

Brain Injury Rehabilitation Trust

Redford Court

Inspection report

7 Birt Close
Toxteth
Liverpool
Merseyside
L8 7SZ
Tel: 01512825187
Website: www.thedtgroup.org

Date of inspection visit: 10 December 2014, 12
December 2014
Date of publication: 04/03/2015

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

Redford Court is located in a residential area of Liverpool. It provides support and accommodation for people with acquired brain injury with or without other conditions. It is run by the Brain Injury Rehabilitation Trust (BIRT) and has been developed in partnership with Riverside Housing Association.

This was an unannounced inspection, carried out over two days on 10 and 12 December 2014. During and following the inspection we spoke with five people who lived in the home, seven visitors, eleven staff and the registered manager of the home.

The service was registered to provide care, treatment and accommodation for 29 people who needed nursing or personal care and currently had 25 people living there. It received referrals mainly from the North West and North Wales, but had cared for people from all over Britain in

Summary of findings

the past. The service was run in two buildings, across the road from each other. They were purpose built several years ago and were large and airy, with good provision for aids and adaptations. The whole service was known as Redford Court but the smaller building which had six bedrooms, was known as Redford Lodge, or 'The Lodge'. The main building had at the time of our visit, 20 people living there and The Lodge had five people.

The service required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The home had a registered manager who had been with the service for nine months.

We found that people's independence was supported by sufficient staff who were trained and were understanding of their needs. We saw that some people had been enabled to move into the community, whilst others remained at Redford Lodge and they told us that they had meaningful and satisfied lives.

The people we spoke with told us they were well cared for, were safe and were happy. Relatives confirmed this and we saw that the staff were an integral part of people's lives and that they treated people with respect and dignity and valued their individual needs and preferences.

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. Staff we spoke with knew how to keep the people they supported safe.

Staffing levels were sufficient to meet the needs of the people living there.

Staff managed people's medicines safely and encouraged them to be independent with their care when this was possible and safe. Staff had been appropriately and properly recruited.

Good



Is the service effective?

The service was effective. We saw that people were involved in their care and were asked about their preferences and choices.

People received care from staff who were trained to meet their individual needs.

CQC monitors the operation of the Deprivation of Liberty Safeguards which applies to care homes. Assessments of people's ability to make important decisions had been carried out.

Good



Is the service caring?

The service was caring. Staff were observed to be kind and compassionate and treated people with dignity and respect.

The people who used the service were supported where necessary to make choices and decisions.

Good



Is the service responsive?

The service was responsive. Care plans reflected people's needs, choices and preferences. People were always asked for consent before any support was given.

We saw that the service was flexible and pro-active to people and their needs.

The environment was suitable and appropriate facilities had been provided to meet the individual needs of the people living there.

Good



Is the service well-led?

The service was well-led. The provider had a strong management ethos which was reflected in the culture of the home.

People had been asked for their views on the service and we saw they had been listened to.

Good



Redford Court

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.

The inspection team consisted of the lead Adult Social Care (ASC) inspector and an additional ASC Inspector.

We had not asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Before our inspection we reviewed the information we held about the home such as notifications to the Care Quality Commission. We also received information following the

inspection, such as policies and complaints information and we spoke with relatives of people using the service. On the first day of our visit to the home we focused on speaking with people who lived in the home and their visitors, speaking with staff, observing how people were cared for and examining records. The lead inspector returned to the home on the second day to look in more detail at some areas and to examine records

We spoke with people using the service, their relatives and friends or other visitors and staff. We pathway tracked the care for individuals, observed the day to day interactions amongst everyone at the service, including lunch time, and reviewed a variety of records including four care plans, six medication care plans, risk assessments and documents relevant to the running of the service. We observed the support provided and the interactions between staff and people who used the service

We spoke with four people who used the service, seven relatives and visitors and 11 staff. We reviewed four care plans, 10 staff files and six medication files as well as other files used in the running of the service, such as quality control checks and audits.

Is the service safe?

Our findings

A relative told us that they had been given a pack of information when their relative was first admitted. It contained information about abuse and what to do. The relative told us, "I've never seen any confrontation, there's always staff supporting people".

