Brain Injury Services Limited

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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

This inspection took place on 16 and 19 June 2017 and was announced to make sure there was someone available at the provider's offices. We last inspected this service January 2014 and found that the provider was meeting legal requirements.

Brain Injury Services Limited provide case management support for people affected by a brain injury and their families. The provider works with people and their families, legal representatives and healthcare professionals. They develop, deliver and monitor a package of care for people to meet their individual needs, support their rehabilitation, and provide for their care and support. At the time of the inspection, support was being provided for 48 people.

The service does not have a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 confirmed that the process to register as manager was in progress. We were able to confirm this with CQC registration team.

People had individualised risk assessments that gave guidance to staff on keeping them safe whilst supporting them in regaining their confidence and re-learning their daily life skills. People's safety was protected because staff were trained in safeguarding and knew how to keep people safe from avoidable harm. There was enough staff to safely meet people's needs and staff had received appropriate training to support their role. The provider had policies and procedures in place for the recruitment of new staff.

People were able to express their views and be actively involved in making decisions about their care. People were also involved in choosing the staff that delivered their care and support. Staff were knowledgeable about people's care needs and received specific training to meet these needs. They sought people's consent before providing care, and they understood the requirements of the Mental Capacity Act 2005. Staff demonstrated empathy and were caring and respectful whilst discussing their role with us about the people they supported. They also showed us that they were respectful of people's dignity and privacy. People's needs had been identified before they started to use the service, and were reviewed regularly. People were supported in a personalised way and they all had individualised support plans in place.

Staff said the management of the service was fair, transparent and approachable, staff meetings were regular, to discuss people's needs and discuss any changes to the organisation or the way they worked. Staff were able to contribute to the meetings and make suggestions. Staff received regular supervision which included group supervision as well as one to one meetings. Staff also told us that they could ring the manager at any time for additional supervision should they require it. Relatives said the management was very good; the manager was always available and, they would be happy to talk to them if they had any concerns. Staff were supported in their role and to take part in the development of the service. Regular

audits and surveys were carried out to monitor and manage the quality of the service.

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 was safe.

Staff were trained in safeguarding people and they knew how to keep people safe from avoidable harm.

There were enough staff to safely meet people's needs.

People had individualised risk assessments in place that gave guidance to staff on keeping them safe.

There were robust policies and procedures in place for the safe recruitment of staff.

Is the service effective?

Good

The service was effective.

Mental Capacity Act 2005 (MCA) assessments were completed as required and in line with legal requirements.

Staff were knowledgeable about people's support needs and received the training necessary to meet those needs.

People had access to health care professionals for regular check-ups as needed.

Staff had undertaken essential training and had formal personal development plans, such as one to one supervision.

Is the service caring?

Good

The service was caring.

Staff knew people well and had good relationships with them.
People were treated with respect and dignity.
Staff demonstrate empathy and were kind, caring and supportive.

People were supported to express their views and be actively involved in making decisions about their care.

Is the service responsive?

Good

The service were responsive.

People had access to the complaints procedure. They were able to tell us who they would talk to if they had any worries or concerns.

People were involved in making decisions with support from their relatives or best interest meetings were organised for people who were not able to make informed choices.

People received support which was personalised to reflect their needs, wishes and aspirations. Care records showed that a detailed assessment had taken place and that people were involved in the initial drawing up of their care plan.

Is the service well-led?

Good

The service was well-led.

Quality assurance systems were in place and the organisation was continuously looking at ways to improve processes.

The manager provided effective leadership to staff.

The provider carried out regular audits and surveys to monitor the quality of the service.

Brain Injury Services Ltd

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 16 and 19 June 2017. We gave the provider 48 hours' notice of our inspection because we needed to be sure there would be someone in the office when we arrived. The inspection was carried out by an inspector and an expert by experience who contacted people by telephone to gather their feedback about the service. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we reviewed the completed Provider Information Return (PIR) which the provider had sent to us. The PIR is a form that asks the provider to give some key information about the service such as, what the service does well and improvements they plan to make. We also reviewed information we held about the service such as notifications. A notification is information about important events which the provider is required to send us by law.

During the inspection process, we spoke with four people and two relatives of people who used the service to gain their feedback about the quality of care provided. We also spoke with five members of the support team which included registered nurses and the manager. Three health professionals who work alongside the service with people supported were also contacted and their feedback is included in the report.

