

Brain Injury Rehabilitation Trust

Redford Court

Inspection report

7 Birt Close
Toxteth
Liverpool
Merseyside
L8 7SZ

Tel: 01512808181
Website: www.thedtgroup.org

Date of inspection visit:
06 December 2017
07 December 2017

Date of publication:
12 January 2018

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

The inspection took place on 6 and 7 December 2017 and was unannounced on the first day. Redford Court is a 'care home' that also provides a rehabilitation service. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Redford Court specialises in the rehabilitation, support and care for people who have acquired a brain injury. The Brain Injury Rehabilitation Trust (BIRT) and has been developed in partnership with Riverside Housing Association. At the time of our inspection, the service was providing support to 27 people and registered for 29. Redford Court has two floors where people's rooms are located. There were also rehabilitation rooms where the occupational therapists, speech and language therapists, the neuropsychologist and other professionals support people as required in their person centred care plans.

At the last inspection on the 10 December 2014 the service was rated Good.

There was a registered manager in post. The home is 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.

There were enough qualified and experienced staff to meet people's needs and keep them safe. The required checks had been carried out when new staff were recruited and all staff had received induction training when they commenced employment.

We observed that all parts of the home were clean and well maintained and records we looked at showed that regular health and safety checks were carried out. All areas were furnished appropriately and a plan had commenced to redecorate the décor to a good standard.

Medicines were managed safely and records confirmed that people always received the medication prescribed by their doctor.

People's capacity to make decisions was assessed and where appropriate, applications had been made to the local authority for Deprivation of Liberty Safeguards. People are supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service underpinned this practice.

People were mostly happy with their meals and told us that choices were always available.

The members of staff we spoke with had good knowledge of the care and support needs of the people who

lived at the home. The staff we met had a cheerful and caring manner and they treated people with respect. People who lived at the home who we spoke with expressed their satisfaction with the care and support provided and with the staff.

The care plans we looked at gave information about people's rehabilitation plans, support and care needs and how their needs were met. They also gave information about people's individual choices and preferences.

There was a friendly, open and inclusive culture in the home and many of the people we met during our visits spoke highly of the staff and the managers. Regular quality audits were completed and a satisfaction survey had been carried out.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good

The home was clean and well maintained and records showed that regular environmental safety checks were carried out.

There were enough staff to support people and keep them safe.

The required checks had been carried out when new staff were recruited.

People's medicines were managed safely.

Is the service effective?

Good ●

The service remains Good

Staff had completed an induction training programme and had regular supervision meetings.

The service was compliant with the Mental Capacity Act.

Menus were planned to suit the choices of the people who lived at the home and alternatives were always available.

Is the service caring?

Good ●

The service remains Good

Staff working at the home were attentive to people's support and care needs and choices and treated them with respect.

There was a friendly and inclusive atmosphere and visitors were made welcome.

Is the service responsive?

Good ●

The service remains Good

People had choices in daily living and staff were aware of people's individual needs, choices and preferences.

The person centred care plans we looked at provided information about people's care and support needs and how their needs should be met.

A copy of the home's complaints procedure was displayed and a complaints log was maintained.

Is the service well-led?

The service remains Good

The home had an experienced manager who was registered with CQC.

There was a positive and open culture and people were given opportunities to express their views.

Regular quality audits were carried out.

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 was a comprehensive inspection that took place on the 6 and 7 December 2017 and was unannounced on the first day.

The inspection was carried out by an adult social care inspector.

Before the inspection we looked at information CQC had received including notifications from the service and the Provider Information Record (PIR). During our visit we spoke with four people who used the service, the registered manager, an assistant manager, the operations manager, the neuropsychologist, a speech and language therapist, two residential support workers, two senior residential support workers, the chef, a kitchen assistant, the maintenance person, the vocational trainer and the service user and family liaison person. We received information from five commissioners, the pharmacist and spoke with one social worker. We observed lunch being served in the ground floor dining room.

Is the service safe?

Our findings

Everyone we spoke with at Redford Court said they felt safe and there was always someone around to help them if they required assistance. One person said "I feel safe here". Another person said "I am so safe, the staff make sure".

People told us that when they used their call bell it was responded to quickly. One person said "It's a good place to live and there are lots of staff to help me" and another "I am confident with the help I get".

