

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

Icanho Brain Injury Rehabilitation Centre

Chilton Way, Stowmarket, IP14 1SZ

Tel: 01449776102

Date of Inspection: 19 December 2013

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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
Cleanliness and infection control	✓	Met this standard
Requirements relating to workers	✓	Met this standard
Records	✓	Met this standard

Details about this location

Registered Provider	Livability Icanho Limited
Registered Manager	Ms. Diane Robinson
Overview of the service	<p>The service provides post acute specialist rehabilitation care for people with brain injury. People attend clinic appointments for treatment and advice from specialist practitioners usually for an average of eleven months. Support is also provided to relatives and carers to promote the rehabilitation process. The service is provided mainly for people over 18 years old.</p>
Type of services	<p>Community health care services - Nurses Agency only Rehabilitation services</p>
Regulated activities	<p>Personal care Treatment of disease, disorder or injury</p>

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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 19 December 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

We found that people had comprehensive assessment and consultation throughout their programme of care and that care was provided according to their needs. One person told us that, "I have had help to relearn how to communicate and staff help the whole family." There were clear detailed records maintained by all staff. We saw that records were shared with people so that they were aware of their plan of care and expected progress.

We found that the service was safe because the service was clean and there were appropriate arrangements to prevent cross infection. We saw that staff had all appropriate checks before commencing work. Staff also received a comprehensive induction programme. We saw there was a culture of using research to improve the service and of supporting other services through education and advisory activity.

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's needs were assessed and care and treatment was planned in line with their individual needs. We looked at three people's treatment records. Assessments covered the person's needs relating to physical, cognitive, communication, emotional, social and employment activity. There were details about the person's family context, and assessment included a home visit which enabled planning for the support needed in the person's home. The assessment was comprehensive and was clearly explained for people, and the family were involved at all stages. We observed staff supporting people in clinical areas and noted the continual personal feedback provided to people throughout to encourage development of movement and confidence. This meant that people's treatment plans were specific to their individual needs.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. People's care assessment included continual review of the physical and emotional adjustment of the person to their brain injury. This included their general health, sleep and appetite, and the person's level of anxiety. Plans were revised and detailed progress reports were discussed with the person regularly throughout the programme of support. This meant that plans for treatment reflected people's changing condition or needs.

We saw that there was continued use of innovative treatment and specialist advice was provided to other services to share best practice. We saw in people's records that specialist therapists made use of a wide range of research based assessment tools to support the detailed review of people's condition, the extent of brain injury and to indicate the support that may be required. We found that the service had been extended to offer acupuncture where this was felt it might support the person's progress or recovery. The addition of the service was fully approved by relevant authorities. This meant that people's care and treatment reflected relevant research and guidance.

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were cared for in a clean, hygienic environment.

Reasons for our judgement

We saw that the provider had clear policies and procedures for infection prevention and control (IPC). Staff also had access to a resource file with guidance about current best practice in infection control. We saw that there were designated staff with an interest and responsibility to cascade information about infection control. The provider may wish to note that not all staff had attended specific training or meetings about IPC in the year prior to our visit. We spoke with the manager about this and saw that there were plans to increase the frequency of training. There had been an infection control group meeting in November 2013 and training was planned for April 2014. This meant that the provider gave staff clear guidance on managing infection control issues.

We spoke with two members of staff. Staff were aware of cleanliness issues in clinical areas and we saw that there were appropriate cleaning materials available. The premises appeared visibly clean in all areas. General cleaning of the premises was recorded on weekly checklists which included cleaning of all public areas. There was a schedule for the cleaning of all office areas every 10 weeks in rotation and we saw that there had been action to clear offices of clutter to enable cleaning to take place.

We saw there were arrangements in place to prevent contamination of water supplies. Maintenance schedules included a programme of checking water temperatures at different outlets by maintenance contractors every six months. The provider may wish to note that there had been several incidents where water was not reaching the required temperature. The manager told us that more regular checks were being taken to ensure that water was at correct temperatures to prevent contamination by Legionella bacteria. We saw there was a regular flushing at all water outlets every three to four days and descaling of shower and spray taps undertaken by domestic staff. The manager showed us records of a meeting in the week prior to our visit where improved arrangements for testing of water were being planned. This meant the provider was protecting people by reducing the risk of contamination in the water supply.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

We spoke with three members of staff about the recruitment process. We found that there was a strictly followed process to ensure safe recruitment of specialist staff. Staff files seen included records of interview notes. We saw there was a procedure that was followed to ensure criminal records were checked for all employees. Potential employees had to provide employment references that were checked by the manager of the service. All professionally registered staff had their records checked annually to ensure appropriate registration with the professional body. This meant that staff had appropriate checks undertaken prior to employment.

Records

✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

We examined three sets of people's notes. We found very detailed notes about all aspects of people's condition, the assessments made and progress in their recovery. The records also showed the agreement of the person and involvement in the decisions about care and support and awareness of likely progress. There were clear records of all contacts with therapists and any review meetings where the team and the person discussed progress and next steps in their care. This meant that people's personal records including medical records were accurate and fit for purpose.

We examined records of management of the service. There were clear records of maintenance checks including fire alarm testing, extinguishers and operation of fire exits. There were clear records of infection control measures such as confirmation of cleaning duties. We saw there were accurate records of incidents, accidents and complaints. Administrative staff showed us the records of staff recruitment, induction and training. This meant that staff records and other records relevant to the management of the services were accurate and fit for purpose.

We saw there were appropriate security measures to keep personal records safe. People's records included very detailed personal information about their life and medical condition. We saw that the staff were very careful to lock records away in locked offices and lockable filing cabinets to ensure confidentiality. This meant that records were kept securely and could be located promptly when needed.

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.

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