

Plans4Rehab Limited

Barclay House

Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service

Barclay House is a service specialising in the rehabilitation and longer term placements for people living with acquired brain injuries. The service provides personal and nursing care for up to 29 people including six placements which are for people detained under the Mental Health Act. At the time of our inspection, there were 24 people using the service.

People's experience of using this service and what we found

People's safety was promoted; staff understood how to protect people from the risk of harm and understood potential signs of abuse. People were involved in assessments of potential risks to their safety and in identifying measures to keep them safe. Care plans provided clear guidance for staff to follow. People were supported by a consistent team of staff who were safely recruited. People received their medicines as prescribed and were protected from the risk of infections through staff working practices.

Staff received training, supervision and support so they could effectively perform their roles and meet people's needs. People were provided with care and support that ensured they had good nutrition and hydration and access to timely healthcare that maintained their health and wellbeing. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and those important to them were involved in the planning and development of their care and support. Staff were skilled at enabling people to communicate their choices and decisions. Staff were described as very caring, understanding, patient and supportive. Staff knew people well and used this knowledge to provide personalised care. Staff respected and promoted people's rights, including their right to be treated with respect and dignity.

People were supported through a rehabilitation pathway which focussed on developing daily living skills and communication and reducing the risk of social isolation. People were engaged in meaningful activities and had access to a range of specialist on-site therapies and services. Staff supported people to access the local community and maintain relationships with friends and family where appropriate. The provider welcomed complaints and used these to drive development within the service.

The registered manager supported people, visitors and staff to share their views about the service. They used this feedback, together with outcomes from robust audits and checks, to identify where improvements were needed and take the necessary actions to implement these. They were open and transparent in sharing information about actions taken and lessons learnt within the service. The registered manager and staff were passionate about ensuring people were provided with good care and support in order to achieve the best possible outcomes. They worked in partnership with a range of health and social care professionals to achieve this.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The service was rated as Good at the last inspection, published on 1 March 2017.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service is caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

Good ●

Barclay House

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team

The service was inspected by one adult social care inspector, one hospital inspector, an inspection manager and a specialist advisor who was a registered mental health nurse.

Service and service type

Barclay House is a 'care home' with nursing and a hospital wing for people detained under the Mental Health Act. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service since the last inspection. This included notifications about significant events and incidents within the service that the provider is required to tell us

about by law. We also reviewed feedback and information from local authority commissioners, responsible for funding and monitoring the care of some of the people using the service, and health professionals. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and three relatives about their experience of the care provided. We also spoke with the registered manager, the clinical lead nurse, two nurses and five support staff. We spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We observed care and support interactions between people and staff in communal areas.

We reviewed a range of records. This included six people's care plans, care records and medication records. We looked at four staff files in relation to recruitment and training. We reviewed records relating to the management of the service, including policies and procedures, incidents and accidents and quality assurance.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good: This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe using the service. One person told us, "Staff make me feel safe. I have nightmares at night and staff come and sit and talk with me. They stay with me until I fall asleep. I don't have to wait long if I press the buzzer for help." A relative told us, "[Name] is safe here. [Name] has made a lot of progress since moving here because the staff work tremendously hard to rehabilitate whilst keeping [name] safe."
- Staff understood how to protect people from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The registered manager understood their responsibilities for keeping people safe, including reporting safeguarding issues to the relevant authorities. These arrangements ensured people were protected from the risk of abuse.

