation procedures and made amendments where necessary.

The staff team were trained and skilled in relation to the needs of the people living there. People's needs were detailed and care planned for. Their care plans identified involvement from people in the design of their care. People were asked for their consent when being supported by staff and consent was recorded. Care was personalised with a focus on the individual needs and goals of the service users. While no-one was receiving end of life care there were end of life care plans in place. The complaints and compliments procedure was displayed and discussed with people, all complaints had been responded to and actioned appropriately.

There were clear objectives which were achieved through robust audits and spot checks. There were quality assurance systems and processes in place to ensure the service was meeting its purpose. The registered manager lead from within the team, setting out the person-centred nature of the service. The staff worked effectively with healthcare professionals in meeting the needs of people living in the service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People are involved in the development of the menu, meals were nutritious as well as varied.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk
Rating at last inspection
The last rating for this service was Good (published 17 May 2017).

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

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.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-Led findings below.

Brain Injury Rehabilitation Trust - Bristol Road

Detailed findings

Background to this inspection

The 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection was carried out by one inspector over 2 days.

Service and service type
Brain Injury Rehabilitation Trust – Bristol Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

This service also provides care and support to people living in two 'supported living' settings, enabling people to live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. This meant 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
This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection-
We spoke with four people who use the service, two relatives and one person's legal representative about their experience of the care provided. We spoke with eight staff including the registered manager, the deputy manager, one senior carer, one team leader, three care staff, and one assistant psychologist. We reviewed four people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, training and accident/incidents were reviewed.

After the inspection –
We sought additional information to validate the evidence found, we spoke with a relative and a professional involved in the care of people in the service.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The staff team were aware of the systems and processes the service had in place to keep people safe and knew how to use them. One staff member told us, "Protecting the service users; that is the most important thing."
- One person living in the service told us, "Yes I feel safe, I am settled, and the staff are helpful and very supportive."
- There were no open safeguarding concerns at the time of inspection. We saw the service had responded appropriately, where required, by reporting concerns to external authorities.

Assessing risk, safety monitoring and management

- The registered manager supported the staff team to identify risks to people using the service. Accurate detailed risk assessments were in place, providing staff with information how to manage those risks, such as falls, choking and aggressive behaviour. These included advice from professionals such as a Speech and Language Therapist.
- Staff supported people to mobilise safely around the home and to eat safely during lunch in line with the guidance identified in the risk assessments.
- Assessments and care plans were regularly reviewed by key people as required, to ensure that they continued to meet people's needs and mitigate potential risk.

Staffing and recruitment

- The service had safe recruitment processes in place which included obtaining references and Disclosure and Baring Service (DBS) checks. A DBS check enables a potential employer to assess a staff member's criminal history to ensure they are suitable for employment. We were told by one staff member who recently commenced work with the service, "I had a DBS and required three references before I started."
- The registered manager ensured there were sufficient numbers of staff to meet the needs of people. The service had made adjustments in staffing levels based on the needs of people. A relative we spoke with told us, "There always seems to be enough staff in place and they have time with [relative] and chat with them."
- One person we spoke with told us, "The staff are superb, the comradery with them is the best."

Using medicines safely

- There were robust procedures to ensure people received their medicines as prescribed. All staff trained in medicines were aware of and demonstrated they understood the procedures in place.
- People's medicines were stored and managed appropriately by staff who had been trained in this area and had their competencies regularly checked by the registered manager.

● Medicine Administration Records (MAR) noted all medicines were administered correctly and count sheets accurately recorded the total of each medicine in stock.

Preventing and controlling infection

● Staff told us they received training in infection prevention and control with regular refresher courses taking place.

● We observed a clear colour coding system to prevent cross-contamination for both cleaning materials as well as kitchen utensils.

● Staff used personal protective equipment (PPE) when supporting people with personal care and in the preparation of food.

Learning lessons when things go wrong

● Lessons were learnt when things went wrong. For example, following a medication error, changes were made to the quality assurance process. This resulted in increased and improved stock checks and this was communicated to all staff.

● The registered manager showed us the monitoring process for accidents and incidents. They told us of the lessons learned and we saw developments to risk assessments and care plans which occurred as a direct result of this monitoring process. The registered manager was able to use this information to look for any potential trends and learn from these to prevent future incidents.

