Brain Injury Rehabilitation Trust

# Brain Injury Rehabilitation Trust - Spindlebury

**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 |

## Overall summary

This unannounced inspection was carried out on 13 November 2015. At the last inspection in November 2013 we found the provider met the regulations we looked at.

Spindlebury is registered to provide care and support for up to two people. The service provides care, accommodation and rehabilitation support for people with an acquired brain injury. The service operates in partnership with The Woodmill, an acute rehabilitation service, which forms part of the nationwide rehabilitation support services provided by The Brain Injury Rehabilitation Trust (BIRT). At the time of the inspection there were two people using the service. The service aims to support people to live as independently as possible.

A registered manager was in place and they were present on the day of the inspection. The registered manager is also registered as the manager of two other small community based residential services. They divide their time between the services. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered

# Summary of findings

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.'

There was a positive and inclusive culture within the service. People said they liked living at Spindlebury; positive comments were made about the homely environment; friendly staff; good food and activities. One person said, "Staff listen to me…" Another person said, "I like the staff…they help me…they are kind to me…" People participated in a range of different social and therapeutic activities and were supported to access the local community.

Staff knew the people they were supporting and understood the challenges people faced and the choices they had made about their care, support and their daily lives. Risks to people's wellbeing were well managed and the service encouraged 'positive risk-taking and promoted people's independence.

The service had policies and procedures in place in relation to safeguarding people from abuse or neglect. Staff had a clear understanding of safeguarding issues and of what action they would take if they suspected abuse.

There were sufficient staff, with appropriate experience, training and skills to meet people's needs and promote independence and choice for people using the service. Staff recruitment procedures were thorough and aimed to protect people from unsuitable staff.

People were supported to maintain good health. They had access to healthcare services and received on going healthcare support. Systems for managing medicines were safe. The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). Appropriate mental capacity assessments and best interest decisions had been undertaken by relevant professionals.

People told us they could express their views and opinions and felt listened to. The service had a complaints procedure and people knew how to raise concerns. The procedure was also available in an 'easy read' version to help people's understanding.

There were systems in place to monitor and improve the quality of the service provided. Regular feedback was sought from people using the service, their relatives and staff. One relative described the service as "…fantastic…" Regular checks and audits were undertaken by the registered manager and the provider to ensure the service was safe, well maintained and that good practice was adhered to.

# Summary of findings

## 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 was safe.

People were protected from avoidable harm and risks to individuals had been managed so they were supported and their freedom was respected.

Sufficient numbers of suitably qualified staff were employed to keep people safe and meet their needs. Recruitment process helped to protect people from unsuitable staff.

People's medicines were managed so they received them safely.

Good

**Is the service effective?**
The service was effective

People were provided with access to relevant health professionals to support their health needs. People were provided with a choice of food and refreshments to ensure their nutritional needs were met.

The home acted in line with the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) guidelines.

Staff were appropriately trained and supervised to provide care and support to people who used the service.

Good

**Is the service caring?**
The service was caring.

People spoke positively about the staff and told us they were always listened to and were involved in decisions about their day to day care.

Interactions between staff and people using the service were positive. Staff showed a patient, kind and caring approach.

People were treated with respect and their privacy, dignity and independence were protected.

Good

**Is the service responsive?**
The service was responsive.

People using the service had personalised support plans, which detailed their agreed care and support arrangements.

Staff understood people's preferences and support needs. People were supported to take part in a range of activities, which were meaningful and promoted independence.

People were confident in reporting concerns to staff and felt they would be listened to.

Good

**Is the service well-led?**
The service was well led.

Good

# Summary of findings

There was an open and positive culture and people using the service, their relatives and staff were supported to contribute their views.

There was good leadership and the staff were given the support they needed to care for people.

There were systems in place for monitoring the quality of the service.

# Brain Injury Rehabilitation Trust - Spindlebury

**Detailed findings**

## Background to this inspection

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

This inspection took place on 10 and 12 December 2014 and was unannounced.

We visited the service on 13 November 2015. The inspection was unannounced and was carried out by an adult social care inspector.

Before our inspection we reviewed the information we held about the service, which included the Provider Information Return (PIR). This is a form in which we ask the provider to give us some key information about the service, what the service does well and any improvements they plan to make. We also reviewed other information we held about the service including safeguarding alerts and statutory notifications which related to the service. Statutory notifications include information about important events which the provider is required to send us by law.

