

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Redford Court

7 Birt Close, Toxteth, Liverpool, L8 7SZ

Tel: 01512808181

Date of Inspection: 30 July 2013

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2013

We inspected the following standards as part of a routine inspection. This is what we found:

Care and welfare of people who use services	✓	Met this standard
Cooperating with other providers	✓	Met this standard
Safeguarding people who use services from abuse	✓	Met this standard
Safety, availability and suitability of equipment	✓	Met this standard
Staffing	✓	Met this standard
Complaints	✓	Met this standard

Details about this location

Registered Provider	Brain Injury Rehabilitation Trust
Registered Manager	Ms. Kerri-Ann Tunstall
Overview of the service	Redford Court is located in a residential area of Liverpool. It provides support and accommodation for people with acquired/traumatic brain injury. It is run by the Brain Injury Rehabilitation Trust and has been developed in partnership with Riverside Housing Association.
Type of services	Care home service without nursing Rehabilitation services
Regulated activities	Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 30 July 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

We also reviewed other records held by the provider.

What people told us and what we found

During our visit we spoke in private with four of the people living at Redford Court and held a meeting with a further five people who lived there. We spoke with five members of staff individually and attended part of a meeting in which staff who held different roles discussed the support needs of some of the people living there.

People told us that they had received the support they had needed to meet their care and welfare needs and with their rehabilitation. This was confirmed in the care records we read and discussions we held with staff.

In addition to employing staff who held different professional qualifications, records showed that staff had worked with people living there and other professional's to meet people's needs and support them to plan for the future.

The people living at Redford Court told us that they had felt safe living there. They told us that they would have felt comfortable passing any concerns they had to staff and confident staff would support them with these.

We found that people had been provided with the equipment they had needed to support their mobility, personal care and independence. We found that checks had not been carried out on bed rails to ensure their safety. The provider dealt with this issue swiftly following our inspection.

People told us that they liked the staff team and had confidence that they were skilled in supporting them safely. Comments included, "I like them, we have a laugh", and "I can talk to them."

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Care and welfare of people who use services

✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

People told us they had received the support they had needed with their health, personal care and rehabilitation. They explained that they received support when they needed it, could choose when to get up and go to bed and had been able to choose when they wanted to have a bath / shower. One person explained, "I get my male carer" as they had chosen. People also confirmed that they had always received a swift response when they had used their call bell. The provider may find it useful to note that one person told us they would have found it aided their memory if staff had worn their name badges. Two other people we spoke with confirmed that they would have found this useful. During discussions people told us that they had been supported to be as independent as possible. For example one person told us, "I take my own prescription" and another, "They encourage us to look after our health."

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. Care records were comprehensive and up to date. They contained a series of support plans and assessments that gave guidance to staff on how to support people with their everyday lives including their personal and health care. Staff we spoke with were aware of this guidance and able to give clear explanations of the different types of support people had needed and preferred. Records showed people's general health and well-being had been regularly checked and monitored. They also showed that people had received input from a multidisciplinary team, (MDT) of health and social care professionals including physiotherapists, occupational therapists, psychologists and social workers. The assessment and planning of people's needs reduced the risk of people receiving unsafe or inappropriate care.

There were arrangements in place to deal with foreseeable emergencies. Over 80% of the staff team had received training in emergency aid. We were advised that all senior care staff held a first aid certificate and that there had always been an identified first aider on duty. In discussions with staff they were able to explain the actions they would take in the event of an emergency occurring.

People should get safe and coordinated care when they move between different services

Our judgement

The provider was meeting this standard.

People's health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in co-operation with others.

Reasons for our judgement

People told us that staff had supported them to make health appointments or had made them on their behalf and had always accompanied them to appointments when needed. One person explained that when they had needed to arrange to see a health or social care professional staff had arranged this, "Every time."

People's health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in co-operation with others. Clinical risk assessments were in place and were up to date.

During our visit we observed part of the weekly multi-disciplinary team (MDT) meeting. Feedback was provided from relevant professionals as well as information received from the person. We saw that prior to moving into Redford Court members of the team had visited the person and carried out a comprehensive assessment to ensure they could meet the person's needs. Staff provided an example of a joint planning meeting that had been held between the case manager and community staff in the person's home to ensure that their needs could be met.

We were told and records showed that regular meetings were held with advocates and people were encouraged to seek support. One person was in the process of obtaining a full financial review with the support of their advocate. This showed us that the provider was proactive in supporting people who used the services to be able to work with different people involved in their care and welfare.

Staff advised us that they had forms to send with people in the event that they needed an emergency admission to hospital. We saw a sample of this form which provided details of the person's needs in relation to their health and welfare.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse occurring.

Reasons for our judgement

People told us that they had felt safe living at Redford Court. Several people told us that if they had any concerns they would have raised them with staff, with one person explaining, "They sort it out."

Policies and procedures were available at Redford Court to provide guidance to staff in identifying and reporting any potential safeguarding adult's incidents that occurred. The provider responded appropriately to any allegation of abuse. A number of potential safeguarding incidents had occurred within Redford Court in the past year. The majority of these have been issues which occurred between the people living there. Our records showed the service identified and reported these to the appropriate authorities including the Care Quality Commission and Social Services Safeguarding teams for investigation. Staff had cooperated with other authorities in investigating these issues and in planning and implementing strategies to reduce future occurrences.