People who used both parts of the service were safe because the provider had taken reasonable steps to minimise risks to people. The kitchen had lockable cupboards, but only two were routinely locked at the time around our visits and we were shown that this was because they contained knives, other sharp utensils and cleaning materials. All the ancillary rooms were tidy and their contents appropriately stored and most were locked. However, we found the 'switch' room unlocked. This contained some electrical equipment and we asked the registered manager to ensure this was kept locked.

The kitchen in main building had a five star food hygiene award. We saw that fridge, freezer and food temperatures were all correctly recorded and the required temperatures had been met. Opening and closing checks were done every day by the senior kitchen staff of the shift. There were sufficient hand sanitizers placed in prominent positions around the home and automatic soap dispensers in the toilets. The service in both buildings, was clean and fresh and there were no malodours.

We reviewed peoples risk assessments and found them to be very detailed and specific and that they had been regularly reviewed. However we saw that bed rails were not always used in the way that they are intended and designed to be used. We were told that the way they were used was due to peoples own choice, but there was no documented evidence to show that the implications of this had been discussed with the person using them or their nominated representative. This meant that people using

the equipment may have been at risk of injuring themselves. We discussed this with the manager and members of the team who took steps during the inspection to address the issue.

We looked at all aspects of medications to include storage, administration, record keeping and policies and found that all recommended areas of good practice were compliant and the provider had a comprehensive policy to support this.

We looked at the recruitment records of 10 staff and found that all the checks and information required by law had been obtained before new staff were offered employment in the home. This meant that effective systems were used to make sure that permanent staff were only employed if they were suitable and safe to work in a care environment.

In all of the care files we reviewed we found that they all had an individualised 'Personal Evacuation Plan'. This meant that in an emergency, staff would know how to appropriately support people living at the home out of the building.

There were safeguarding notices placed around the home with contact phone numbers and staff told us how they would contact the right agency if there were a safeguarding issue. We were told that one person had recently had a safeguarding issue referred to the local authority safeguarding team and that the investigation was in progress, We spoke with that person who confirmed that this was the case and that they felt protected currently. CQC had been notified of [BJ1] this event.

Staffing levels were seen to be good and we observed that the ratio of staff to residents was high. A relative told us "There is always plenty of staff on".

[BJ1]Cannot confirm this as CRM has gone on a go slow and is refusing to co-operate, but the RM told us they would do a retrospective SN.

Is the service effective?

Our findings

One person told us, “They feed me well here”. One relative told us, “They are well trained. I have seen them being trained” and, “They offered us a brain injury course here and we did it. It was very good, all about trigger factors and how to de-escalate things. Another said, “We are always offered tea, coffee or a meal”. Another said, “We haven’t found any of the staff here we don’t like, they call us all the time with good news as well”. This relative continued, by telling us, “They will always get the doctor, dentist optician etc. whenever there is inkling that something is wrong. They care”.

People who used both parts of the service received effective care and support because staff had a good knowledge about the people they cared for and how to meet their individual needs.

Staff we spoke with during the inspection had a good knowledge of the individuals they supported and were able to give us information about people’s needs and preferences which showed they knew people well. Relatives that we spoke with told us that the staff team was stable and consistent they knew their relatives very well and provided excellent support.

The provider used the Skills for Care ‘Common Induction Standards’, for new staff. They shadowed an experienced staff member at first until competent. We saw the ongoing training schedule of the provider’s mandatory training, which was annual, bi-annual and tri-annual. There was a combined use of eLearning and face to face learning.

We saw the training qualifications and certificates which staff had before and after their employment with Redford Court. Many staff had been at the home for many years and had the necessary updating training to maintain their knowledge base. We saw the corresponding training records for the same staff. These showed that regular training had been completed according to the provider’s requirements. We saw that some staff had been employed through an apprentice scheme and that one staff member had trained and was qualified to be a national vocational qualification (NVQ) assessor. Another staff member was the homes’ health and safety trainer and another held responsibility for medication training.

We saw that care staff had been able to progress ‘through the ranks’, as the registered manager told us. Staff were

able to progress their career with the provider, the Brain Injury Rehabilitation Trust (BIRT) through supported and sponsored courses. The registered manager told us of many of the existing staff who had progressed to senior positions within the home. She went on to tell us that there was a, “Huge learning and development team in head office which are taking over training nationally”.

Whilst we were observing lunch in the dining room one person was seen and heard to be very angry and upset over something. The staff quickly stepped in and de-escalated the distress, calming the person to the point where the person joked about the situation and then apologised. Staff continued to engage and chat amicably with them for the rest of the mealtime. Visitors were seen to having lunch in the large dining room with their relative who was living in the home.