During this inspection we spoke with the two people who lived in the service. We also spoke with a relative, two support workers, the registered manager and a visiting community nurse. We spent time observing the interaction between people who used the service and staff. We looked at two people's care records, two staff recruitment records, the staff training matrix, medicines records, staffing rotas and records which related to how the provider monitored the quality of the service.

Good

# Is the service safe?

## Our findings

People using the service said they felt safe; they liked the staff and raised no concerns about the care and support they received. One person said, "I like it here…we get on well…staff listen to me." Another person said they felt safe as staff were at hand to assist them. They added, "The staff are very nice to me…" A relative said they felt their family member was safe at the service, they added, "…on the whole it is a fabulous service…couldn't ask for more…" A visiting health professional also said they felt people using the service were safe and well cared for.

The service had policies and procedures in place to help safeguard people from abuse and neglect. Staff were able to describe how they would report concerns both internally (both said they would report any concerns to the registered manager) or externally should they identify possible abuse. Staff said they were confident the registered manager would take any allegations seriously and ensure they were dealt with. Staff confirmed and records showed they had completed safeguarding training. This was up-dated annually as per the policy of the service.

Staff understood the whistleblowing procedure (whistleblowing relates to how information of concern is dealt with by an employer or organisation). There were several safeguarding notices displayed around the service, guiding people using the service and staff about how to raise any concerns. Any safeguarding incidents were correctly reported to the Care Quality Commission and the Local Authority. This demonstrated that the service was transparent and took safeguarding incidents seriously and made sure action was taken to keep people safe.

The service helped people to manage small amounts of money for daily expenses. There was a system in place to ensure people's personal money was managed properly. Records were kept of each transaction and the balances we checked tallied exactly. The registered manager said financial safeguards were in place, for example, the balance of any money held on people's behalf was regularly audited and spot checks were undertaken. This helped to ensure people's money was kept safe.

People using the service said staff were available when needed. One person said, "The staff are here when I need them. They help me to cook and take me out…" The members of staff we spoke with said there were always enough staff on duty to make sure people were safe and that their needs were met.

Staffing levels were decided following an assessment of people's individual support needs. Staffing levels were consistent, with two staff on duty throughout the day and night. The registered managed explained people at the service required one to one care and support 24 hours a day. There were waking night staff to support people during the night as needed.

The service was using regular agency staff due to staff sickness and vacancies. The registered manager confirmed recruitment for additional staff was underway and two potential candidates were to be interviewed for the posts. The agency staff we spoke with confirmed they had received "lots of support from the manager and staff" when they first started working at the service to help them understand people's needs and work safely.

Staff were aware of the risks associated with each person using the service. One staff member said, "The handover is good, the care plans are good and the manager and other staff are supportive and make sure we are aware of any risks…"

There were a number of comprehensive risk assessments in people's care records, which were detailed and specific to the individual. For example where a person may have swallowing difficulties, be at risk of falls or become distressed or exhibit behaviour which may challenge the service. Risk assessments also considered various activities people enjoyed, such as cooking and guided staff how to support people to enjoy the activity while being safe. Care records contained positive support plans that included 'triggers' and supportive interventions for staff to follow to minimise the risk associated with certain behaviours. During the inspection we saw staff using some of the supportive interventions described in care records in order to redirect one person's attention from a negative thought to a more positive state of mind.

Risk assessments were reviewed regularly during multidisciplinary meetings (meetings of health and social care professionals involved in people's care and support), or when there had been a change in a person's situation.

Good

# Is the service safe?

Personal Emergency Evacuation Plan (PEEP) were in place for each person to guide staff or emergency staff such as the fire service, about the support people would need to leave the building in an emergency.

Accidents and incidents were monitored by the registered manager and the clinical governance group, which was made up of members of the multidisciplinary team. Records showed the registered manager and wider team reflected upon incidents and accidents and used learning from this to reduce further incidents. For example, where one person was at risk of falls, an occupational therapist and physiotherapist had visited to review the person's environment. As a result additional handrails and aids had been provided to support the person, which reduced the risk of falls and injury.

There were systems in place to ensure people's medicines were managed safely. The service had policies and procedures in place, which staff were aware of. Staff responsible for the management of medicines had received training to ensure their practice was safe. Medicines were stored securely and records were kept of medicines received by the service and medicines returned to the pharmacist, which meant there was a good audit of medicines used by and held by the service. Temperatures were monitored where medicines were stored; records showed medicines were stored within the recommended temperature ranges.

