

Key inspection report

Care homes for adults (18-65 years)

Name:	Twyford Lane (9)
Address:	9 Twyford Lane Browns Wood Milton Keynes Bucks MK7 8DE

The quality rating for this care home is:	three star excellent service
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A quality rating is our assessment of how well a care home is meeting the needs of the people who use it. We give a quality rating following a full review of the service. We call this full review a 'key' inspection.

Lead inspector:	Date:
Chris Sidwell	3 0 0 6 2 0 0 9

This is a review of quality of outcomes that people experience in this care home. We believe high quality care should

- Be safe
- Have the right outcomes, including clinical outcomes
- Be a good experience for the people that use it
- Help prevent illness, and promote healthy, independent living
- Be available to those who need it when they need it.

The first part of the review gives the overall quality rating for the care home:

- 3 stars - excellent
- 2 stars - good
- 1 star - adequate
- 0 star - poor

There is also a bar chart that gives a quick way of seeing the quality of care that the home provides under key areas that matter to people.

There is a summary of what we think this service does well, what they have improved on and, where it applies, what they need to do better. We use the national minimum standards to describe the outcomes that people should experience. National minimum standards are written by the Department of Health for each type of care service.

After the summary there is more detail about our findings. The following table explains what you will see under each outcome area.

Outcome area (for example Choice of home)

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

This box tells you the outcomes that we will always inspect against when we do a key inspection.

This box tells you any additional outcomes that we may inspect against when we do a key inspection.

This is what people staying in this care home experience:

Judgement:

This box tells you our opinion of what we have looked at in this outcome area. We will say whether it is excellent, good, adequate or poor.

Evidence:

This box describes the information we used to come to our judgement.

We review the quality of the service against outcomes from the National Minimum Standards (NMS). Those standards are written by the Department of Health for each type of care service.

Copies of the National Minimum Standards – Care Homes for Adults (18-65 years) can be found at www.dh.gov.uk or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: www.tso.co.uk/bookshop

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- Regulating health and adult social care services to ensure quality and safety standards, drive improvement and stamp out bad practice
- Protecting the rights of people who use services, particularly the most vulnerable and those detained under the Mental Health Act 1983
- Providing accessible, trustworthy information on the quality of care and services so people can make better decisions about their care and so that commissioners and providers of services can improve services.
- Providing independent public accountability on how commissioners and providers of services are improving the quality of care and providing value for money.

Reader Information

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Information about the care home

Name of care home:	Twyford Lane (9)
Address:	9 Twyford Lane Browns Wood Milton Keynes Bucks MK7 8DE
Telephone number:	01908639087
Fax number:	
Email address:	tem@birt.co.uk
Provider web address:	

Name of registered provider(s):	The Disabilities Trust
Name of registered manager (if applicable):	The registered provider is responsible for running the service
Type of registration:	care home
Number of places registered:	3

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
physical disability	3	0
Additional conditions:		
The maximum number of service users who can be accommodated is: 3		
The registered person may provide the following category/ies of service only: Care home only - PC to service users of the following gender: Either whose primary care needs on admission to the home are within the following categories: Physical disability - PD		

Date of last inspection									
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Brief description of the care home
9 Twyford Lane is a care home providing rehabilitation for up to three residents with an acquired brain injury. The home, which is part of the Brain Injuries Rehabilitation Trust (BIRT), is situated in Browns Wood, Milton Keynes. It is one of three properties situated on the site. The home is conveniently located for the amenities of Bletchley and Milton Keynes. All properties share a communal garden, which is centrally situated

Brief description of the care home

and there is also a communal car park with parking facilities for up to eight vehicles at the front.

All bedrooms provide single room accommodation and are fitted with adjacent en-suite facilities. Bedrooms are situated on both floors of the property. There are communal living areas situated on the ground floor.