We reviewed the care records and risk assessments of four people, and we looked at the recruitment and training records of four members of staff. We also reviewed information on how the quality of the service, including the handling of complaints, was monitored and managed.

Good

Is the service safe?

Our findings

People told us they received safe care and support. One person said, "Staff ensure I'm safe and support me well." A relative told us, "Always arrive on time, and know what to do, we have discussed how support should be offered to avoid any incidents." Another relative said, "I have no concerns about the safety element."

Staff received training on safeguarding adults. All staff confirmed this and knew who to contact if they needed to report abuse. They demonstrated a good understanding of different types of abuse, the signs that could indicate that people were at risk of possible harm, and the actions they would take in reporting abuse. Staff were confident any abuse or poor care practice would be quickly spotted and addressed immediately by any of the staff team. Policies and procedures on safeguarding were available in the office for staff to refer to if they needed.

Staff felt that people were safe in their care. One member of staff told us, "[People] are definitely safe using this service. If I didn't feel they were safe I wouldn't work here. I have never seen anything that caused concern to me and the staff are all very nice." Another member of staff said, "The service is very safe, when [issues] are reported they are dealt with and staff are very observant of people's needs. We report issues and follow them through." This explanation was followed by an example of an incident of concern that this member of staff had dealt with during her career. The action they took at the time was similar to what they told us they would do and a review of records confirmed this and other occasions where the provider had reported safeguarding related concerns accordingly. This showed us that staff's knowledge around safeguarding was not only theoretical, but they could put it into practice when required.

The provider had a whistleblowing policy that provided a way in which staff could report concerns without fear of the consequences of doing so. A member of staff told us, "We have a whistle blowing policy to report issues appropriately. We report to the manager or CQC and safeguarding, and the board of directors if necessary. I would whistle blow if I needed to." Another member of staff said, "Yes, I would report if I had concerns. I would report someone I know through the whistleblowing policy." These explanations told us that staff were aware of the provider's policy on whistle blowing.

Risks posed to people by the care and support they received had been assessed, and individual risk management plans put in place to reduce the potential for harm. For example, one person had risk assessments to manage risks associated with their day to day living and their household duties. The control measures for each of the identified risks were detailed, providing staff with guidance on supporting the person to be safe. People or their relatives where necessary, had been involved in developing these risk assessments which were reviewed annually or earlier, if people's needs changed, to ensure they were still current. Staff told us they had access to these risk assessments which were in people's homes, as well as the office. One member of staff said, "All our clients have risk assessments specific to their needs and are written in a way that is clear for everyone to read." We reviewed five people's risk assessments and found them to be up to date with evidence of regular reviews having taken place.

A system was in place to record accidents/incidents with actions taken to prevent them as far as possible. Accidents were recorded with information about what had happened, such as an unwitnessed fall or injury noted. The information recorded included action taken to prevent a further accident, such as a review of the environment risk assessment. Audits were carried out for the accident/incident forms to ensure sufficient information was recorded. Staff were aware of the need to report incidents and accidents to the CQC and local authority if it resulted in a serious injury.

People with an acquired brain injury may suffer from changes to their behaviours and staff received training to manage these safely. One staff member said, "We have people that can be frustrated and they can be challenging to us and other people but we are trained to de-escalate in a calm way." Another staff told us of the management systems for behaviours that may be challenging with the clinical psychologists which are reviewed regularly and changed if not effective. Staff were able to tell us of ways that they had managed challenging situations during their working day and how this was recorded and taken forward to the case manager. From these discussions we were assured that risk to people and staff were managed safely on a day to day basis.

Some people required support from staff to take their medicines. One person said, "I manage my tablets but sometimes need reminding." Another person said "They help me by reminding me." A member of staff said, "For some people we will ask them if they have taken their medicine which prompts them." They also said, "We don't have responsibility in dispensing or anything else, but if that did become a need we would receive training."

There were enough staff to safely meet people's needs. People told us that staff arrived on time and stayed for the agreed duration. One person told us, "Very reliable, if they (staff) are delayed they always ring and let us know." A relative confirmed that staff arrived on time. The manager had an overview of the visits and monitored for any missed or late visits. If any were found, these would be investigated and appropriate action taken as necessary. Staff also confirmed that there was a 15 minute leeway scheduled in their booked visits in case of accidents or travel conditions.