Where medicines were prescribed as 'when needed', there were protocols in place to guide staff and help them make decisions about when these medicines should be used. Medicine administration records (MAR) confirmed people were receiving their medicines as prescribed. The service dealt with any medicines errors in an open way ensuring learning from each event. The PIR showed there had been four medicine errors since the last inspection. These had been identified during internal audits and mainly related to a missed dose of medicine and recording gaps. Records showed the service had discussed the missed medicines with the GP and the GP confirmed there would be no health implications due to the error. Where staff had been involved in an error they were supported to reflect on their practice; additional training was offered if required and action taken to reduce future risk of errors.

There were effective arrangements in place for the recruitment of new staff. Staff personnel records contained completed written application forms, two satisfactory references, full employment histories and Disclosure and Barring Service (DBS) checks. The Disclosure and Barring Service carry out criminal record and barring checks on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruitment decisions.

Good

# Is the service effective?

## Our findings

The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions were made in people's best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensure where someone may be deprived of their liberty, the least restrictive option is taken.

The registered manager and staff were familiar with the legislation, and the need to obtain consent from people using the service in relation to their care and support. A member of staff said, "It is important we understand people's needs and respect them. We like to be led by them (people using the service). We want them to enjoy as much independence as possible." During the inspection staff involved people in making decisions about their care and support and what activities they wanted to be involved with. People using the service said staff speak with them about the plans for the day; they were given opportunities to make decisions about what time they went to bed; the time they got and what activities they might like to do.

The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. Best-interest decisions were clearly recorded and sensitively made when necessary for people using the service.

The registered manager had made appropriate referrals to the local authority with regard to deprivation of liberty safeguards (DoLS). Staff had been provided with detailed instructions around how a person should be supported in relation to any restrictions.

Staff supporting people were knowledgeable about their needs and had received training to ensure they worked effectively and safely. A relative and a visiting health professional said staff had the skills and knowledge to be able to support people well.

The registered manager explained that until recently all new staff were required to complete an induction programme which was in line with the Common Induction Standards (CIS) published by Skills for Care. The registered manager said that in line with good practice, the CIS had been replaced by the Care Certificate Standards for all newly recruited staff.

Staff training was delivered in a number of different ways. For example, some was provided in-house by specialist staff, for example the clinical psychologist, occupational therapist or speech and language therapist. Some training was delivered via electronic learning packages. Staff training included training such as health and safety; moving and handling; first aid and food safety. Specialist Brain injury training (devised and developed by the provider B.I.R.T) was also delivered regularly and included, basic and intermediate training related to acquired brain injury such as managing epilepsy; managing behaviour; nutrition and wellbeing. A staff training matrix was in place and clearly showed training completed and when refresher training was required. We saw evidence that where refresher training was needed this had been scheduled.

Staff said they had good support from the manager and the provider. They confirmed they received regular supervision and training. One staff member said, "I like working here. There is good support…" Another confirmed they received regular training, and supervision with the registered manager. This enabled them to discuss any concerns about their work or any training needs they might have. Staff received supervision four times a year; this included an annual appraisal. In addition to this formal support and monitoring of staff's performance, the registered manager spoke with staff daily and was present at the service twice a week to offer support and guidance.

People confirmed they had access to healthcare services; for example people had contact with their GP; dentist; specialist services; and they were supported to attend any hospital appointments. People also had regular contact with the multidisciplinary team (such as occupational therapy; physiotherapy, psychologist and speech and language therapist) based at The Woodmill, the acute unit in the area run by BIRT. A weekly 'surgery' was operated by the GP at the main unit and sessions from the neuro-psychiatrist were organised as appropriate.

Health care records were detailed and recorded specific needs. There was evidence in the care files of regular consultation with other professionals where needed. Concerns about people's health care needs had been followed up quickly. A visiting health professional said they

Good

# Is the service effective?

had no concerns about people's health care. They described the service as "…a lovely place…" They added that they were always called appropriately and that staff followed their advice. They said the service worked well with them. A relative said they were satisfied with their family member's health care, they said, "overall care is fantastic…"

People said they enjoyed the meals and they were involved with planning meals and some shopping and cooking. This provided people with the opportunity to choose meals and to develop independent living skills. On the day of the inspection people were busy making cakes for their expected visitors and this activity was enjoyed very much.

Weekly menus were on display, which reflected people's food preferences. People were able to make suggestions about changes to the menu and we were told there was always an alternative if people did not want what was on the menu.

