

Hunters Moor Neurorehabilitation Centre for the West Midlands - The Olive Carter Unit

Quality Report

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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

Mental Health Act responsibilities and Mental Capacity Act and Deprivation of Liberty Safeguards

We include our assessment of the provider's compliance with the Mental Capacity Act and, where relevant, Mental Health Act in our overall inspection of the service.

We do not give a rating for Mental Capacity Act or Mental Health Act, however we do use our findings to determine the overall rating for the service.

Further information about findings in relation to the Mental Capacity Act and Mental Health Act can be found later in this report.

Overall summary

- We carried out this unannounced focused inspection on the 3rd November 2017. This was to establish whether the provider had met the requirement notices served following our comprehensive inspection in September 2016. During the focused inspection we looked at three domains, safe, caring and well-led, these domains are where the requirement notices were issued. Following our

Summary of findings

inspection in September 2016, we had rated the service as good for effective and responsive. Since that inspection, we have received no information that would cause us to re-inspect these key questions.

- The service had made improvements in response to the requirement notices. As this was a follow up inspection the service was not re-rated as not all of the domains were inspected.
- The service met the breach of regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014. They had taken action to record when non-prescribed medication was administered to patients on medicine administration charts. Staff completed weekly spot checks and an external

pharmacist attended to complete audits. The medicine fridge was kept in good order and fridge temperatures were monitored. Information on how to reset the fridge was available to staff. They were aware of how to reset the fridge temperature if required. The service had taken action and met the breaches of regulation 9 of the Health and Social Care Act (Regulated Activities) Regulations 2014. The service had implemented changes that meant patients were involved in the planning of their care. Staff completed care plans with patients, copies of care plans were offered to them. Care plans were holistic and included patients' strengths, weaknesses and preferences.

Summary of findings

Contents

Summary of this inspection

	Page
Background to Hunters Moor Neurorehabilitation Centre for the West Midlands - The Olive Carter Unit	5
Our inspection team	5
Why we carried out this inspection	5
How we carried out this inspection	6
What people who use the service say	6
The five questions we ask about services and what we found	7

Detailed findings from this inspection

Mental Health Act responsibilities	9
Mental Capacity Act and Deprivation of Liberty Safeguards	9

Olive Carter Unit

Services we looked at Services for people with acquired brain injury.

Summary of this inspection

Background to Hunters Moor Neurorehabilitation Centre for the West Midlands - The Olive Carter Unit

- The Olive Carter Unit is part of Hunters Moor Residential Services limited and is in a residential area of Birmingham. The unit specialises in neurobehavioral rehabilitation for men and women over the age of 18 years old with challenging behaviours. This includes those whose rights are restricted under the Mental Health Act. The unit provides services for up to ten patients and as a specialist challenging behaviour unit, patients come from a very wide geographical area. The admission criteria identified individuals with severe challenging behaviour or mental disorder.
- The unit has been registered with the Care Quality Commission since 11 January 2011 to carry out the following regulated activities:
- Treatment of disease disorder or injury
- Assessment or medical treatment for persons detained under the Mental Health Act 1983
- Diagnostic and screening procedures
- The last inspection was on 27-28 September 2016. This inspection identified that the provider was in breach of regulation 9 person centred care and regulation 12 Safe care and treatment, Health and Social Care Act 2008 (regulated activities) Regulations 2014.
- On the day of the inspection, there were six patients in total at the unit; three detained under the Mental Health Act 1983 and one under Deprivation of Liberty Safeguards.
- Since the last inspection, the service had a new registered manager who had been in post from April 2017.

Our inspection team

The team that inspected the service comprised three CQC mental health hospital inspectors and a pharmacist specialist advisor.

Why we carried out this inspection

We undertook this inspection to find out whether the Olive Carter Unit had made improvements since our last comprehensive inspection of the service on 27-28 September 2016.

When we last inspected the Olive Carter Unit, we rated it as **requires improvement** overall. We rated the core service as inadequate for safe, requires improvement for caring and well led, and good for effective and responsive.