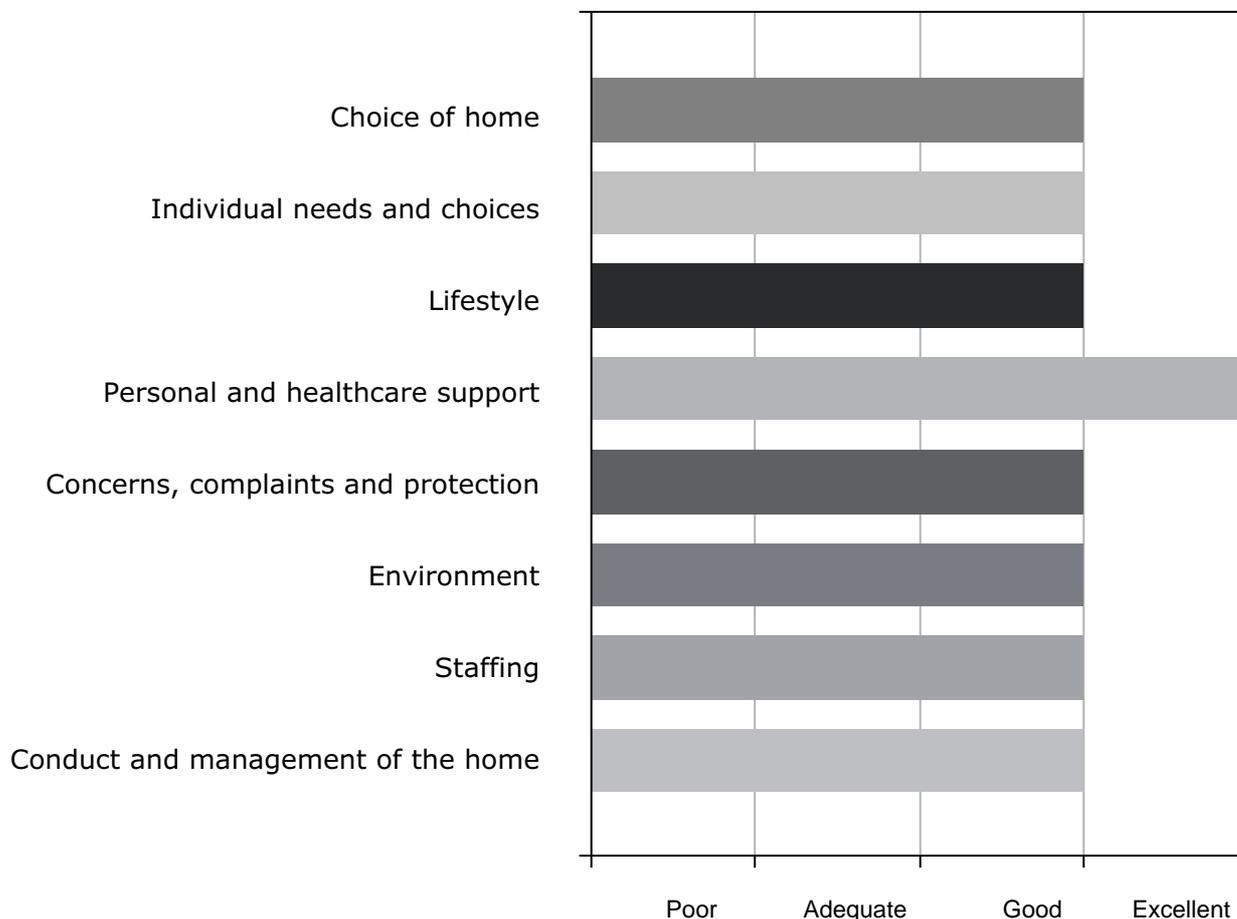
Summary

This is an overview of what we found during the inspection.