Good

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant 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
- We saw the pre-assessment document for a person who recently moved into the home. The document was detailed, identifying risks and the care required by the person to meet their needs and goals.
- People were cared for in line with the needs and choices identified in their care plans. A person living at the service told us, "I am involved in my care needs."
- The documented needs and choices of people reflected the Equality Act, for example people were supported to engage in all aspects of their faith.

Staff support: induction, training, skills and experience
- Staff told us they received an induction when they commenced with the service which included a period of shadowing an experienced staff member. Training was completed in line with the care certificate and other relevant courses, such as acquired brain injury in addition to mental health and hoist training in addition to manual handling training.
- A member of staff told us, "We had training and shadowing, as well as reading policies and care plans, we had an induction workbook to complete."
- The staff team was comprised of experienced staff of between six to 15 years of service with the company, which enabled more experienced staff to share their knowledge providing better person-centred care.

Supporting people to eat and drink enough to maintain a balanced diet
- People and staff ate together in a relaxed atmosphere. People were given a choice in the food they had, and one person told us, "The food is superb."
- Where people had identified risks around food they were supported in accordance with the risk assessments while every effort was made to encourage the development of independence skills.
- We saw a suggestion box being used by people to communicate suggestions to be added to the menu in the coming week. People told us they had made suggestions which were added to the menu.
- The service ensured only freshly prepared food designed to meet nutritional requirements was served to people with a focus on including people in the choice and preparation of different foods.

Staff working with other agencies to provide consistent, effective, timely care
- We saw evidence in people's records of collaborative work with professionals including psychologists, occupational therapists and speech and language therapists to provide the care people required.
- People had access to relevant healthcare professionals which was supported by staff when needed.

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

● The service included adaptations to ensure it was suitable for people's needs. For example, there was a lift, wide corridors to accommodate wheelchairs and handrails to aid those with mobility difficulties.

● While there was signage in the home it was kept to a necessity which allowed the service to have a comfortable homely feel.

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

● The service supported people to access their own team of healthcare professionals, including psychologists and speech and language therapists to help promote the health and wellbeing of people. The service also supported people to access community healthcare professionals.

● Where people had more complex healthcare needs, for example diabetes, they had regular access to professionals related to these needs. A relative told us the staff, "Support [family member] to doctors' appointments and they manage [family members] diabetes."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. However, no-one in the supported living service was subject to a court of protection order.

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 had the appropriate legal authority and were being met. We found they were.

● The registered manager had applied for DoLS authorisation when restrictions were in place to keep people safe.

● Staff we spoke with had a good understanding of MCA, we observed staff ask for permission before providing support to people.

● One staff member told us, "We give people all the information we can to help them be able to make a decision."

Good

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant 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

- Staff knew how to make people feel happy in the service by supporting them to be individuals and ensuring there was time to spend with people. For example, we observed staff chatting socially and laughing with people at the home. One relative told us, "We could not feel happier with the service they provide exceptional care."
- The registered manager ensured the service provided an inclusive, respectful environment. One staff member we spoke to told us, "Without the people in the service we wouldn't be here, people must be treated with respect."
- Relatives we spoke with were extremely positive about the service. One relative told us, "The service is absolutely amazing, the staff and manager are superb, we see them as family."
- We read information compiled by the staff about themselves for people using the service to help the people living at the home to know the staff as more than carers. The registered manager told us, "Managers and staff have one-page profiles of themselves to build better bonds with our people."

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

- We saw the service held regular meetings with people and had surveys in place to ensure people had a voice. There were clear outcomes from both which were communicated to people on the notice board in the corridor in a format everyone could understand.
- Care plans and reviews reflected that people were supported to make their own choices and be as independent as possible. One person told us, "I have a keyworker who keeps me involved in my reviews and we have a 1-1, where we looked at how things are going and if there is anything I need in my care."
- Where people needed help to make important decisions, the staff knew how to assist people to access advocacy services to support people to make decisions. An advocate is a person who works with people or a group of people who may need support and encouragement to exercise their rights. Where people were visited by an advocate, their views were listened to.