We looked at staff rotas which showed that there were always sufficient numbers of staff on duty. There was always senior staff and a manager available at all times. Records we looked at showed that these numbers were maintained with some use of agency staff. Information about the staff supplied by agencies, showing their training and qualifications, was available and there was evidence that agency staff received an induction to the home.

At the time of the inspection, 27 people were living at Redford Court, some of whom were having a rehabilitation assessment for 12 weeks and having a temporary stay at the home. The manager told us that staff numbers were continuously reviewed to reflect occupancy and dependency. Recruitment was on-going. The home also employed an adequate number of clerical, housekeeping and catering staff, a vocational trainer, a service user and family liaison officer and a maintenance person.

Redford Court had an in house clinical professional team that included a neuropsychologist, occupational therapists and speech and language therapists.

We looked at the recruitment records for six members of staff. The records showed that robust procedures had been followed to ensure that staff were safe and suitable to work with vulnerable older people.

There were two domestic staff on duty each day and a laundry assistant. We walked all around the premises and all areas were clean, tidy and well-maintained. The laundry and storage areas were clean, tidy and well-organised. Disposable gloves and aprons were available and were used appropriately. Cleaning schedules were maintained and waste disposal contracts were in place. The home had a five star food hygiene rating.

We spoke with the maintenance person and looked at the maintenance records they kept. These showed that regular checks of services and equipment were carried out. The manager and maintenance person were aware of the dates when they required servicing by external contractors. We saw a number of features incorporated into the building to make it safer, for example the main gate that was closed at all times but opened automatically when the fire alarm was activated for safety checks.

A weekly fire alarm test was carried out and monthly fire equipment checks and fire drills. Fire evacuation aids were provided for staircases. We saw good records of fire drills. A 'grab file' was available and this contained a personal emergency evacuation plan for each of the people using the service. Generic risk assessments covering all aspects of the service were in place. Accidents were fully recorded and

investigated and there was a monthly accident audit.

Safeguarding policies and procedures were in place and staff had completed a programme of training about safeguarding. Safeguarding referrals had been made as needed and untoward events had been responded to appropriately.

Medication was administered by senior support workers. Records showed that all staff who administered medication had completed a medication competency assessment. All of the people we spoke with said they received their medicines as required. All people had their medication safely stored in their rooms where staff would administer and complete the medication administration record (MAR). There were four people who had their medication stored in the medicines rooms because of risks that had been identified.

The medicines room was situated on the ground floor and was clean and tidy. The medicines room had a cabinet for the safe storage of controlled drugs and a drugs fridge. Room and fridge temperatures were recorded daily in people's rooms and the medicines room; there were gaps in the medicines room fridge temperature records. This was discussed with the manager and a senior member of staff and we were told this concern would be taken to the next meeting with staff and also monitored closely.

Medicines were dispensed mainly in blister packs. A running total was kept of any medication that was not supplied in blister packs. Records we looked at indicated that people always received their medicines as prescribed by their doctor. When medication was prescribed to be given 'as required' (PRN), there were protocols in place to guide staff in deciding whether the medication needed to be given. We noticed that handwritten entries on medication administration sheets were signed and dated and informed where the pain area was. There are currently no controlled drugs stored at Redford Court; however we checked that there was a safe storage cabinet and the relevant record logs were in place.

One person sometimes refused medication that was important for their health and well-being. We looked at this person's care file and found that correct procedures had been followed and the relevant people had been involved in making the decision that this person's medication could be given 'covertly'. This meant that medication was to be administered in a disguised form.

Is the service effective?

Our findings

Most people we spoke with were positive about the meals. They told us "I can't always eat things but staff cut things up and help me". And "It's a mixture – sometimes good, sometimes not so good but the chef will offer something else if I ask".

We observed lunch on the first day of the inspection and people came in to dine on their own and sat with other people or staff. One person was being supported to eat their lunch, we saw that the staff member was respectful and spoke to the person about the meal and ensured their dignity was maintained. There was a choice of fresh turkey salad, fresh vegetable soup and various sandwiches; we tasted the lunch and it was enjoyable. All the people appeared to enjoy their meal. There was a very pleasant and unhurried atmosphere with people chatting to each other. Staff were attentive and helpful to the people and water and hot drinks were readily available".