The quality rating for this care home is:

three star excellent service

Our judgement for each outcome:



How we did our inspection:

This inspection was conducted over three days and included a review of the information we hold about the service and an unannounced visit to the home of six hours. Information received about the home since the last inspection was taken into account in the planning of the visit. The manager completed an annual quality assurance assessment (AQAA) in which she described the way in which the home ensures that the views of people who use the service are included in what they do, the way they ensure equality and diversity is respected, what they do well, the evidence to show it and their plans for improvement. Questionnaires were sent to the home for distribution to residents, families, staff and other stakeholders. Residents were spoken to on the day of the unannounced visit. Discussions took place with the manager and care staff and some records were checked.

Care practice was observed and the care of three residents was followed through in detail. The home's approach to equality and diversity was considered throughout.



What the care home does well:

Most new residents move to the home following a multi-professional assessment at the Assessment Centre for the Brain Injuries Rehabilitation Trust in Milton Keynes. They may also move to the home following a spell at a transitional home within the group. If, at the end of a twelve week assessment period it is recommended that the person move to the home, they are invited to see the home and spend time there with other residents to ensure that they wish to move. The home aims to provide a 'home for life'.

People living at the home have a varied lifestyle and are supported to be a part of the local community. They are encouraged to make their own choices and to plan how they spend their time. They are supported to develop independent living skills within a risk framework which aims to identify potential risks and manage them in order that residents can make progress.

The home is situated in Milton Keynes and residents are supported to make full use of the facilities and to travel independently if they are able. They have work placements and take part in sporting activities such as golf. They choose and prepare their own meals and have a say in the way in which the home is run.

Residents are registered with the local health services and staff are very aware of resident's health needs. They know the residents well and respond quickly if residents are unwell. Medication is managed well and residents are encouraged and supported to take control of their own medication if they are able. This is good practice.

Complaints and safeguarding issues are managed well and residents concerns are acted upon promptly. They are protected from harm. The complaints procedures are available in an easy read and large print format to make them more accessible for service users who may have difficulty understanding complex ideas.

The home is homely and welcoming. It is well maintained and part of the local community. There is a ground floor bedroom for people who have disabilities and may not be able to manage stairs.

There is a consistent staff team who have training to meet residents' diverse and complex needs. Recruitment procedures are thorough and should protect residents from unsuitable staff.

The home is run by a recognised, established charity which specialises in brain injury rehabilitation. There is an experienced manager. The organisation has a quality assurance procedure in place and regularly consults with residents on the standards of care and support offered.

What has improved since the last inspection?

There has been an ongoing programme of redecoration and refurbishment of the home.

Staff training has improved and more staff have now achieved the National Vocational Qualifications in Care at level 2.

The quality assurance programmes have been developed with the establishment of an organisational quality assurance team to monitor and develop standards of care. The home has been audited and an action plan is being developed. The organisation has achieved re accreditation with the Commission for the Accreditation of Rehabilitation Facilities (CARF), which is a recognised body in the field.

What they could do better:

There have been no requirements or recommendations made as a result of this inspection.

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details on page 4.

The report of this inspection is available from our website www.cqc.org.uk. You can get printed copies from enquiries@cqc.org.uk or by telephoning our order line 0870 240 7535.

Details of our findings

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Choice of home

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People are confident that the care home can support them. This is because there is an accurate assessment of their needs that they, or people close to them, have been involved in. This tells the home all about them, what they hope for and want to achieve, and the support they need.

People can decide whether the care home can meet their support and accommodation needs. This is because they, and people close to them, can visit the home and get full, clear, accurate and up to date information. If they decide to stay in the home they know about their rights and responsibilities because there is an easy to understand contract or statement of terms and conditions between the person and the care home that includes how much they will pay and what the home provides for the money.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The initial assessment process is thorough. Prospective service users' needs are assessed carefully with them, their families and supporting professionals to ensure they can be met and that the home is where they wish to live.