In discussion staff demonstrated that they had an awareness of safeguarding adults including signs and symptoms that may indicate an incident had occurred. They confirmed they had received training and that they would not hesitate to report any safeguarding issues that arose. We looked at a copy of the 2013 training plan for the home and this included providing several training sessions for staff in safeguarding adults. Records showed that over 80% of staff working in different roles within the home had undertaken training in this area.

People should be safe from harm from unsafe or unsuitable equipment

Our judgement

The provider was meeting this standard.

People were protected from unsafe or unsuitable equipment.

Reasons for our judgement

People told us that they had the equipment they needed to support them with their mobility and personal care. They said that in their view, staff knew how to use this equipment safely. One person explained, "Any problems they fix it straight away."

A member of staff explained that the manual handling training provided at Redford Court had included information on how to support individuals living there and how to use the specific equipment they had needed. Staff also told us that they had been able to obtain advice from resident physiotherapists and the rehabilitation co-ordinator regarding use of equipment. We looked at a copy of the 2013 training plan for the home and this included providing several training sessions for staff in moving and handling people. All care staff had received up to date training in moving and handling people and a high percentage of staff working within other roles in the home had also completed this training.

There was enough equipment to promote the independence and comfort of people who use the service. The environment at Redford Court had been designed to support people with their mobility. En-suite shower rooms were large with grab rails and adaptations provided for toilets when needed. Equipment including hoists, stand aids, shower chairs and shower trollies were also available. Light switches, door bells to enter bedrooms and electronic door openers had also been positioned so that people using a wheelchair could reach them. Overhead tracking had been fitted for use by people who needed it. A dedicated physiotherapy room had a variety of equipment to support people with their rehabilitation.

Staff knew how to access repairs and regular checks for peoples' wheelchairs and confirmed that repairs had always been arranged and carried out swiftly. Specialist beds and bedrails had been supplied to people by other agencies. Staff at Redford Court knew how to identify if a bed was not working correctly and how to arrange repair. Assessments for individual's use of bedrails had been carried out and staff told us that they had checked these regularly. However no assessment of the safety of the bed rails in line with national guidance had been carried out. Ill-fitting bed rails can present an entrapment risk to people. Since our inspection the manager has contacted us to advise that they have drafted an assessment and check that they intend to introduce. The manager has assured us that all bed rails were checked immediately following our inspection and most were found to meet current guidance. One bed rail set did not meet national standards and the manager assured us that they had contacted the suppliers and

had arranged for more suitable bed rails to be fitted.

We observed that equipment was used appropriately for the people living at Redford Court. For example people using wheelchairs had their footrests in place when needed and adapted cups had been provided for people to use as needed.

Records confirmed that regular contractor checks had been carried out on equipment to ensure it was safe to use. This included checks of the lift, portable electrical equipment and hoists and slings.

Staffing

✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

The people living at Redford Court told us that there had been enough staff to provide the support they had needed. They also told us that they liked the staff team. Their comments included, "I get my one to one support", "Staff are very nice and very good with you", and "They listen".

In discussion with staff they told us that there had been sufficient staff available to support the people living at Redford Court. Two members of staff explained that if there was a shortage of staff they had access to a bank of staff who knew the people living there and could also use agency staff if needed.

Staff told us that they had received the training they had needed to support the people living at Redford Court safely. One member of staff commented, "They are one of the best (organisations) for training."

There were enough qualified, skilled and experienced staff to meet people's needs. We looked at a sample of staff rotas and found that staffing levels set by the organisation had been maintained. Some people had funding for one to one staff support to be provided for a period of time. This had been recorded on the rota and we observed people receiving this support. We observed throughout the day that there were sufficient staff available to meet the support needs of the people living at Redford Court.

In addition to support staff the home also employed domestic staff including a cook and handyman. More specialist staff were also employed to support people with their rehabilitation. This included a clinical neuro-psychologist, assistant psychologists, physiotherapist and speech and language therapists.

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

People were given support by the provider to make a comment or complaint where they needed assistance. People told us that if they had any complaints they would have felt comfortable telling a member of the staff team. They explained that they had had regular private time with staff during which they could have raised concerns. One person explained, "I see (staff member) each week, I can tell them." They also explained that they had regular community meetings within the home during which they could raise complaints. Information on how to raise a concern or complaint had been provided to people via a brochure about the home.

In discussions with staff they displayed an awareness of their role in responding to any complaints or concerns raised with them. Care records contained evidence that a member of staff had regularly met with people individually and as part of that meeting had provided them with the opportunity to raise any concerns they may have had. We also saw minutes of community meetings, again people had been provided with the opportunity to raise any concerns they may have had.

We looked at records of complaints made to the home within the past year. These clearly recorded the complaint made and the outcome. Records showed that staff had met with the complainants to discuss their concerns and provide a solution. The provider may find it useful to note that no overall outcome letter had been sent to the complainants. This would help to ensure that the complainant was satisfied with the outcome and had written information on the action they could take if not satisfied.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

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