Following the comprehensive inspection in September 2016, we told the provider that it must take the following actions to improve;

The provider must:

- The provider MUST ensure all patients' own medication is labelled and has the correct amended expiry dates on insulin vials.
- The provider MUST ensure that all patient own medication administered to the patient is recorded on the medicine administration chart.
- The provider MUST ensure that staff are trained in monitoring the temperature of the refrigerator and are clear on what actions to take if temperatures are above the safe limit.
- The provider MUST ensure that the fridge is not over stocked, which prevent the fan from circulating cool air. The provider MUST ensure care plans show the involvement of patients and reflects their preferences.

Summary of this inspection

- The provider MUST ensure that care plans reflect whether patients' has been offered and given a copy of their care plan

The provider was in breach of the following regulations;

Regulation 12 HSCA 2008 (Regulated Activities)
Regulations 2014 Safe care and treatment.

Regulation 9 HSCA 2008 (Regulated Activities)
Regulations 2014 Person centred care.

We also told the provider that it should take the following actions to improve:

The provider should:

- The provider should ensure that all staff including bank staff completes mandatory training and induction in a timely manner.
- The provider should ensure that all bank staff completes deprivation of liberty safeguard and Mental Capacity Act training.
- The provider should ensure outcomes of the Second Opinion Appointed Doctor (SOAD) are communicated to the patient and documented.
- The provider should display information about the role of the Care Quality Commissions role in reviewing complaints.

How we carried out this inspection

To fully understand the experience of people who use services, we always ask the following five questions of every service and provider:

- Is it safe
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

Before the inspection, we reviewed information that we held about the Oliver Carter Unit. This information suggested that the ratings of good for effective and responsive that we made following our September 2016

inspection, were still valid. Therefore, during this inspection, we focused on those issues that had caused us to rate the service as requires improvement for safe, caring and well led.

During the inspection visit, the inspection team:

- spoke with six staff members qualified and unqualified and including the registered manager
- spoke with two patients.
- looked at six patient treatment records
- looked at 12 care plans
- looked at other documents relating to the running of the service.

What people who use the service say

During this inspection, we spoke with two patients, who said they were happy at the service.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

- The service had addressed the previous issues from the inspection in September 2016.
- In September 2016, we found some management of medicines was not safe. There were issues around patients receiving non-prescribed medication that was not documented in the medicine administration records. Non-prescribed medication did not include the patient's name. The fridge in the clinic room was overstocked and the temperature was above the normal range. Not all staff were aware of how to reset the fridge. Overall, mandatory training and induction for bank and agency staff was below 75%. When we visited in November 2017, the service had taken action to ensure staff recorded when non-prescribed medication was administered on medicine administration charts. Staff completed weekly spot checks of the medicine charts and medication and an external pharmacist attended to complete audits. Staff managed storage of medication according to guidelines. The medicine fridge was kept in good order and fridge temperatures were monitored. Information on how to reset the fridge was available to staff. They were aware of how to reset the fridge temperature if required. Induction and training for all staff including bank and agency staff had increased from 75% to 91%.

Are services effective?

- At the last inspection in September 2016, we rated effective as **good**. Since that inspection, we have received no information that would cause us to re-inspect this key question.
- However:
- At the last inspection, we recommended that the service should ensure bank and agency staff received training on the Mental Capacity Act. We found that the service had taken action to address this and the training statistics increased to 91%.

Are services caring?

- The service had addressed the previous issues from the inspection in September 2016.
- In September 2016, we found care plans were recovery orientated but not all showed patient participation. Most care plans were signed but patients were not offered a copy of their plan. Patients were not routinely invited to multi-disciplinary

Summary of this inspection

team meetings therefore, not fully involved in discussions about their care. When we visited in November 2017, the service had implemented changes that meant patients were involved in the planning of their care. Staff completed care plans with patients, copies of care plans were offered and staff documented patients' response. Care plans were holistic and included patients' strengths, weaknesses and preferences.

Are services responsive?

- At the last inspection in September 2016, we rated responsive as **good**. Since that inspection, we have received no information that would cause us to re-inspect this key question.

Are services well-led?