Evidence:

The home has not had a vacancy since the last inspection. The manager described the way in which new service users would move to the home should a vacancy arise. Most new residents move to the home following a multi-professional assessment at the Assessment Centre for the Brain Injuries Rehabilitation Trust (BIRT) in Milton Keynes. They may also move to the home following a spell at a transitional home within the group. Referrals are usually from the service user's local primary care trust (PCT). They are visited at home and assessed and the outcome of the assessment is shared at a multidisciplinary team meeting. The initial assessment at the assessment centre, when rehabilitation goals are set, is twelve weeks following which a review is held with the service user, their family, care manager and other professionals. If it is felt that a place at the home is appropriate service users are invited to visit the home, meet other service users and consider whether they wish to live there. The manager said

Evidence:

that the process was flexible and based on individuals needs and wishes. She said that compatibility with other service users was also considered as this was their home and it was expected that the home could be a 'home for life' if service users wished.

Individual needs and choices

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People's needs and goals are met. The home has a plan of care that the person, or someone close to them, has been involved in making. People are able to make decisions about their life, including their finances, with support if they need it. This is because the staff promote their rights and choices. People are supported to take risks to enable them to stay independent. This is because the staff have appropriate information on which to base decisions.

People are asked about, and are involved in, all aspects of life in the home. This is because the manager and staff offer them opportunities to participate in the day to day running of the home and enable them to influence key decisions. People are confident that the home handles information about them appropriately. This is because the home has clear policies and procedures that staff follow.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People living in the home have a varied lifestyle meeting their diverse needs. They are supported to be make individual choices and are enabled to participate in the running of the home, promoting their individuality and autonomy.

Evidence:

People living at the home have care plans which are comprehensive and include details of support needed, rehabilitation goals and plans, risk assessments and details of any ongoing health and personal care needs. They are updated regularly and contained current information. Rehabilitation plans are reviewed on a monthly basis by clinical psychologist, with the resident. There was information in the plans to show that residents are involved in drawing these up and that they can make decisions about how they meet their goals. Peoples' progress is comprehensively reviewed annually, with them, their families and other professionals.

No one manages their own money at the moment. Everyone has a cash tin which is stored in the office for valuables and cash. Records are kept of all transactions and

Evidence:

receipts are kept. One was checked at random and found to be correct.

The support plans contain comprehensive risk assessments to support people to develop their independence in a safe way. There are structured approaches to enabling residents to go out alone as part of their rehabilitation. Service users participate in the running of the home and in their own weekly activity plans. They meet regularly and are involved in all aspects of the running of the home, including spending major sums on furnishings and refurbishment.

Lifestyle

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

Each person is treated as an individual and the care home is responsive to his or her race, culture, religion, age, disability, gender and sexual orientation. They can take part in activities that are appropriate to their age and culture and are part of their local community. The care home supports people to follow personal interests and activities. People are able to keep in touch with family, friends and representatives and the home supports them to have appropriate personal, family and sexual relationships. People are as independent as they can be, lead their chosen lifestyle and have the opportunity to make the most of their abilities. Their dignity and rights are respected in their daily life. People have healthy, well-presented meals and snacks, at a time and place to suit them.

People have opportunities to develop their social, emotional, communication and independent living skills. This is because the staff support their personal development. People choose and participate in suitable leisure activities.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People are supported to live a varied lifestyle and to increase their skills in line with their rehabilitation goals. They are supported to maintain contact with families and social links and to feel a part of the local community.

Evidence:

Each resident has a structured weekly programme which they develop with care staff to help them with their rehabilitation goals and to bring meaning and purpose to the day. Two residents have work placements which are negotiated by the occupational therapist. Support plans held details of people's family and social contacts and residents are encouraged to maintain contact with their families. Some go home regularly and on holiday with families.

The home is close to Milton Keynes town centre. Residents use local transport and access the shopping and sporting facilities. The manager said that they had a good

Evidence:

relationships with local shops and services. The home is organising a holiday in Wales this year.

Daily routines are flexible although the manager felt that most residents liked a routine. Mornings are usually spent on structured activity or work placements, afternoons are home based and may include baking, gardening, domestic tasks and preparing the evening meal. The atmosphere was very relaxed on the day of the unannounced visit and staff and residents were observed to have a good rapport with staff.