Assessing risk, safety monitoring and management

- Staff assessed and managed risks to people and themselves well. They achieved the right balance between maintaining safety and providing the least restrictive environment possible in order to facilitate peoples' recovery.
- The provider had assessed the environment for ligature risks and there was clear signage for ligature cutters. However, ligature risks had not been reduced or removed in the hospital wing which was designated for people with higher risks. Staff told us that people were individually risk assessed upon admission, and when indicated, they would take further steps to reduce and remove ligatures at that time.
- Staff followed best practice in anticipating, de-escalating and managing challenging behaviour. The service did not use seclusion or have a seclusion room, and physical restraint was only used as a last resort.
- Staff followed guidance in people's positive behaviour management support plans in responding to behaviours that could challenge. They maintained robust monitoring records. This helped to ensure people had the effective intervention and support they needed to keep themselves and others safe.
- The provider had a fire risk assessment in place and effective systems to carry out regular fire safety checks.
- Personal emergency evacuation plans were in place so people could be supported to evacuate the service in the event of an emergency, such as fire.
- Routine health and safety checks had been carried out, which helped to ensure the environment was kept safe.

Staffing and recruitment

- Staff recruitment files contained evidence of robust pre-employment checks to ensure only fit and proper staff were employed.

- Recruitment checks included evidence of employment history, proof of identify and a check with the Disclosure and Barring Service (DBS).
- People felt there were enough staff to meet their needs, relatives felt staff were very busy. Staff told us there were usually enough staff but there were times when they felt the service was short staffed, through unplanned staff absence.
- The registered manager calculated staffing levels based on people's commissioned hours and assessed risks and this was reviewed on a daily basis. This enabled staff to respond to changes in people's needs. For example, if people experienced crisis and required 1:1 support, staffing levels were adjusted accordingly.
- Staff had raised concerns in staff meetings regarding short staffing. The registered manager had responded to these concerns and was in the process of recruiting more casual staff to cover for staff absence.

Using medicines safely

- The provider had introduced robust systems and processes since our last inspection to improve the management, administration and storage of medicines.
- Medicine systems were organised, and people received their medicines as prescribed. The provider followed safe protocols for the receipt, storage and administration of medicines. This included the storage and management of controlled drugs.
- Medicine records were fully completed and clinical rooms were managed in line with best practice guidance and legal requirements. For example, the safe storage of oxygen tanks.
- People's care plans showed they received regular reviews of their medicines which included a review of their consent to take their medicines. This helped to protect people from the risk of being over-medicated.
- Nursing staff received pharmacy training in the safe administration and management of medicines every six months. This was supported by competency assessments to ensure staff remained staff to administer medicines.

Preventing and controlling infection

- People's rooms, bathrooms and most communal areas were clean, which reduced the risk of infections spreading. We found the hospital wing kitchenette posed an infection control risk. The cupboard door handles were dirty and the inside of the microwave had not been cleaned. Staff told us this would be immediately addressed following our inspection visit.
- All care staff had received training in infection control procedures as part of their induction.
- The provider had an infection control policy and personal protective equipment, such as disposable gloves and aprons, were available and used to prevent the spread of infections.

Learning lessons when things go wrong

- The registered manager monitored and reviewed incidents. They completed an analysis of trends and patterns which was shared with the provider and relevant health professionals involved in people's care. Action was taken when needed to prevent further re-occurrence or harm.
- Incidents of altercations between people had been reviewed with multiple agencies, including safeguarding, to ensure measures were in place to prevent re-occurrence as far as possible. Urgent meetings had been held and policies and procedures reviewed when people had absconded from the service during authorised leave. This helped to keep people as safe as possible.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good: This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Staff assessed the physical and mental health of all people on admission to the service. They developed individual care plans, which they reviewed regularly through discussion with people, relatives and professionals involved in people's care.
- Care plans reflected people's assessed needs, provided staff with personalised information and were updated regularly and as when people's needs changed.
- The provider's policies and procedures included protected characteristics under the Equality Act to make sure that if the person had any specific needs, for example relating to their religion, culture or sexuality, the staff could meet those needs.