People had plenty of choice re food and drink. All dietary, religious or cultural needs could be met. We saw one lunch ready for consumption where each food item had been blended and served as individual portions on a plate. Kitchen staff received appropriate training for their role and all had completed the provider’s mandatory training for that role.

We found that fluid intake was accurately recorded for all people who required it. However, the charts were not evidenced as having been signed or reviewed by an appropriate member of staff. This meant that if an individual had not taken insufficient amounts of fluid there was the possibility that it may not be noticed.

CQC has a duty to monitor the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). We saw that the staff had had training in the MCA and DoLS and were able to demonstrate their knowledge of it to us. We found that the service was following the MCA code of practice and made sure that the human rights of people who may lack mental capacity to take particular decisions were protected. All the people had DoLS applications made to the ‘supervisory body’, which was the local authority, although the registered manager told us that the authorisations had been slow in coming back. To date, two people had been assessed as having capacity and two as not, by the local authority, in specific areas of people’s lives.

The building was purpose built and fairly new. There were secured grounds with a large rear garden. and keypad

Is the service effective?

access to it, the front and internal doors in the main; otherwise actual keyed locks. All the communal areas and people's bedrooms were suitable for the largest wheelchairs to use. Communal bathrooms had aids and adaptations, as did all the rooms and ensembles, which also had own ceiling track hoists. Corridors were wide as were the doorways. All the windows had window opening restrictors. The communal facilities and the kitchens had wheelchair access..

All people's doors were personalised with numbers, photographs and/or pictures and all rooms we saw were decorated and furnished to people's own choice.

There was a smoking area outside in the garden which had a short, covered and sheltered walkway to a six sided gazebo which was enclosed on 5 sides and which was lit and heated. We talked with one person enjoying a cigarette and they told us they were very happy in the gazebo and that it was sheltered from the weather, warm and comfortable. We ourselves noted that the shelter was comfortable and warm.

Is the service caring?

Our findings

The people we spoke with valued the staff and one told us that “They are great”. Another said to us, I love it here, you don’t really need to come here”. One person showed us their room which had a large wet room with a toilet, adjoining the main bedroom, with a two way ceiling track into the wet room from the bed. The person proudly told us that he, “Didn’t need it”.

A staff member told us, “We are a big family, when [name] achieved a goal last week there wasn’t a dry eye in the house”. One person’s relative told us, “They have given [name] their life back. They definitely pass ‘the mums test’. They went on to tell us, “The work here has been tremendous, we are over the moon. We are all hoping that [name] will be able to go into supported living soon, such is the progress made. We haven’t found any of the staff here we don’t like, they call us all the time with good news as well”. This relative continued by telling us, “They will always get the doctor, dentist optician etc. whenever there is an inkling that something is wrong. They care”.

The registered manager told us that people stayed with them for as long as they needed. Independence was encouraged and some people were able to move on to schemes such as supported living, whilst others would always need a high level of support in a specialist setting such as Redford Court. We saw that people were encouraged as far as they were able, for example, we saw people being supported by staff, to use the kitchen to make drinks and snacks. We saw people being supported by staff, to use the kitchen to make drinks and snacks.

We saw that staff were friendly, caring but professional towards people and were knowledgeable about their needs. People’s privacy and choices were respected and all the people were able to lock their bedroom doors if they chose and access the facilities of the service and the community, according to their needs. We saw that staff were included in people’s conversation’s as if they were friends and that there was a lot of good humour and jesting between staff and the people, much of it instigated by people themselves.

People’s relatives were pleased with the communication between the home and themselves, complementing the staff when they told them of positive and reassuring things and achievements about their relative.

We observed throughout the day that people had explanations given to them and were given the opportunity to be involved in the running of the home, their own days and their own care. We saw and were told by people that they had a good relationship with staff and that they were well cared for. They told us and we saw that where possible, independence was promoted. We saw that staff were involved with peoples care and their futures and were moved by their achievements.

The diversity of the people being supported by the service was encouraged and celebrated by staff. .People’s individuality, gender and sexual needs were acknowledged by staff and work was in progress to support them in these areas.

Is the service responsive?