- The service had addressed the previous issues from the inspection in September 2016.
- In September 2016, we found that the systems and processes around assurance were not robust enough as audits did not identify the issues with non-prescribed medication not being recorded. No action was taken to resolve the increased temperature of the fridge in the clinic room. Patients were not completely involved in their care and care reviews. When we visited in November 2017, the service had taken action implemented changes. Staff and external agencies completed regular medication audits. Managers had implemented systems and processes for staff to follow when administering and documenting use of non-prescribed medication. Managers had identified staff champions to support other staff with the implementation of the new medication monitoring systems. They also supported staff with involvement in audits of care plans and to action outcomes of audits.
- Overall, mandatory training completion rates for all staff had increased to 91%.

Detailed findings from this inspection

Mental Health Act responsibilities

We do not rate responsibilities under the Mental Health Act 1983. We use our findings as a determiner in reaching an overall judgement about the Provider.

At the time of this inspection, there were three detained patients at the Olive Carter Unit.

Mental Capacity Act and Deprivation of Liberty Safeguards

One patient was under the deprivation of liberty safeguards.

Services for people with acquired brain injury

Safe	
Effective	
Caring	
Responsive	
Well-led	

Summary of findings

- Following our inspection in September 2016, we rated the services as good for effective and responsive. Since that inspection, we have received no information that would cause us to re-inspect these key questions.
- The service had made improvements in response to the issues found at the previous inspection on the 27 and 28 September 2016.
- The service met the breach of regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014. They had taken action to record when non-prescribed medication was administered to patients on medicine administration charts. Staff completed weekly spot checks and an external pharmacist attended to complete audits. The medicine fridge was kept in good order and fridge temperatures were monitored. Information on how to reset the fridge was available to staff. They were aware of how to reset the fridge temperature if required. The service had taken action and met the breaches of regulation 9 of the Health and Social Care Act (Regulated Activities) Regulations 2014. The service had implemented changes that meant patients were involved in the planning of their care. Staff completed care plans with patients, copies of care plans were offered to them. Care plans were holistic and included patients' strengths, weaknesses and preferences.

Are services for people with acquired brain injury safe?

Safe staffing

- Establishment levels for the unit for qualified nurses were eight, which included the unit lead. The establishment levels for rehabilitation assistants was 12, six point five full time staff covered the night shift with an additional five bank staff. The registered manager said there was two vacancies for qualified nurses, one post was recently filled. There were no vacancies for rehabilitation assistants and one rehabilitation assistant was on long-term sick leave. On the day of our inspection, the unit had two agency workers on shift who had not worked many shifts on the unit. The registered manager stated there had been problems with sickness and absences within the service. This had been managed through the services sickness policy and procedures.
- At the last inspection, we recommend the service should ensure all staff including bank and agency staff should complete induction and mandatory training, in a timely manner. In the recent inspection in November 2017, we found that overall mandatory training for all staff had increased from 75% to 91%. The service used agency staff provided through a company who were a managing authority for agencies. They audited staffs training therefore ensuring the service had a good skill mix of agency staff when required. One of the agency staff said they had received training through the agency and the service had provided an induction. The manager explained as part of the induction and prior to working on the unit new agency staff attended two shifts. During this time, they shadowed other staff and became familiar with the service and patients. The induction for staff employed by the service was a period of four days and was to increase to five days.