Staff support: induction, training, skills and experience

- Staff received training, support and guidance so that they had the knowledge and skills to do their job well. Training included information about specific health conditions people lived with, and training in supporting people with behaviours that may challenge.
- Staff told us they found the training helpful and relevant to the needs of people. One staff member told us, "The training is good in a range of areas, such as safeguarding, moving and handling and mental health. We are also trained in level one and two of 'NAPPI' [Non-Abusive Psychological and Physical Intervention, a programme to support people in distress through positive behaviour support]."
- The registered manager constantly reviewed training to ensure it was effective. They used innovative approaches to improve and develop training. For example, they had implemented a five point summary of the mental capacity act on the reverse of staff identity tags, to promote a basic understanding of their responsibilities. They were in the process of supporting staff to undertake further development training to lead in providing training, and to achieve qualifications to become nurse practitioners.
- Staff told us they felt well supported in their roles and received regular supervision and support to develop within their roles.

Supporting people to eat and drink enough to maintain a balanced diet

- People's care plans included guidance about their specific dietary needs, likes and dislikes. This information was provided to the cook who ensured meals were prepared in line with this guidance.
- People were able to choose from a range of meals and options. A relative told us, "The meals are nutritious. [Name of person] refused the meal recently so staff prepared a jacket potato which [name] ate."
- Meals were provided in the café area, which was light and spacious.
- Staff provided sensitive and discreet support for people to eat their meals and ensured snacks and drinks

were provided throughout the day.

- One person ate their meal at the service and was then supported to go out into the community to a café to eat their favourite dessert.
- People were supported to access an on-site speech and language therapy service which provided timely intervention and advice to ensure people's nutritional needs were met.
- Mealtimes were protected and relatives were asked not to visit during meal times. However, relatives could visit at these times by arrangement and share mealtimes with people.

Staff working with other agencies to provide consistent, effective, timely care

- People had access to a full range of specialists required to meet their needs. These included on-site psychologists, occupational health therapists, physiotherapists and speech and language therapists. This multi-disciplinary team worked together to support all aspects of people's neurological and physical rehabilitation.
- People were also supported to access their GP and local community health and social care services when they needed to.

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

- The service was purpose built to support people with a range of abilities and needs. People were able to access specialist therapy suites, including a gymnasium, to support their rehabilitation. A prayer room was available to support people to follow their faiths and religions.
- The service had been extended to create six rooms within a separate unit specifically for people detained under the Mental Health Act 1983. The design and layout of this unit did not easily support mixed sex accommodation or accommodate more than four people in communal areas. The registered manager explained the ward was still being developed, with plans to change the use of an assisted bathroom to an additional lounge. The registered manager was clear that only people at minimal risk, who could engage with rehabilitation through the services provided with a view to no longer being detained, were being admitted to the service. Therefore the requirements for higher risk, mental health wards, were not applicable to this unit.
- We observed people making use of the enclosed garden. It was used as a place for people to sit outside and enjoy fresh air and sunshine.

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

- Staff ensured people had access to healthcare that supported them to live healthier lives. A relative described how their family member had improved in terms of ability and response since using the service. This was as a result of effective joint working between the on-site rehabilitation team and health professionals involved in the person's care.
- Care plans showed that people were able to access a range of routine and specialist health services. Staff supported health professionals to work together to make sure people had no gaps in their care.
- Staff had effective working relationships with other staff from services that would provide aftercare following people's discharge and engaged with them early when the person started to use the service to plan move-on and discharge.

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

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

interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Health Act Code of Practice and followed this guidance well.
- Managers made sure that staff could explain peoples' rights to them. People and visitors were provided with information about their rights under the MCA and the Mental Health Act 1983 through communal notice boards.
- All care staff received training in relation to MCA and DoLS and worked within the principles of MCA. Appropriate referrals to the local authority DoLS team had been made.
- People had given their consent to receive care from the provider and, where it had been assessed that an individual did not have the capacity to give consent, there had been an appropriate best interest process carried out.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good: This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they felt supported and were respected and treated well. One person told us, "The staff are lovely. They spend time talking with me and are quick to help me."
- A relative told us, "The staff are extremely caring. They treat [name] like family. For example, when [name] started to walk (using specialist rehabilitation equipment), they all clapped and cheered in support."
- We observed people were comfortable with staff and had developed positive, trusting relationships. Staff communicated with people appropriately and shared humour and banter with them, which people enjoyed.
- Staff recognised and supported people's protected characteristics under the Equality Act, for example, culture, religion and age. Care plans guided staff to ensure people's diversity was respected.
- Staff told us they had the time they needed to provide care and support and spend quality time with people, though some shifts could be very busy.

