

# Lomond and West Dunbartonshire Brain Injury Project Housing Support Service

Cairnmhoir Resource Centre  
Joint Hospital  
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Dumbarton  
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Telephone: 01389-737-020

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**Service provided by:**  
West Dunbartonshire Council

**Service provider number:**  
SP2003003383

**Care service number:**  
CS2004077081

## About the service

Lomond and West Dunbartonshire Brain Injury Project is a service provided to adults in the West Dunbartonshire area where a diagnosis of acquired brain injury, (ABI), is the primary issue affecting their quality of life. The Acquired Brain Injury Service, as it is usually known, is operated by NHS staff and social work staff employed by West Dunbartonshire Health and Social Care Partnership. The service employs two social worker staff, (one is the registered manager), a support worker and a part-time Consultant Neuropsychologist. The service also provides placements for social work students.

The service's website states that:

"The service provides community based assessment and rehabilitation for brain injured individuals and their families. To facilitate individuals smooth transition between hospital and community, where necessary by improving services and the knowledge and understanding of acquired brain injury among service users, carers and professionals.

We support anyone over the age of 16 years old who lives within West Dunbartonshire and who has received a brain injury which is the main issue affecting their quality of life. The referral pathway is easy and we take referrals from hospitals, GPs, family members or from service users themselves." (Accessed from <http://www.wdhscp.org.uk/adults-with-disabilities/acquired-brain-injury/acquired-brain-injury-service/> on 14/02/17).

A definition of Acquired Brain Injury, (ABI), as used by the service, is detailed below to assist readers of this report:

"The definition of Acquired Brain Injury (ABI) describes a condition which is acquired after birth (from 5 years old) and can apply to any age. It is non-progressive and caused by various traumas to the brain.

Typically, this could be due to damage to brain tissue after:

- road traffic accidents
- assaults
- falls
- industrial accidents
- sporting accidents
- poisoning
- viral infections to the brain
- neurosurgery
- damage to blood vessels in the brain. "

(Accessed from <http://www.wdhscp.org.uk/adults-with-disabilities/acquired-brain-injury/acquired-brain-injury-service/> on 14/02/17).

The service was providing support to 34 people at the time of this inspection. Some people required support infrequently whilst others required support at more regular intervals.

## What people told us

For this inspection we received views from 14 out of 34 people who were using the service. Of these, 11 people who used the service shared their views through returned completed care standards questionnaires. Seven people strongly agreed and four people agreed that they were happy with the quality of care and support from the service. We also met with three service users individually in their own homes when accompanied by relatives or care staff.

Feedback from service users and carer/relatives about the quality of the service was consistently very positive.

Comments, (paraphrased), from people that we received questionnaires from or spoke with included:

"I get support every week. We do all different tasks reading, cooking, walking. I enjoy it very much. (Anon staff member) is very caring and helpful. If I need things changed or more support they (staff) always keep in touch." (service user).

"The Aquired Brain Injury team have helped me enormously." (service user).

"The service that my relative receives we are very happy with. (Anon staff member) is a very good support and works very well with my relative. The social worker will do anything for us that will meet our needs." (relative of service user).

## Self assessment

The self-assessment clearly identified some key areas that the provider believed can be improved and showed how the service intended to do this. The provider told us how the people who used the care service had taken part in the self-assessment process and how their feedback directed the development of their plans for improving the service.

## From this inspection we graded this service as:

<b>Quality of care and support</b>	6 - Excellent
<b>Quality of staffing</b>	not assessed
<b>Quality of management and leadership</b>	6 - Excellent

## What the service does well

The service and staff were highly valued by service users and carers. As noted at previous inspections, we concluded that this provider was operating a dynamic, expert service which put people affected by Acquired Brain Injury, (ABI), at the core of what it does.

People who used the service told us that they were always included in decisions about their care. Support was well structured and well recorded in care records. We found that the quality of participation and inclusion demonstrated in the service was excellent and this view was shared by the people we spoke with during our inspection.

There was a well established independent service user group, BIEN (Brain Injury Experience Network), which had

contributed to co-production methods of service working, including service development, throughout the past 10 years. Carers were represented on the local ABI Managed Care Network, a forum where members provided feedback on their work to the third and independent sectors.

Recent participation included service users co-producing and presenting information about ABI at the Neuropsychological Rehabilitation World Conference in 2016. Staff and service users also worked closely in raising awareness of acquired brain injury (ABI) and in supporting survivors of brain injury, their families and carers. .

People that we spoke with were able to share examples of how support from the service had led to improved outcomes for them over both the short and longer term. Examples included rehabilitation related to activities of daily living such as cooking and reading, social and physical activities such as art & music groups, gym sessions, walking and swimming. Carers and service users told us that having long-term support from staff that knew their needs, (sometimes over many years), was very important to them and in maximising their potential for improvement. People also told us that this helped in others areas of their lives such as improved confidence and greater engagement with other people, social networks and local communities.

Staff that we met were extremely well motivated and well qualified in the field of Acquired Brain Injury. Recent examples of person-centred staff training included frontline staff delivering low intensity psychological interventions and attaining qualifications in visual rehabilitation. The Consultant Neuropsychologist was part of a working group which was investigating the relationship between brain Injury and offending. This was another example of the service involving itself in a new areas of research and practical support for people with ABI.

Staff in the service had significant involvement in professional and community networks. They were very active in promoting community participation and service user involvement in the design of services for ABI across West Dunbartonshire. There was also excellent involvement at a national and strategic level that allowed staff, service users and carers to be involved in the shaping, planning and delivery of services for people with acquired brain injury.

The service and service users benefitted from a close-knit team that had strong leadership. Staff also told us they had an excellent balance of peer support and the freedom to plan work independently on a day-to-day basis.

## What the service could do better

Any areas for improvement in this report are based on a foundation of major strengths. The provider had very good insight and was very able to identify areas for improvement in the service. This was done with the full participation of service users and carers.

Social work staff employed in the service also had a council officer role in relation to conducting adult protection investigations. This was carried out very well. We suggested that when adult protection concerns related to people who were supported by the ABI service that these concerns should be notified to the Care Inspectorate at the same time as other agencies were informed.

## Requirements

**Number of requirements:** 0

## Recommendations

Number of recommendations: 0

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

## Inspection and grading history

Date	Type	Gradings
18 Mar 2015	Announced (short notice)	Care and support 6 - Excellent Environment Not assessed Staffing 6 - Excellent Management and leadership 5 - Very good
11 Oct 2013	Announced (short notice)	Care and support 6 - Excellent Environment Not assessed Staffing 6 - Excellent Management and leadership 5 - Very good
31 Aug 2011	Unannounced	Care and support 6 - Excellent Environment Not assessed Staffing Not assessed Management and leadership 5 - Very good
7 May 2009	Announced	Care and support 6 - Excellent Environment Not assessed Staffing 5 - Very good Management and leadership 5 - Very good

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