People were protected, as far as possible, by a safe recruitment system. Staff told us they had an interview before they started work, the provider obtained references and carried out a Disclosure & Barring Service check. We checked four staff records and saw that these were in place. Each file had a completed application form listing their work history as well as their skills and qualifications. Nurses all had an up to registration with the Nursing Midwifery Council (NMC).

Good

Is the service effective?

Our findings

People were satisfied with the support they received from staff. One person said, "I have support three times a week and the carers are very good." Another person said, "They are very polite, friendly and efficient" and "They help me with what I can't do. They are very good. I can't fault them.

People told us that staff had the right skills and knowledge to do the job. Staff were provided with training in a range of subjects relevant to their roles. Staff told us that their training helped them effectively carry out their roles. The manager confirmed that staff received training for each person they supported as it was provided to suit the persons' individual needs. The case management team therefore received specific training that was essential to that persons' support and care plan. The deputy for each person was responsible for paying for the training. A deputy is a person appointed by the court to manage a persons' financial and welfare needs if they are not able to manage it themselves. A member of staff said, "There is plenty of training on–line and face to face for some things such as tracheostomy care." Another member of staff told us, "We get training in safeguarding, supporting people with brain injuries, fire safety, moving and handling, dementia, epilepsy and medicine training. Some of our training like moving and handling is done face to face [classroom based], and we do have e-learning. One staff member told us of the training provided by the clinical psychologist that was very person specific to the person they supported. She said "Its excellent training because it includes how to manage behaviours that challenge in a really positive way for our client."

We reviewed staff's training records which confirmed what staff had told us. We saw that essential training was up to date. Specific training to meet the needs of the people the agency supported was provided, such as acquired brain injury, epilepsy, dementia training and training for mental health illness. Staff were also provided with the opportunity to acquire qualifications relevant to the health and social care industry such as health care qualification or Diplomas. Staff also completed training in line with the Care Certificate.

Staff told us they had received an induction when they started working for the provider. One member of staff said, "Yes I did have a full induction and training." A review of staff's personnel records confirmed that they had an induction at the start of their employment to the service. We found that there was a thorough staff induction programme in place, which all staff completed when they first started employment at the service. This included a focus on being welcomed to the Brain Injury Service and the history and philosophy behind the service. Some of the areas covered during induction included moving and handling, health and safety, infection control, safeguarding, Mental Capacity Act (MCA), behaviour awareness and equality and diversity. One member of staff said to us; "I was given lots of things to read initially and then did on line training. It was very good. I'm glad I was able to do all those things beforehand." We were also told that MCA refresher training was soon to be rolled out to staff, due to the complex needs of the support they provided. As staff were supporting specific people they received the training necessary for that person's identified need. One staff member said, "I have had really good training for my role. Anything that develops becomes a training session with the team so we all know how to respond and support the person."

Staff were regularly supervised in a formal one to one meeting with the management team. This was a way

of supporting them in their roles. A member of staff told us, "I have regular supervision. It is a good way of sharing experiences and of seeking support if we need it." Another member of staff confirmed what the first member of staff told us about having three monthly supervision meetings. They said, "Yes I have supervision every three months and appraisal of performance yearly, we also have group supervisions and I can also ring and have a supervision-like chat whenever I need to." Staff records confirmed this.

Most of the people who used the service were able to consent to their care and support. However, some people's health needs meant that they did not have the mental capacity to make decisions about some aspects of their care. Where required, their relatives and social care professionals were involved in ensuring that any decisions to provide care or support were made in the person's best interest, in line with the requirements of the Mental Capacity Act 2005 (MCA). The 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. Staff were able to tell us how important consent was to certain people they supported and how they managed people who sometimes would not take their medicines. To prompt or mention medicines caused one person to become agitated and anxious. A plan of reward was introduced by the clinical psychologist so that when the 'reward was taken from the jar, they knew that the medicines had been taken. This had meant that the person took their medicines without coercion or the need for covert administration.

The manager described the process when approached by an appointed deputy to work with a person. A senior case manager made an appointment to visit the person in their own home. At that meeting the manager explained how the service worked and that it was the person's choice if they wanted to do this. The person did not have to decide on the day. The deputy we spoke with after the visit confirmed this process. They said that the person was, 'Offered choices.' The deputy had attended regular meetings with the person who had stated that they were pleased with their case management.