Residents choose their meals and shop and cook for themselves. Sometimes they will cook their own meal but normally take turns cooking for each other, with staff. The manager said that they promoted health eating and that residents generally preferred a balanced meal. Residents are weighed monthly and none were losing weight.

Although there was no one needing individualised support to maintain their cultural or faith wishes at the moment, the organisation has policies and procedures in place to support these when necessary.

Personal and healthcare support

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People receive personal support from staff in the way they prefer and want. Their physical and emotional health needs are met because the home has procedures in place that staff follow. If people take medicine, they manage it themselves if they can. If they cannot manage their medicine, the care home supports them with it in a safe way.

If people are approaching the end of their life, the care home will respect their choices and help them to feel comfortable and secure. They, and people close to them, are reassured that their death will be handled with sensitivity, dignity and respect, and take account of their spiritual and cultural wishes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **excellent** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Residents' personal, healthcare and medication needs are met in a manner which promotes their independence and autonomy.

Evidence:

People's care plans held information about their healthcare needs. Residents are registered with a general practitioner and see other healthcare professionals, including occupational therapists and physiotherapists as necessary. They are seen regularly by clinical psychologists to review and update their rehabilitation goals. Residents have access to local dentistry and podiatry. Staff know residents well and support them when they are admitted to hospital. Staff respond promptly to changes in behaviour or health status which might indicate serious problems.

Residents' health is monitored by their general practitioner and they have access to the well man clinic. Medication is monitored and individual plans for specific problems, for instance epilepsy, are drawn up.

There are medication policies and procedures in place. Records are kept of medication received, administered and returned to the pharmacy. The storage facilities are

Evidence:

satisfactory. Staff have training in medication management. One resident looks after his own medication to maintain his independence. The manager said that there was a structured approach enabling residents to manage their own medication as part of their rehabilitation goals and to promote their independence and autonomy. This is good practice. Medication management is monitored as part of the organisations quality assurance programme.

Concerns, complaints and protection

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

If people have concerns with their care, they or people close to them, know how to complain. Their concern is looked into and action taken to put things right. The care home safeguards people from abuse, neglect and self-harm and takes action to follow up any allegations.

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

There is a well advertised complaints policy and peoples' concerns are listened to and addressed promptly. The home works with the local authority to ensure that people are protected from harm.

Evidence:

The organisation has complaints and safeguarding policies in place. There is an easy read and large print version available for residents. Everyone had a copy of the complaints policy in their personal file. Information about how to make a complaint is posted on the kitchen notice board, as are details of local advocacy services. Complaints are monitored as part of the organisation's quality assurance programme. The manager said that there have been no complaints since the last inspection. She said that any concerns are usually raised verbally and are dealt with immediately. The atmosphere in the home was relaxed and happy supporting this approach.

There are safeguarding policies and procedures in place. The home has a copy of the local multi agency procedures and the manager was knowledgeable as to the action that should be taken if there were any concerns about an individual's safety. There has been one safeguarding referral which was dealt with appropriately and the resident was supported throughout. The resident's confidentiality was maintained.

The home does not manage peoples' finances on their behalf. There are systems in

Evidence:

place to safeguard personal cash and valuables. Each resident has a cash tin, which is stored safely. Records of transactions and receipts are kept. One was checked at random and found to be correct.

Environment

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People stay in a safe and well-maintained home that is homely, clean, comfortable, pleasant and hygienic.

People stay in a home that has enough space and facilities for them to lead the life they choose and to meet their needs. The home makes sure they have the right specialist equipment that encourages and promotes their independence. Their room feels like their own, it is comfortable and they feel safe when they use it. People have enough privacy when using toilets and bathrooms.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The home is well maintained and provides a homely and welcoming environment for residents. It is conveniently situated for residents be a part of the local community and for their independence to be promoted.