Respecting and promoting people's privacy, dignity and independence

- Staff addressed people with utmost respect and individuality was respected. For example, we heard a staff member address a person with their formal title.
- We observed care was provided in a dignified manner, with staff discreetly encouraging people to their room or a private area to offer support with or discuss personal issues which promoted people's privacy and dignity.
- One person told us, "Due to my brain injury I couldn't wash or dress myself and they have helped me to be

independent and have jobs and feel like me again."

● There was a strong person-centred culture led by the registered manager. One person told us, "The staff listen to me and they know me so well that they know how best to support me." Another told us, "I am involved in my care and they support me to be as independent as possible."

● We observed staff were extremely caring towards the people in the service. The registered manager told us, "The staff and I view the service as people's home and not our work place."

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff took the time to get to know and understand people to identify what was important to them, this was reflected in peoples care plans.
- Each person living at the service was allocated a keyworker who supported the individual to be involved in developing how their care was provided to ensure it met their needs.
- We were told by the registered manager some service users had jobs in the community while others were supported in their rehabilitation to engage once again in the community. One person told us, "I have two jobs in the community I go to Monday to Wednesday."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager and the staff were aware of AIS.
- Care plans detailed the preferred methods of communication for individuals and how staff could ensure effective communication. For example, we saw information being communicated with the support of symbols to aid peoples understanding.
- Person-centred communication methods were used in the service including pictures of positive experiences people in the service had as a method of supporting people with their rehabilitation.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- We saw the service provided bespoke activity plans developed based on the rehabilitation needs of people living in the service.
- Goal orientated activities both in the service and in the community were developed with people to build skills and connect members of the community. A professional involved in the service told us, "Activities are planned in line with people's rehabilitation plans and goals with support for people to get involved in the community and activities to promote their wellbeing."
- We observed an emphasis on promoting social interaction as staff engaged all people living at the home to interact with each other and staff. We saw friendships had developed between people because of this.

Improving care quality in response to complaints or concerns

● The service had a complaints procedure in place with a copy displayed for people to access. People we spoke with confirmed they knew how to use this if they needed.
● Where complaints had been raised we found they had been investigated and responded to appropriately.

End of life care and support
● The registered manager told us the staff had explored end of life needs with the people using the service and families and we saw this in the records.

Good

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager promoted a positive culture, for example, during handover they gave support to a member of staff taking on a new aspect of their role. We saw real passion for care and openness from the registered manager to the staff team. All the staff told us of the positive culture in the service, one staff member told us, "I love this company, they look after their service users very well."
- The staff told us they felt empowered and were made aware of relevant information, a staff member told us, "I just need to pick up the phone and [the registered manager] will be there to help." This ensured the needs of the people using the service were always met.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibility to record and act accordingly when something went wrong.
- The registered manager told us when something went wrong they were open and honest about it. For example, we read a notification made by the service to relevant authorities when something went wrong, and one relative told us, "The manager spoke with me straight away and apologised, I'm happy with how they dealt with this."
- A professional working with the service told us, "The manager always follows up and actions appropriately."

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 manager who understood the regulatory requirements and how to support the staff team to achieve quality performance.
- People at all levels in the service understood their roles clearly and a number were acting in more senior positions to enable them to gain the skills required for development within the service.
- The service had a keyworker system in place which allocated a specific member of staff to be responsible for each person using the service, this meant each person had a named person supporting their care and rehabilitation.

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

● The provider actively sought feedback from people using the service and staff, this was gained through surveys, meetings, reviews and 1-1 meetings. The service fedback the outcomes of these to people with the actions they would take. For example, the service had held their bi-weekly forum from which changes to the menu and the introduction of a suggestion box for meals was introduced.
● People were supported to establish links in the local community. These goals were reviewed and evaluated weekly in line with developing people's rehabilitation.

Continuous learning and improving care
● The staff and registered manager were enthusiastic and committed to continually improving the service to ensure a high level of care delivery for people using the service.
● The registered manager ensured a range of quality assurance tools were in place to continually assess the care provided was person-centred to individuals developing needs.

Working in partnership with others
● The staff and the registered manager worked positively in partnership with other professionals such as psychologists and occupational therapy involved in peoples care. They ensured this input was captured in people's care plans.