Care plans included specific guidance for support workers and stated, "Always ask the person's permission before entering their room and giving support." The importance of this was made clear in the guidance and that failure to do this may trigger behaviours that could be challenging.

We were given examples where a person's behaviour had been identified as a risk to their health and well-being. This had involved discussion and negotiation with the person over a considerable period of time. We saw evidence of this work in the records and updates sent to their appointed deputy. We also saw that multi-disciplinary meetings were held to ensure that those involved were in agreement.

There was a consent policy in place that described the process prior to people's agreement to work with Brain Injury Services Limited. The policy included the need to consider the interests of people's family members as well as a person's mental capacity to make decisions.

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). There were currently no Deprivation of Liberty Safeguards (DoLS) required but staff had the knowledge and training of how to approach this if it should become necessary.

Some people were supported by staff to access health care services such as GPs, dentists, or to attend hospital appointments. Others had support from their relatives. A member of staff told us, "We support

clients with appointments to the GP and hospitals [for example]. [Person] had an appointment at the hospital the other day, staff updated the manager and all the team because the support plan was going to change. Some people ask us to come into the appointment and others ask us to stay outside and we respect that." People's care records contained information about their healthcare needs to provide guidance to staff on how to ensure that people had the right support and treatment if they became unwell.

Good

Is the service caring?

Our findings

People told us that the service was caring because staff were patient, kind and compassionate. One person said, "They understand me and are always happy and friendly." Another person told us, "Staff are all nice, they are never irritated or rude." A relative said, "[Relative] gets the same support worker as much as possible and it definitely helps." We were also told, "Excellent, no worries the team members are all empathetic and caring." A staff member told us that the caring and empathy from all staff made the service special to work for.

Due to the nature of the service we did not see staff interactions with people. However, from interviews with staff they demonstrated empathy for the people they supported. There was a strong commitment to supporting people and staff discussed how important it was to know the person well as it directed the support they gave. Staff told us of the different ways that they supported people both emotionally and health wise. They demonstrated a caring, person specific approach to each person they supported.

People told us that staff were respectful and protected people's privacy and dignity. Staff demonstrated a caring and compassionate attitude when we spoke with them. One of them told us, "It's a great job." Another one said, "Staff are matched to clients, they just don't take any staff on to fill the numbers, the staff have got to be right." The manager told us of how it was important that staff and clients work well together, examples were given of how this worked and of the positive impact it had on people's lives. We were able to confirm this by viewing records and talking to the staff member. We were unable to observe staff working directly with people, however, we were satisfied, based on feedback from people, their relatives and staff, that positive relationships had been developed and maintained by all parties.

People were able to express their views and be actively involved in making decisions about their care where they had capacity or wished to do so. One person told us that they gave staff guidance on how to care for them and had a direct say about how they wanted their support delivered. Where people could not express their views, they were supported by their relatives or professionals involved in their care. A review of people's care records showed evidence of their or their relatives' involvement in their care. Staff also understood the importance of supporting people to maintain their independence as much as possible. Such as observing appointments made for the future and only being involved if it was necessary. One staff member said, "I don't want to intervene unless it's necessary because of confusion, we support them to make the choices as it's part of regaining confidence and life skills." One person told us that they were involved in interviews for their own staff and felt that this empowered them. A relative also confirmed that they had been involved in choosing staff to support their relative. They said, "It's great to be involved, shows they respect and care for my relative."

Staff also told us that they protected people's privacy, dignity and rights, for example by making sure that support was provided in a respectful manner and people's consent sought before entering their home. One member of staff said, "We ask their permission before going into their homes, we knock on doors and some are able to answer. If we use keys from the safes, we announce our arrival when we enter." Staff told us of how they promote people's dignity when accessing the community. One staff member said, "We ensure that

they are dressed appropriately."

Staff were able to demonstrate their knowledge of people which satisfied us that they understood how people wanted to be supported. We then saw that this was reflected in the daily notes and care plans. People's care records had been stored securely to maintain confidentiality. Staff told us of the organisational policies they followed to ensure that people's private details were kept securely whilst out and about. This included text messages and emails used to the office.

Good

Is the service responsive?

