

Inspection report

Central Scotland Brain Injury Rehabilitation Unit Independent Health Care Service

Murdostoun Castle
Bonkle
Newmains
Wishaw ML2 9BY

Inspected by: Alan Hughes
(Care Commission Officer)

Type of inspection: Unannounced

Inspection completed on: 31 March 2009

Service Number

CS2003010557

Service name

Central Scotland Brain Injury Rehabilitation Unit

Service addressMurdoch Castle
Bonkle
Newmains
Wishaw ML2 9BY**Provider Number**

SP2003002125

Provider Name

Four Seasons Health Care Group

Inspected ByAlan Hughes
Care Commission Officer**Inspection Type**

Unannounced

Inspection Completed

31 March 2009

Period since last inspection

6 Months

Local Office AddressPrinces Gate
60 Castle Street
Hamilton
ML3 6BU

Introduction

Central Scotland Brain Injury Rehabilitation Unit is a single storey purpose built building providing an independent healthcare facility for up to 21 people in single room accommodation. The unit is well equipped, purpose built and provides a wide range of rehabilitation facilities. All bedrooms are single in nature.

The unit is located in the grounds of Murdostoun Castle on the outskirts of Bonkle. Due to its location the unit is not easily accessible by public transport. There are adequate parking facilities provided.

The Care Home was registered with the Care Commission in April 2002.

Based on the findings of this inspection the service has been awarded the following grades:

Quality of Information - 5 - Very Good

Quality of Care and Support - 5 - Very Good

Quality of Environment - 4 - Good

Quality of Staffing - 4 - Good

Quality of Management and Leadership - 5 - Very Good

This inspection report and grades represent the Care Commission's assessment of the quality of the areas of performance which were examined during this inspection.

Grades for this care service may change following other regulatory activity. Please refer to the care services register on the Care Commission's website (www.carecommission.com) for the most up-to-date grades for this service.

Basis of Report

Before the Inspection

The Annual Return

The service submitted a completed Annual Return as requested by the Care Commission.

The Self-Assessment Form

The service submitted a self-assessment form as requested by the Care Commission.

Views of service users

Service users who previously completed and returned Care Commission satisfaction questionnaires expressed 100% overall satisfaction with the quality of the service. 75% stated they were very satisfied and 25% stated that they were satisfied. During this inspection the CCO spoke to two service users. They agreed that the work being done to help them by all staff in the unit was very good. Staff were reported to be very friendly, hardworking and very skilled.

Regulation Support Assessment

The inspection plan for this service was decided after a Regulation Support Assessment (RSA) was carried out to determine the intensity of inspection necessary. The RSA is an assessment undertaken by the Care Commission Officer (CCO) which considers complaints activity, changes in the provision of the service, nature of notifications made to the Care Commission by the service (such as absence of a manager) and action taken upon

requirements. The CCO will also have considered how the service responded to situations and issues as part of the RSA.

This assessment resulted in this service receiving a low RSA score and so a low intensity inspection was required. The inspection was based on the relevant Inspection Focus Areas and associated National Care Standards, recommendations and requirements from previous inspections and complaints or other regulatory activity.

This service will receive a number of inspections over the year 08/09. This inspection was based upon requirements and recommendations made at the last inspection on 23 October 2008.

During the inspection process

Staff at inspection
Alan Hughes CCO

The inspection commenced at 09:30 hrs on 31 March 2009 and was completed on 31 March 2009 at 17:00 hrs.

Evidence

During the inspection evidence was gathered from a number of sources including:

- Questionnaires returned to the Care Commission
- Review of policies, procedures and records including:
- Staff training records
- Staff files
- Service Users personal plans
- Accident and Incident Records
- Complaints Log
- Staff Duty Rota
- Insurance Certificate
- Staffing Schedule.

An inspection of the internal and external environment was carried out.

In the absence of the manager the acting manager was interviewed.

The information obtained from all of the above was taken into account during the inspection process and has been reported on.

The inspection also took account of The Regulation of Care (Requirements as to Care Services) (Scotland) Regulations 2002 (SSI 2002/114)

Inspection Focus Areas and links to Quality Themes and Statements for 2008/09
Details of the inspection focus and associated Quality Themes to be used in inspecting each type of care service in 2008/09 and supporting inspection guidance, can be found at:
<http://www.carecommission.com/>

Fire Safety Issues

The Fire (Scotland) Act 2005 introduced new regulatory arrangements in respect of fire safety, on 1 October 2006. In terms of those arrangements, responsibility for enforcing the

statutory provisions in relation to fire safety now lies with the Fire and Rescue service for the area in which a care service is located. Accordingly, the Care Commission will no longer report on matters of fire safety as part of its regulatory function, but, where significant fire safety issues become apparent, will alert the relevant Fire and Rescue service to their existence in order that it may act as it considers appropriate. Further advice on your responsibilities is available at www.infoscotland.com/firelaw

Action taken on requirements since last Inspection

There were two requirements arising from the previous inspection.