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

- People told us they had seen or were aware of their care plan, although records did not clearly reflect people had consented and been consulted about their care.
- A relative told us, " We are consulted and involved in [name's] care as [name] cannot make complex decisions. Staff always consult and involve us in any changes in [name's] care. We feel listened to."
- Staff put people in touch with advocacy services in the event they required support to make decisions and choices about their care.

Respecting and promoting people's privacy, dignity and independence

- Staff we spoke with and observed showed genuine concerns for people and were keen to ensure people's rights were upheld and they were not discriminated against in any way. One staff member described how they supported a person with hair and beauty as they had identified this helped the person to have positive self-esteem.
- People's right to confidentiality was respected; care and support records were kept securely with access only by authorised people.
- People were afforded choice and control in their day to day lives. The ethos of the service was centred around the rehabilitation of people with brain acquired injuries to achieve maximum independence and abilities. Care plans provided detailed guidance on each person's goals and rehabilitation programmes in place to enable them to achieve these.
- Staff demonstrated a good awareness of people's lifestyle choices and supported people to maintain

relationships that were important to them.

- Relatives told us they were made to feel welcome when they visited the service. There were a choice of private areas, including a private space in the garden, for visitors to meet with people.
- Staff guided and supported people to maintain and protect their dignity. For example, support to maintain their appearance and hygiene, and providing support with personal care in a sensitive manner.

Is the service responsive?

Our findings

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

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

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

- People's care and support was personalised and provided flexibility to enable them to gain the best outcomes possible.
- People's needs were identified, including those related to protected equality characteristics such as age, disability, ethnicity and gender.
- Care plans were personalised, providing detailed information about people's life histories, who and what was important to each person, and how they interacted with other people and environments.
- We found care plans cumbersome to navigate around due to the volume of information, much of which was repetitive. We also found care plans were written in the first person, although it was clear the information had not been said by the person themselves. The registered manager, together with staff, was in the process of transcribing all care plans onto a new format. This would improve the presentation of care plans and ensure the person's voice was clearly reflected in the care planning process.

Meeting people's communication needs

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

- The registered manager understood the Accessible Information Standard. We saw documents in care plans and on notice boards, that were in an easy-read format.
- Staff described how they supported people who used non verbal communication, to make visual choices using objects of reference; interpreting the gestures and movements people made in response.

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

- Each person was supported through a structured rehabilitation programme which included weekly, planned activities. These ranged from using the on-site therapy rooms and gymnasium, specialist therapies such as hydrotherapy, 1:1 activities with staff and support to access the local community.
- People who were detained under the Mental Health Act were supported and encouraged to use the appropriate legal leave to access care and treatment in the main part of Barclay House. Treatment interventions included access to psychological therapies, to support for self-care and the development of everyday living skills, and to meaningful occupation.
- Staff liaised with the psychology team to risk assess people for unescorted leave as part of their rehabilitation. This enabled people to visit family and friends and go out into the local community

independently whilst adhering to measures to keep them safe, such as agreed return times.

- Relatives told us staff recognised and respected the relationships people had with family and friends and provided support and guidance to enable people to maintain these where appropriate.
- People were supported to pursue their religious or cultural beliefs and practices.

Improving care quality in response to complaints or concerns

- People and their relatives told us they would talk to the registered manager or staff if they had a complaint.
- The registered manager investigated complaints. They met with or telephoned the person making the complaint and resolved them. If necessary, they apologised to the complainant and advised them on actions they had taken to ensure lessons had been learnt as a result of the complaint. For example, changes in access to the gymnasium.
- The registered manager kept a complaints log, which enabled them to analyse and showed the actions they had taken to resolve complaints.