Our findings

People told us that they got the support needed in the way they wanted it. One person said, "It fits in with my life and family." Another said, "This service gives me back my freedom to go out and do normal things again."

The service was responsive to people's needs and they took action to respond to any changes in their health, social well-being and their environment. People needs had been assessed before they started using the service. These assessment records covered areas such as people's history, their healthcare needs and medicines, their interests and hobbies, their care needs around mobility, communication, nutrition and personal care. They also identified the level of support people needed and formed the basis from which their care plans were developed.

People had care plans that were specific to their individual support needs and preferences. Staff demonstrated a good knowledge of people's support needs. Care plans were located both within the main offices, and people's homes. There was evidence that people, their relatives and relevant care professionals had been involved in planning and reviewing people's support plans. Two of the care plans we looked at were in need of review. These had been undertaken but not placed in to the main care plan. This was rectified immediately.

Where necessary, people were supported to move house and to follow their interests and hobbies. A person told us, "Staff support me when I need it." People's views were respected when planning community activities that they wanted to take part in and in choosing staff they wanted to be supported by. One relative spoke of planned holidays and trips out to theatre productions and said staff supported their relative to enjoy a normal life. The manager told us that people were invited to be involved in the recruitment of staff and joined the interview panel. People were also supported to make decisions about the staff that supported them. For example, if people wished to change the staff they worked with, this was respected. This was confirmed by a person who told us, "I choose the staff that support me, if we don't get on then staff are changed."

The provider had a complaints procedure and people told us they knew who to complain to if they had any concerns. People were provided with information about the service including the complaints procedure. Some of the people's relatives or social workers acted as their advocates to ensure that they understood the information given to them, and that they received the care they needed. The provider also worked closely with the local authority and other relevant bodies to ensure that people's support needs were being met. One person told us, "If I have a complaint I will tell my case manager." A relative told us, "I pick up the phone and it's always dealt with, bound to be grumbles but if it was serious I would write a letter, I have an address." Another relative said, "I would discuss it with the staff and then take it higher if I needed to, the manager is very approachable." A member of staff said, "We have a complaint system which I would support my client with, if it was about me, then I would give the family or the deputy the complaint procedure, luckily that would never happen." Records of complaints evidenced that the complaint procedure was followed and had been resolved to the complainants' satisfaction.

Good

Is the service well-led?

Our findings

People, relatives and health professionals told us that the service was well-led and very organised. One person told us "I think it's very good, the staff and office staff are very knowledgeable and helpful, I know I just have to pick up the phone and someone will help me." The service had a manager in post. They were supported by case managers, assistant case managers and office staff in providing leadership and support to all the staff. People and their relatives were complimentary in their comments about the manager and the staff team. A person told us the name of the manager and said, "The manager is very nice and is helpful." A relative told us, "I don't have any problems with contacting the service, always helpful and friendly."

Staff were also complimentary about the manager and the service. A member of staff said, "The service is well-managed. We can talk to the manager and she understands." Another member of staff told us, "[manager] is knowledgeable and very supportive."

The provider had a quality assurance system in place and quality audits were carried out on a regular basis. These quality audits focussed on areas such as timeliness of care visits, people's care records and risk assessments. Random 'spot checks' of staff working in people's home were also carried by the senior staff.

There were organisational policies in place to guide the staff. These were reviewed regularly and amended as necessary when there were changes to legislation or good practice. The lone worker policy was referred to in the staff induction and staff confirmed that they had read the policy. One staff member told us, "We are issued with a lone worker pack, this includes, basic first aid kit, alcohol gel, aprons and masks, identification badge, parking permits and personal alarms." This was supported by the organisational policy. The manager confirmed that the safety of staff and client was paramount, especially as they go out and about. All staff were trained in emergency first aid.

The provider carried out annual satisfaction surveys to gain feedback from people and their relatives about the quality of the service. The manager told us that feedback from these surveys was used to improve the quality of the service. We found that the survey for 2016 had been postponed due to management changes and they would be continuing the surveys for 2017.

Staff took part in the development of the service by attending team meetings where they could collectively discuss issues that affected the service and ways in which the service could be improved. There was evidence of team meetings being held at least bi-monthly. A member of staff told us, "Pretty regular and always very interesting."

The provider kept a record of compliments that were made about the service, staff and the care that they provided to people. These were shared with staff.