People were supported to eat and drink to maintain a balanced diet. People's weight was monitored and records confirm people's weight was satisfactory for their health. Where people required additional support because of choking risks when eating and drinking, there was clear guidance from staff to follow. For example, the speech and language therapist had developed guidelines in respect of one person who had some difficult with swallowing fluids. Staff were aware of this person's risk and were able to confirm the action they took to reduce risks, for example using thickening preparations in fluids.

Good

# Is the service caring?

## Our findings

People received care and support from staff who knew their likes, dislikes and preferences. People said they liked the staff working with them, and that staff were kind and listened to them. One said, "I love it here…the staff are lovely…" A relative described staff as "lovely" and praised one or two in particular for their kind and caring approach. The added, "I feel (relative) is looked after there and loved by most…"

Interactions between staff and people using the service promoted positive caring relationships. Staff had a good knowledge of the people they supported and were able to describe people's needs, preferences and interests. They were aware of people's past lives and took these experiences into account when responding to people's request or questions. Staff took time to engage with people, their approach was patient and considerate. For example, they responded to frequently asked questions, ensuring people were informed of what was planned for the day and when visitors were expected.

Staff responded to people in a warm and friendly manner and showed respect for people throughout the inspection. For example, staff were aware of occasions which might affect people's moods and or emotional wellbeing. Staff responding quickly when one person became up-set. Staff provided reassurance to the person which reduced their distress and anxiety. One member of staff said, "We respect people and try to promote as normal a life as possible…it is important to be positive with people…"

Staff showed respect for people's opinion. People were given the opportunity to be involved in the running of the service and they were involved in decisions about how they spent their day and how and when they received care and support. For example, during the inspection people were busy planning a trip to the local town to do some shopping and have lunch out. People, their relatives or advocates had been involved in the development of care and support plans and attended care reviews where appropriate.

Where a situation might be challenging staff used a caring approach. One person spoke with us about their move to the service. They said they had visited many times for meals or coffee prior to moving in to get know people living there and the staff. This helped them to decide if the service would be right for them. They described some of the support they had received during this time. This showed a thoughtful and considered approach had been adopted by staff involved in the transition to ensure it was smooth. The commissioners of the service had written to express their appreciation of the 'sensitive and complex work undertaken' and "the considerable amount of effort…" staff had undertaken to support the person and ensure their best interest was central to the transition.

Care and support was provided in a way which respected people's privacy and dignity. People said staff were respectful and helped them with aspects of their personal care. For example, it was important to one person that their hair and make-up was done daily; staff assisted with this. We noted that people's personal care was maintained to a high standard. People were dressed in appropriate clothing of their choice. One person said how they liked to have their nails polished and they obviously took great pride in their appearance. Staff understood this was important to the person and ensured they received the assistance they needed. One member of staff complimented the person on how they looked, which resulted in a big smile.

Staff offered care and support in a discreet manner. They did not discuss personal information about people openly in communal areas, which might compromise their privacy and dignity.

People said they liked their bedrooms. People's bedrooms were personalised with photos, pictures and other items important to them.

Good

# Is the service responsive?

## Our findings

Before people moved to Spindlebury a comprehensive assessment was undertaken to ensure the service could meet the person's individual needs. The assessment and transition process also helped to ensure the personal dynamics within the small service would be agreeable to people using the service.

People's independence was promoted. Each person had a detailed support plan which identified their health and social care needs as well as information about people's goals. They also contained information about each person's preferences and how they would like their care and support to be delivered. The records showed people and their relatives (where appropriate) had been involved in developing and reviewing their care and support, along with various members of the multidisciplinary team. This meant people (or their relative) could express their wishes and opinions about the care and support provided.

The support plans were held in large files, which contained duplicate information and out of date support plans. This made it difficult to find information quickly. Some information was not in the support plan files, but accessed via the computer. However, the registered manager said it was sometimes difficult to get a reliable connection to enable staff to access records readily. The registered manager said they would arrange to have old records archived and ensure current support plans and guidance were available within the support plan files. Following the inspection the registered confirmed current information had been placed in files for staff to access easily.

People had individual daily activity programmes which included their preferred social interests and opportunities to maintain and develop their personal skills. People had access to community activities as well as having access to therapeutic activities at The Woodmill. For example, one person attended regular pottery classes, which were run by the occupational therapy (OT) service. The sessions provided an opportunity to socialise with peers. It was also valuable therapeutically as it enabled the OT to assess hand-eye co-ordination, seating posture, and observe both fine and gross motor control. The person said they really enjoyed the pottery sessions.