Our findings

One person told us of something new they had experienced with the encouragement of a staff member and said it was, "A wonderful experience and I can't wait to go back". He also joked, "I am teaching staff now". Another person had also had a good experience. This person couldn't talk well, but when staff introduced us and explained to him about his experience, he nodded and seemed very happy about it, confirming what we had been told. A third person welcomed us into their room which they were very proud of. They explained it was about to be redecorated and that they had chosen the colour scheme and soft furnishings.

One person's relative told us, "The work here has been tremendous, we are over the moon. We are all hoping that [name] will be able to go into supported living soon, such is the progress made".

Another relative told us, "We are so pleased. If there was anything [of concern] at all, I would tell you. In fact I would tell them! They always listen and act on anything I am worried about. We have never needed to make a formal complaint".

Prior to moving in to Redford Court each person had undergone a thorough multidisciplinary assessment by members of the team at Redford Court to ensure that their needs could be met.

We found that all of the care files were well presented and covered all areas of care and support. We saw that they had been regularly reviewed and updated and that each person had been involved in compiling them and had given appropriate consent.

We saw that care was person centred and focused on the individuals situation and needs as they saw it. Opportunity was given for people to manage their everyday lives. An example we saw was that a 'Bank' organised by one of the finance officers, opened for a short time each weekday morning to enable people to withdraw spending money from their 'account'. This meant that people were able to control their personal finances.

We viewed personal activity records and saw they reflect a personalised individual approach. This was confirmed by

relatives who told us that people living at the home were supported in and known to the local community. People were encouraged to contribute to the decisions about how they spent their day and the activities the home put on for them.

People were addressed in the way they preferred and we saw that this was respected by staff. Their individuality was celebrated by staff who respected their needs, preferences and desires.

Redford Court and Lodge had community links with Greenbank College, local gyms and disco's and used a local hydrotherapy pool. People visited pubs, coffee shops etc. There were two rehabilitation kitchens and a physiotherapy room to encourage the use of people's skills and independence and to teach new skills.

In the main building there was a large communal lounge where people from both sites came together to enjoy activities such as DVD nights and the psychologist used the TV for some awareness training. Also, the large dining room which had a billiards table, was also used for activities. There was a roomy conservatory leading onto the rear garden.

Arrangements were in place for entertainment and outings over the Christmas period and one was happening on the evening of our first visit. We saw that taxis had been ordered and on our leaving the site, we saw that people were going out for the evening.

One person told us that it had been the camaraderie between him and a staff member had encouraged him to try new experiences and places. People were encouraged to use the local college facilities if they wanted to and were able. The vocational trainer liaised with the college and facilitated courses to suit the individual person and their choices and needs.

There had been no formal complaints in the last year. We looked at the complaints policy and the complaints records. Relatives told us that they had never needed to complain but that any smaller issues were always solved straight away to their satisfaction.

Is the service well-led?

Our findings

The home had a registered manager in place who had been in post for about nine months. The previous registered manager had been in place for several years. We saw the regional manager on the first day of our visit who was there on a pre-arranged visit. Staff told us they felt well supported.

The home held regular staff, residents and relatives meetings, although the latter were sometimes not well attended, due to travel problems. The home took people from all over the North West mainly, but staff were at the time of our visit, assessing someone who was wanting to come from the Channel Islands. We were also told that relatives when visiting, always had the opportunity to discuss people's care and welfare and the home generally.

There were various community links and we discussed others which staff were exploring, such as carriage driving with the local 'Riding for the Disabled' groups. All of the relatives that we spoke with told us that they attended reviews and meetings and if their relative did not attend then the minutes were fed back to them. Staff kept them up dated at all times.

The home had various health care professionals on its staff and we saw that they followed best practice. BIRT regularly carried out research and provided a range of events and resources not only to its own staff, but to others working in the field of brain injury.

We saw records of various audits which had been carried out by both the home, and other organisations. However the kitchen cleaning schedule, which we were told by a member of the kitchen staff, was adhered to every day and that the cook checked this, was not recorded as being completed. This meant that an accurate audit of this was not possible.

The local authority contacts team had found the home compliant in June 2014. Liverpool Community health had recently awarded the home a 95% score and the Infection control and finance audits had found no major problems.

The management in the organisation and the registered manager and staff carried out other audits throughout the year, such as care files, medication, nutrition, lifestyle and accessibility. Action plans were completed to address any issues found, with a named person to do it and the date by which the action should be completed by.