Evidence:

The home is one of three purpose built houses built on a small complex. It is on two floors. There is a downstairs bedroom which has access for people with disabilities who could not easily manage stairs. There is no lift. People have their own room and ensuite facilities. There is a communal lounge which opens onto a well maintained garden. There are seating areas and the manager said she had secured funding for new garden furniture which the residents will choose. The kitchen was clean and tidy on the day of the unannounced visit and was homely and welcoming. There is a programme of ongoing maintenance and refurbishment. Residents said they were happy living at the home.

The manager said in the annual quality assurance survey that the organisation had infection control policies and procedures in place. There is a separate laundry area.

Staffing

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have safe and appropriate support as there are enough competent, qualified staff on duty at all times. They have confidence in the staff at the home because checks have been done to make sure that they are suitable. People's needs are met and they are supported because staff get the right training, supervision and support they need from their managers.

People are supported by an effective staff team who understand and do what is expected of them.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

There is a well trained staff team who are flexible in their working arrangements to meet residents' needs.

Evidence:

The staffing complement allows for one member of staff to be on duty at all times and for one member of staff to sleep in the home, with additional staff flexibly allocated to support residents activities. Staff turnover is low and the manager said that she would not use agency staff as the residents appreciated continuity and staff would prefer that this was available. She said that she had a very flexible staff team. Three members of staff were met on the day of the unannounced visit. They were relaxed and had a good rapport with residents.

There is a well developed training programme. All new staff have an introduction to the support of people with brain injuries run by the organisation. They have a structured induction programme and the training records show that staff have had training in safe working practices. There is also training in specific topics available, for instance epilepsy and first aid. Supervision is in place and all staff have an annual appraisal.

Evidence:

One new member of staff has started since the last inspection. Her recruitment file was checked. It held evidence that her identity had been checked and showed that appropriate checks had been undertaken before she started work. Two references had been sought, one from the previous employer. A Criminal Records Bureau disclosure had been received. Interview records had been kept and supervision implemented.

Conduct and management of the home

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have confidence in the care home because it is run and managed appropriately. People's opinions are central to how the home develops and reviews their practice, as the home has appropriate ways of making sure they continue to get things right. The environment is safe for people and staff because health and safety practices are carried out.

People get the right support from the care home because the manager runs it appropriately, with an open approach that makes them feel valued and respected. They are safeguarded because the home follows clear financial and accounting procedures, keeps records appropriately and makes sure staff understand the way things should be done.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The home is well managed in the interests of residents.

Evidence:

The home has an experienced manager who holds the National Vocational Qualifications in Care and Management at level 4. She manages the other homes on the complex and is supported in each home by a house leader. She has updated her training. She is included in the business planning for the home, has input into the budget and ensures the home is managed safely.

The organisation has a quality assurance programme in place. There are regular resident's meetings. An annual resident survey is undertaken and annual quality assurance audits are undertaken. The organisation has achieved external recognition with Investors in People and CARF (Commission for the Accreditation of Rehabilitation Facilities) accreditation. The service manager visits regularly and records of these visits are kept in the home. The visits focus on the experience of residents. There were examples of where improvements have been made to the facilities in line with

Evidence:

resident's wishes. The Brain Injuries Rehabilitation Trust aims to include service users at all levels in the organisation and service users and their families are represented on the Board of Trustees.

There are health and safety policies and procedures in place. The annual quality assurance assessment sent to us showed that maintenance schedules are up to date. The training records showed that staff have had training in safe working practices.

Are there any outstanding requirements from the last inspection?

Yes

No

Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards.

No.	Standard	Regulation	Requirement	Timescale for action

Requirements and recommendations from this inspection:

Immediate requirements:

These are immediate requirements that were set on the day we visited this care home. The registered person had to meet these within 48 hours.

No.	Standard	Regulation	Requirement	Timescale for action

Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action

Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No	Refer to Standard	Good Practice Recommendations

Helpline:

Telephone: 03000 616161

Email: enquiries@cqc.org.uk

Web: www.cqc.org.uk

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