1. The provider will develop and display a written complaints procedure that instructs the complainant how to lodge a complaint. This must include the name, address and contact number for the Care Commission.

This is in order to comply with SSI 2002 /114 Regulation 25(6) (a) & (b) – The written copy of the complaints procedure shall include – (a) the name and address of the Commission and (b) the procedure that has been notified by the Commission to the provider for the making of complaints to the Commission relating to the care service.

This had been addressed.

2. The provider is required to support care staff to access training appropriate to the role they are required to perform.

This is in order to comply with SSI 2002 /114 Regulation 13 (c)(i),(ii) – A provider shall having regard to the size and nature of the service, the statement of aims and objectives and the number and needs of the service user ensure that persons employed in the provision of the care service receive - (i) training appropriate to the work they are to perform and (ii) suitable assistance, including time off work, for the purpose of obtaining further qualifications appropriate to such work.

This requirement remained outstanding.

Comments on Self Assessment

A completed self evaluation document was submitted by the service.

View of Service Users

Service users who previously completed and returned Care Commission satisfaction questionnaires expressed 100% overall satisfaction with the quality of the service. 75% stated they were very satisfied and 25% stated that they were satisfied. During this inspection the CCO spoke to two service users. They agreed that the work being done to help them by all staff in the unit was very good. Staff were reported to be very friendly, hardworking and very skilled.

View of Carers

No carers were available for interview during this inspection.

Quality Theme 0: Quality of Information

Overall CCO Theme Grading: 5 - Very Good

Statement 1: We ensure that service users and carers participate in assessing and improving the quality of the information provided by the service.

Service Strengths

The underpinning operational principles were based on providing an individualised service which was built around the specific needs of the service user and carers, who were seen as an integral part of this ongoing process.

The provider issued referring agencies with surveys to assist with an organisational audit. A complaints and suggestions box was located at the main entrance to the service. Service users and families were fully involved and actively participated in the entire rehabilitation programme from initial pre- admission assessment right through to eventual planned discharge. Families and carers were also offered support and counselling services. Frequent reviews took place throughout the duration of each individual's placement. These involved service users, carers and all other relevant interested parties.

The provider had developed an organisational satisfaction questionnaire. Copies of these were publicly displayed and located beside the comments and suggestions box. Service user's bedrooms were provided with communication folders to help two way communications between staff and service users, carers and family.

The provider's complaints procedure now contained the contact details for the Care Commission.

Areas for Development

It was previously discussed with management that the provider's satisfaction questionnaire could be more effectively used. It was suggested that there may be a better response if copies were included in the information pack. Management had agreed to this and would forward completed questionnaires to the provider to allow them to analyse the comments and take action as necessary.

CCO Grading

5 - Very Good

Number of Requirements

0

Number of Recommendations

0

Statement 2: We provide full information on the services offered to current and prospective service users. The information will help service users to decide whether our service can meet their individual needs

Service Strengths

Management carried out a comprehensive assessment prior to any placement offer being made. Relatives and carers were also contacted and invited to take part in this assessment. At this stage management gave them the opportunity to discuss any issues.

The provider had produced a well presented service specific information brochure. Copies of this were made available to services users and carers. This information brochure contained a service user's handbook.

During placement regular meetings, reviews and one to one support took place involving all relevant parties. Goal agreements were produced and signed off by service users with carers actively involved in the entire process. Staff involved prepared a full report and this made available to relevant parties before the service users was discharged. Service user's rehabilitation records were very detailed and demonstrated the very effective multi disciplinary approach to care which was provided by this service.

Areas for Development

Management had previously suggested that developing other methods for providing information would benefit service users. This included using sound and visual aids. This remained as an area for development.

CCO Grading

5 - Very Good

Number of Requirements

0

Number of Recommendations

0

Quality Theme 1: Quality of Care and Support

Overall CCO Theme Grading: 5 - Very Good

Statement 1: We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service.

Service Strengths

Refer to 0.1

The success of the rehabilitation programme depended upon service users and their carers being able to actively contribute to the care that was planned and to agree to the targets that had been set. Care records showed that service users and carers were fully involved in all aspects of rehabilitation from pre-admission through to eventual planned discharge.