End of life care and support

- The service specialised in the rehabilitation and treatment of people living with acquired brain injuries, therefore did not routinely support people with end of life care needs. However, the service had recently supported one person with end of life care needs to avoid a distressing move-on for them. Care included the purchase of specialist equipment, and ensuring the person received end of life care in line with their wishes.
- The provider's policies and staff training supported effective end of life care if this was required.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

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

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager, staff and on-site multi-disciplinary team planned the delivery of care to meet people's needs. They had regular meetings to discuss operational issues and improvements that had been identified through feedback and quality assurance. Information about people's needs was shared between staff at 'handover' meetings between shifts which ensured a continuity of care and support.
- The provider promoted transparency and honesty. They had a policy to openly discuss issues with people and relatives at meetings or when relatives visited.
- Information was freely available which informed people, visitors and staff as to improvements that had been identified and actions taken to ensure these were implemented.
- The ratings from our previous inspection were displayed for people to see at the home and on the home's website. Our last inspection report was discussed at staff meetings and staff were involved in bringing about improvements.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- People, relatives and staff were positive about the leadership and management of the service.
- The registered manager was involved in all aspects of the day to day management of the service and demonstrated a good insight into the needs and challenges of the service.
- Staff were clear about their roles and responsibilities
- The registered manager understood their legal duties and sent notifications to CQC as required.
- The provider had a robust and comprehensive quality assurance system in place to monitor the quality of care and people's experience of the service. This included regular questionnaire surveys of people, their relatives and health and social care professionals who visited the service. This meant the registered manager was able to have an informed view of the quality of care that people experienced.
- The registered manager used information derived from the quality assurance system to drive improvement. For example, an analysis of incidents and staffing had resulted in a decision to recruit more casual staff rather than use agency; which in turn had led to an improvement in consistency for people.
- The provider shared information between services to enable them to learn from each other. This included reviews of internal and external incidents and the actions managers needed to take to ensure lessons were learnt and best practice was followed.

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

- The registered manager was passionate about good care and, together with the staff team, encouraged and supported people and their relatives to express their views about their experience of the service. People's views were listened to and acted upon. For example, staff had recognised the dining area was a high risk area for altercations between people and increased monitoring and supervision. The registered manager had ensured clear information was available in reception areas for people and visitors to understand the items that they could bring and items that were restricted.
- The registered manager displayed monthly 'you said, we did' posters detailing the responses and actions taken to feedback to improve the service.
- Staff were able to share their views individually, through staff meetings and surveys. The registered manager took action to resolve staff concerns. For example, they had discussed perceived staffing levels with staff and explained how this would fluctuate depending on the needs of people using the service. The registered manager had made improvements to staff training and induction as a result of staff feedback.
- The manager promoted positive team working and this was embedded in the staff team who spoke of respect and support for each other. This helped to ensure positive, effective communication between staff and consistency in the care and support provided.

Continuous learning and improving care

- The registered manager was committed to learning and improving on the service provided. They involved all staff in the development of the service; providing opportunities for staff to personally and professionally develop within their roles, such as further education.
- The registered manager developed actions plan from outcomes of quality assurance and used these to drive improvement within the service.
- Staff worked with a range of on-site health professionals who were able to offer timely advice, guidance and training. This helped to ensure the care and support provided was based on most recent best practice and guidance.

Working in partnership with others

- The service worked in partnership with a range of health and social care professionals to ensure people achieved the best possible outcome and were supported through a rehabilitation pathway as far as possible.
- People were supported to use local services and be a part of their local community.
- The registered manager had established links with local agencies, such as mental health teams and prisons, to raise awareness of the service and provide opportunities for people to engage with the service as part of their rehabilitation.