People also had access to the hydro-therapy pool on regular basis. There were regular opportunities for people to use local facilities, such as shops, cafes, pubs, garden centres, restaurants and cinema. One relative said their family member was supported to be "out a lot…" They said this was perfect for their relative as they needed to be motivated and have targets.

People said staff supported them to participate in meaningful and enjoyable activities and helped them to develop their independence and skills. For example, both people said how much they enjoyed baking, which was a regular activity supported by staff. One person was supported to cook tea at least once a week and told us how much they enjoyed using the kitchen and cooking. People were encouraged to undertake some house hold task supported by staff in order to developed daily living skills.

'House meetings' were held weekly to reflect on the past week and to plan for the coming week. Minutes of the meetings showed discussions included activities; menu planning; and requests and suggestions from people about the support they would like that week to achieve goals.

People were supported to visit their families and family members were encouraged to visit the service. People told us this was very important to them. One relative said they visited regularly. They added, the service "feels like a home, not an institution...it is a lovely little place…"

People were aware of who to speak with should they have any concerns or worries. People said they could speak with staff at the service or staff at The Woodmill. One person said staff were "…wonderful…" No concerns or complaints were raised with us by people using the service. Relatives were also aware of how to raise any concerns; one said they would speak with staff and were confident concerns would be addressed. They added that in the past any worries or concerns had been addressed quickly.

The provider had a policy in place to manage concerns and complaints. There were copies of the complaints procedure in communal areas and in people's bedrooms. There was also an 'easy read' format to help people's understanding. This informed people of their rights and provided contact details for external organisations people could speak with if they needed to. This showed that people were provided with important information to promote their rights and choices. The registered manager confirmed there had been no complaints raised about the service since the last inspection.

Good

# Is the service well-led?

## Our findings

There was a positive and inclusive culture within the service. People using the service described feeling safe and being well cared by friendly kind staff. There was a relaxed atmosphere and people were able to express their needs and wishes. A relative said they felt welcome when visiting their family member and were able to speak freely with the registered manager and staff.

Staff said they said they well supported by the registered manager and that they enjoyed their job. They said they were able to contribute to the running and development of the service and felt listened to. One member of staff said, "I like working here…there is lots of support from the manager and other staff…"

As well as weekly house meetings, people using the service were involved in day to day discussion about aspects of the service. They felt able to express thoughts and ideas and staff listened and where possible acted on people's suggestions. For example, on the day of the inspection people using the service were deciding where to have lunch.

Staff said and records confirmed there were staff meetings took place on a regular basis to share information and obtain feedback from staff. This helped to ensure good communication at the service.

The registered managed was qualified and experienced. They spent two days a week at the service overseeing the care given and providing support and guidance where needed. Staff said the registered manager contacted the service daily and was available when needed by telephone for any additional support required.

The provider used a number of checks and tools to monitor the quality of the service. The views of people using the service were sought during weekly house meetings, at regular care reviews and through annual satisfaction surveys. A relative said they received annual satisfaction surveys from the provider to enable them to 'have their say'. They said, "overall the care is fantastic…" The registered manager said a new survey was in the process of being sent out to people and their relatives.

Various audits had been carried out by the registered manager, the provider and external organisations, for example the fire service. Audits covered various aspects of the service including a review of people's care records, medicines, and staff training and support. Where improvements had been identified, a timely action plan had been developed to address issues.

The fire service had recommended areas for improvement during a visit in August 2015. The service had engaged an independent fire safety company to review and advise about safety issues, from which improvements were planned. For example, up-dating the fire safety system. However, there were several gaps in the weekly fire safety check records. Following the inspection the registered manager sent copies of some of the absent fire safety records.

Incidents and accidents were monitored by the registered manager and discussed by the multidisciplinary team for trends and patterns. Where necessary action was taken to reduce avoidable risks. There were clear procedures in place for reporting any errors, issues or concerns with medicines and systems were in place to reduce the risk of reoccurrence, and ensure that lessons were learnt from any incidents.

The registered manager was aware of their responsibility to notify the Commission of events which affected the service and the people using it. The Commission had received notifications when necessary in line with the Health and Social Care Act 2008. This meant CQC were able to monitor the service.

People benefitted from the partnership working established with other professionals. This ensured people received appropriate support to meet their health care needs. A visiting heath professional said the service made appropriate referral and always acted on their advice or recommendations. We saw from correspondence between the service and commissioners that the service had been commended and thanked for the work undertaken to support one person. The Commissioners described the hard work and professionalism of staff; the "high quality of the service provided…" and the quality of reports provided by the multidisciplinary team.