Areas for Development

Refer to 0.1

CCO Grading

5 - Very Good

Number of Requirements

0

Number of Recommendations

0

Statement 5: We ensure that our service keeps an accurate up-to-date, comprehensive care record of all aspects of service user care, support and treatment, which reflects individual service user healthcare needs. These records show how we meet service users' physical, psychological, emotional, social and spiritual needs at all times.

Service Strengths

Care plans contained very detailed multi disciplinary input with specific goals and timescales set and agreed. Staff from all relevant disciplines carried out detailed individual assessments. The care plans and programmes arising from these were fully implemented and followed through.

The care records accurately recorded progress that was being made. These records were very detailed and accurately maintained. Service users and carers were fully involved in all decisions relating to the care programme. The rehabilitation process also included support and practical assistance in dealing with social and welfare issues for both service users and carers.

Management was accessing training in person centred care planning for nursing and care staff. This was in response to the comments from the previous report that stated nursing care

plans were did not reflect the person centred approach to care that was clearly being carried out. It was noted that staff were now completing assessments for service users which covered topics such as, physical, emotional and spiritual needs.

Areas for Development

The nursing care plans did not have enough information about service user's likes dislikes and preferences. If this was developed the quality of experience of service users may improve, during periods of less intensive rehabilitation. This would include evenings and weekends. (see recommendation 1)

CCO Grading

5 - Very Good

Number of Requirements

0

Number of Recommendations

1

Quality Theme 2: Quality of Environment

Overall CCO Theme Grading: 4 - Good

Statement 1: We ensure that service users and carers participate in assessing and improving the quality of the service.

Service Strengths

Refer to 0.1

Management acknowledged all complaints received. They carried out an investigation and upon completion made a formal response to the complainant.

Areas for Development

Refer to 0.1

Complaints and suggestions were not being dealt with separately and complaints forms and suggestions were filed together. These are two different processes and should be dealt with entirely separately.

CCO Grading

5 - Very Good

Number of Requirements

0

Number of Recommendations

0

Statement 2: We are confident that the design, layout and facilities of our service support the safe and effective delivery of care and treatment.

Service Strengths

The unit was a purpose built single storey resource. It contained a wide range of facilities including a well equipped physiotherapy department, treatment room, consulting rooms, hydrotherapy and occupational therapy facilities. There was also a choice of lounge and dining room facilities for service users. There was also activity and recreational equipment available in the lounge areas. Service users were also encouraged to personalise their rooms.

Overall the environment was clean and satisfactorily maintained. There was excellent use of signage throughout and a wide range of specialist equipment was available.

There was a controlled entry and exit system and routine visiting hours were restricted in order to maximise the amount of protected time available for the individual rehabilitation programmes to be followed through.

Areas for Development

There were areas of minor paintwork and surface damage to wood finishes throughout the unit. Although bedrooms were individual in nature, there were no en-suite facilities available.

The grounds immediately around the unit were restricted. The area at the rear of the building was under developed and could be improved to be more service user friendly.

The occupational therapy training kitchen was not suitable for use by wheelchair dependant service users. Management advised that planned improvements for the kitchen were being considered by the provider. (see recommendation 2)

CCO Grading

4 - Good

Number of Requirements

0

Number of Recommendations

1

Quality Theme 3: Quality of Staffing

Overall CCO Theme Grading: 4 - Good

Statement 1: We ensure that service users and carers participate in assessing and improving the quality of staffing in the service.

Service Strengths

Refer to 0.1

As service users were at the core of the service delivery they were offered ample opportunity to comment upon the quality of staffing and the care that they were providing.

Areas for Development

Refer to 0.1

CCO Grading

5 - Very Good

Number of Requirements

0

Number of Recommendations

0

Statement 2: We are confident that our staff have been recruited, and inducted, in a safe and robust manner to protect service users and staff.

Service Strengths

There was a detailed recruitment policy in place which staff adhered to. All staff were required to sign a confidentiality clause upon commencement of employment. All staff files examined demonstrated that application forms were submitted, interviews held and appropriate references x 2 pursued.

All staff had Enhanced Disclosure Scotland (EDS) These were re-checked every three years, however this would be superseded in 2010 by a new "vetting and barring" alert scheme.

Staff induction records had been prepared for all new staff and an induction training programme had been devised which was relevant to various staff groups. The provider had developed and implemented a policy and procedure for staff supervision and appraisal. All staff were expected to undergo supervision on a 12 weekly basis. Management advised that staff groups were now receiving regular supervision.

A role specific training programme had been developed and this was being rolled out to all care and rehabilitation assistants. All staff also received mandatory training in areas such as fire safety, moving and handling and infection control.

Staff currently had their Disclosures re-checked every three years, however this would be superceded in 2010 by a new "vetting and barring" alert scheme.