Tea, coffee and biscuits were served in the morning and afternoon and after the midday meal. People told us they enjoyed the home-made soup and sandwiches or lighter snack in the day and had a more substantial hot meal in the evening. The chef had detailed knowledge of what people liked and didn't like and their nutritional needs. The menus were new and we were told by two people they had contributed to the menus so they were having meals they enjoyed.

The care records we looked at showed that people's nutritional status was assessed and monitored and people's weights were recorded when required.

There were training record compartments in the staff files for each member of staff. The six staff records we looked at showed that new staff completed a programme of induction training at the home. Most of the staff had a national vocational qualification (NVQ) or other specific qualifications. Records showed that staff had supervision meetings four times a year and an appraisal/personal annual development meeting annually. There was a supervision and appraisal planner in place. People we spoke with all felt the staff were highly trained and could support them and care for their needs.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met and found that they were.

Some people who lived at the home had a DoLS in place. Applications had been made to the local authority

for other people and were awaiting consideration due to legal representations taking place. The care plans we looked at detailed people's capacity to give consent and recorded where a Power of Attorney or a DoLs was in place. We saw that, where appropriate, relatives had been involved in making decisions about people's care.

People enjoyed a well-appointed environment which was spacious, light and bright. Bedrooms had an en-suite shower room and there was also an adapted bathroom and shower room on each floor. Profiling beds and pressure relieving mattresses and other equipment were provided to meet individual needs. Different types of hoists and slings were available to ensure that people could be moved and transferred safely. Assistive technology was in place where needed to reduce the risk of falls.

Is the service caring?

Our findings

We asked people about the staff and their comments included "It's a good place to be in. I wasn't sure about coming here but the staff are brilliant, I am so happy here". "They've [staff] made me happy and confident, I go out now" and "They are very good".

People felt they were treated with dignity and respect. One person said "The staff are brilliant, friendly and respectful". One social worker told us that a person living at the home had improved in every way because staff had a plan, worked at the person's speed and now the person was able to communicate. The social worker told us the person was now a "Content person".

We observed staff supporting people around the building, accessing toilets, giving advice and drinks and snacks. Care and support was given kindly and promptly and staff interaction with the people who lived at the home indicated familiar and mutually respectful relationships.

We saw in the care plans, that there was information about the use of advocates. The manager told us that they would always use an advocate to represent a person if they assessed it as necessary to protect a person. For example an advocate was representing a person in the legalities around their finances. The service user and family liaison officer also acted as an advocate for the people living at Redford Court.

We saw 'thank you' cards and letters that had been received from families. One person had written "I am so glad my relative spent time at Redford Court with all that love and support from staff and other service users". Another wrote "Thank you for giving my relative his life back he now has quality of life". Professional visitors also made compliments about the service including the High Sheriff of Merseyside who visited Redford Court and wrote, "The team have to be congratulated on the wonderful rehabilitation work that you do enabling people to function independently. We were most impressed by what we saw and staff and volunteers should be proud of they have achieved to date".

We saw that people were supported to maintain a high standard of personal hygiene and appearance. People choose what they wanted to wear and were encouraged by staff to dress appropriately when in communal areas. A hairdresser visited and people could have their hair done when they required it.

People were able to personalise their bedrooms with their own belongings, pictures and items of furniture. We noticed that one person's bedroom was filled with their collection of ornaments and CD's.

Information was provided, including in accessible formats, to help people understand the care and support available to them. There was information displayed on notice boards for people in the entrance area including the Statement of Purpose and Service User Guide. Other information was displayed around the home including copies of forthcoming events that were taking place.

People's personal information was kept securely to maintain confidentiality.

Is the service responsive?

Our findings

All of the people we spoke with felt they had choices in daily living. Their comments included "I have a say in all that I do, staff encourage me", and "I know what I'm doing; I have a plan that staff help me with". Another person commented that they were confident that the support and encouragement from staff was to enable them to be independent.

Comprehensive person centred care files were in place for all of the people living at the home. The files contained assessments of people's support needs and any risks to their health, safety and well-being. Plans were written and reviewed monthly or when a change to the care plan occurred. There was a one page profile that was at the front of each file and also in the 'grab file'. This was important information about the individual and was available for anyone supporting the person.