Areas for Development

There was no indication that the provider had taken any action to support care assistants to access training to allow them to achieve a Scottish Social Services Council (SSSC) registerable qualification. (see requirement 1)

This is a repeat requirement and the Care Commission would expect to see progress on this at the next inspection.

There was no clear induction policy in place, to provide staff with guidance about supernumerary time and mentorship during induction periods. (see recommendation 3)

CCO Grading

4 - Good

Number of Requirements

1

Number of Recommendations

1

Quality Theme 4: Quality of Management and Leadership

Overall CCO Theme Grading: 5 - Very Good

Statement 1: We ensure that service users and carers participate in assessing and improving the quality of the management and leadership of the service.

Service Strengths

Refer to 0.1

As service users were at the core of the service delivery they were offered ample opportunity to comment upon the quality of their experience and the care that they were receiving.

Areas for Development

Refer to 0.1

CCO Grading

5 - Very Good

Number of Requirements

0

Number of Recommendations

0

Statement 2: We involve our workforce in determining the direction and future objectives of the service.

Service Strengths

An in house training programme had been developed by staff and management in the service and staff training records were maintained. The CCO was advised that management actively encouraged and supported staff development opportunities.

Regular audits were carried out on many aspects of the service including medication, health and safety, clinical issues, and equipment maintenance. Staff meetings were held regularly and were reported to be well attended. There was a set format for the minutes which identified necessary actions, persons responsible and timescales. Agendas were detailed and covered organisational issues such as budget. Staff had previously said that they were well informed, involved and encouraged to express their views and make suggestions.

Areas for Development

The provider had not developed an organisational learning and development plan to support and add to the good work being done through the internal learning and development programme. (see recommendation 4)

CCO Grading

5 - Very Good

Number of Requirements

0

Number of Recommendations

1

Regulations / Principles

National Care Standards

Enforcement

There has been no enforcement action against this service since the last inspection.

Other Information

There were six recommendations arising since the previous inspection

1. The provider should explore development opportunities to increase nursing and care staff understanding and awareness of person centred planning. (National Care Standard: Independent Hospitals: Standard 10.10: Staff)

This was being addressed through sourcing training opportunities.

2. Nursing care planning documentation should be further developed to reflect a person centred approach to the provision of care for each service user. (National Care Standard: Independent Hospitals: Standard 5: Planning Your Care)

This recommendation remained outstanding, although this was being considered along with the above recommendation. (see recommendation 1)

3. All complaints should be recorded, acknowledged, investigated and a formal response provided to the complainant in respect of the outcome. (National Care Standards Independent Hospitals: Standard 9.2 Expressing Your Views)

This had been addressed.

4. The occupational training therapy should be adapted to offer a facility that is suitable for use by wheelchair dependant service users. (National Care Standards Independent Hospitals: Standard 15: Your Environment)

This recommendation remained outstanding, although there was ongoing planning meetings to discuss this issue. (see recommendation 2)

5. The provider should develop and implement a robust induction procedure which satisfactorily addresses the induction needs of all groups of staff. (National Care Standards Independent Hospitals: Standard 10.7: Staff)

This recommendation remained outstanding. (see recommendation 3)

6. The provider should develop a supervision procedure and provide appropriate documentation and training to enable this process to be implemented. (National Care Standards Independent Hospitals: Standard 10.9: Staff)

This recommendation had been addressed.

Requirements

1. The provider is required to support care staff to access training appropriate to the role they are required to perform.

This is in order to comply with SSI 2002 /114 Regulation 13 (c)(i),(ii) - A provider shall having regard to the size and nature of the service, the statement of aims and objectives and the number and needs of the service user ensure that persons employed in the provision of the care service receive - (i) training appropriate to the work they are to perform.

and

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(ii) suitable assistance, including time off work, for the purpose of obtaining further qualifications appropriate to such work.

Timescale: 6 months from publication of this report.

Recommendations

1. Nursing staff should continue to develop the care plans to reflect a person centred approach to each service user holistic needs. They should use the information obtained from the assessments carried out, to inform the care plans. (National Care Standard: Independent Hospitals: Standard 5: Planning Your Care)
2. The provider should adapt the occupational training therapy so that it is suitable for use by wheelchair dependant service users. (National Care Standards Independent Hospitals: Standard 15: Your Environment)
3. The provider should develop and implement a detailed policy for staff induction. This should clearly identify supernumerary time, the induction process and mentorship arrangements. (National Care Standards Independent Hospitals: Standard 10.6: Staff)
4. The provider should develop an implement an organisational learning and development plan, which management can use to support the good education and training taking place at local level. (National Care Standards Independent Hospitals: Standard 10: Staff)

Alan Hughes
Care Commission Officer