The care plans included weekly and monthly key sessions with the occupational therapists, the speech and language therapists and the neuropsychologist. There were aims for individuals that were set out as part of their rehabilitation programmes.

Assessments and plans had been reviewed regularly and there were good records of communication with people's relatives and visits by medical professionals. Staff we spoke with had up to date knowledge of people's care and support needs and were able to describe in detail the support they provided to individuals.

We asked people if they would know how to raise a concern if they were not happy. All said they would tell the staff if they needed to raise an issue. Everyone was confident that complaints would be dealt with quickly and efficiently.

The home's complaints procedure was displayed in the entrance area and around the premises. It gave contact details for individuals and bodies that people could approach if they wished to make a complaint or raise a concern. This included contact details for the provider. The manager maintained a complaints log which showed that complaints had been investigated and responded to appropriately.

At the time of our inspection, nobody living at the home was receiving end of life care. 'Thank you' letters we looked at indicated that families had appreciated the care their loved ones had received at the end of their lives. For example, comments were "It was a difficult time for all of us, but knowing she was getting such excellent care, love and affection made it easier for us to carry on the best we could".

We spent time with the vocational trainer who was very passionate about their role. There had been three people recently accommodated in the service who were enjoying work in the community with staff support. We were told that this had increased their confidence immeasurably and the people were happier in their outlook to daily living.

The service user and liaison officer acted as an advocate for people at the service as part of his

responsibilities. We were told that they would challenge decisions to represent an individual to find a way to meet an aim in their programme. We looked at information on how the service user and liaison officer worked on ensuring the home was part of the community, for example, bringing a rugby club to the home to train with people. Also they had won an award for work in the community with the homeless people where people living at Redford Court had put packs together and were supported in taking them out into the community. The service user and liaison officer also initiated service user meetings where the agenda always included doing things in the community or for the community. The service user and liaison officer told us that they loved what they had achieved over the years and that they had a really special unique role.

In the files we looked at there were plans of what people liked to do and how staff were going to support them, for example, going to a local stables where two people liked to go and spend time with the horses. We saw various activities with people taking place over the two day inspection, which included cooking skills in one of the small kitchenettes, singing and playing instruments and we saw that a number of people went out to various locations. There was a private event at a local church where people and staff were participating in reading the service out to the congregation.

Staff gave us examples of how they had provided support to meet the diverse needs of people using the service including those related to disability, gender, ethnicity, faith and sexual orientation. These needs were recorded in care plans and all staff we spoke to knew the needs of each person well. People using the service also commented on how well their individual needs were met.

Is the service well-led?

Our findings

The home had a manager who was registered with CQC. 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 manager was supported by two assistant managers who also had considerable experience and management qualifications. Most of the people living at the home who we spoke with knew who the manager was and most knew their name. All said they would speak to them or one of the assistant managers if they wanted to raise a concern or were unhappy with anything. One person said "[Name] is great, I go to them and they would sort any problems".

The staff we spoke with said they had a 'high level of trust' in the manager. They told us they received regular communication attending meetings but also there was an open door policy whereby any issues would be discussed and addressed immediately. We observed this practice at the inspection and the manager and or assistant responded immediately to staff requests.

Records showed that regular staff meetings were held where staff were able to express their views. Monthly service user meetings were held and were well attended. Agenda items included safeguarding and complaints as well as activities. For review meetings relatives were invited and were also well attended. Records of these meetings showed that people had felt able to express their views and make suggestions and actions had been taken to address any requests or issues.

A satisfaction survey had been carried out and collated on the 7 November 2017 and a summary of the responses produced. This showed a high level of satisfaction.

We saw records of daily, weekly and monthly audits carried out by the manager and staff including health and safety, kitchen audits, medication, infection control, staff files and care files. External audits were completed; for example, an infection control audit carried out in October 2016 which scored 98.57%. The robust record of monitoring and checks at Redford Court and the improvement noted, showed that the service is continuously striving to improve.

Providers are required to send the CQC statutory notifications to inform us of certain incidents, events and changes that happen. The registered manager had sent in statutory notifications to the CQC for the events that happened at the home.