Services for people with acquired brain injury

Assessing and managing risk to clients and staff

- At our last inspection on the 27 and 28 September 2016, we found the fridge in the clinic room was left unlocked and over stocked. This blocked the fan, causing an increase in the fridge temperature. Staff recorded temperatures above 16 degrees up to and including the day of the inspection. However, they were unable to show us how to reset the fridge. Therefore, it remained at 16 degrees. This meant that medicines in the fridge would not be fit for purpose or safe for patient use. On the recent inspection of the 3 November 2017, we saw staff recorded fridge temperatures in a log. We found that the fridge temperature had been recorded as within normal range of between two and eight degrees. Staff understood how to reset the fridge. Instructions for resetting the temperature were on the fridge, but maximum or minimum temperatures had not been outside of the normal range in recent months. The fridge was locked and at the time of our inspection, it was empty. One of the agency staff on shift said they had received information on fridge temperatures and how to reset it. The staff induction also included training on fridge temperatures and how to reset the fridge.
- The previous inspection identified that staff did not document the administration of non-prescribed medication on the Medicine Administration Records. Non-prescribed medicines are medicines that are available over the counter at pharmacies. This includes medication for headaches, colds or occasional pain. Staff did not document the patients' name on the boxes and there were no notes on the medicine administration records. This meant staff were unable to identify who had taken medication and when. This could have led to patients being administered too much medication and was unsafe practice. On the Inspection of November 2017, we found that staff completed record sheets provided by the service for the administration of non-prescribed medication. We looked at six patient, medicine administration records; all the medicine administration records had Initials in place against medication administered up to 3 November 2017. The non-prescribed medication also included information on doses and cautions. Medication audits were completed twice weekly by an external pharmacist. The unit manager also completed a weekly spot check and weekly and monthly audits.

Are services for people with acquired brain injury effective? (for example, treatment is effective)

Adherence to the Mental Health Act and the Mental Health Act Code of Practice

- At the time of our inspection, the service had six inpatients. Three were subject to treatment orders under section three of the Mental Health Act and two were informal.
- The inspection in September 2016, found the service had not displayed information on the role of the CQC and complaints from detained patients. The service resolved this. At the inspection in November 2017, information for detained patients was contained within patient information leaflets explaining the role of the CQC and was readily available.

Good practice in applying the Mental Capacity Act

- At the inspection on the 27 and 28 September 2016, we told the provider they should provide Mental Capacity Act training for bank staff. We viewed staff and bank staff training records, this included, Mental Capacity Act. At the time of our inspection, the training statistics for the service was 91% completion rate. The registered manager told us all staff were receiving additional sessions on the Mental Capacity Act and Deprivation of Liberty Safeguards in addition to eLearning. The service, were in the process of moving towards face-to-face training with a view to replacing e learning. Catering and domestic staff would get level one training in the Mental Capacity Act, qualified staff level two to three. Rehabilitation assistants would receive level two. All staff involved in training others would have level four training as they would need to be trained one level above the training they were delivering.
- At the time of our inspection, one patient was subject to a Deprivation of Liberty Safeguard.

Are services for people with acquired brain injury caring?

Kindness, dignity, respect and support

Services for people with acquired brain injury

- We observed staff being polite and courteous towards patients. Staff were visible and present in communal areas. One patient told us they were happy at the unit and felt they were getting on well with staff.

The involvement of clients in the care they receive

- At our inspection of the service on the 27 and 28 September 2016, care plans we looked at were not goal orientated and at times prescriptive and showed little evidence of patient participation. Care plans were not signed and there were no documented explanations for this. There was no clear statement to show whether care plans had been offered to patients. Since the last inspection, the service had made improvements in this area. We looked at 12 patient care plans. We found various care plans in place for a range of needs such as use of the remote control, insomnia, emotional needs and nutrition. The care plans we looked at were up to date and of a good standard. They were personalised, holistic and included patient's views. When setting goals staff completed this with the patient if, they were able to do so. Staff told us that goal setting was completed with patients. Where staff completed the goal setting information, within the document it was evident they had a good understanding of the patient and their needs. They also included patient's strengths and weaknesses. Out of the 12 care plans we looked at, four were not signed. However, staff had documented reasons why. Staff also documented reasons why patients did not have a copy of their plan, such as "Offered but refused". We viewed the care plan audits. Staff and managers audited all care plans. This included spot checks.
- The multi-disciplinary team meetings happened every two weeks and patients were invited to attend. We spoke to one of the patients who told us they were aware of their care plan. They proceeded to tell us how they were working towards their discharge from the service. We saw the patient had signed all the care plans pertaining to their needs.

Are services for people with acquired brain injury responsive to people's needs?

(for example, to feedback?)

Not inspected at this inspection.

Are services for people with acquired brain injury well-led?

Good governance

- When we inspected the service in September 2016, we found audits were completed for medication management. However, there were issues with non-prescribed medication not being recorded when administered to patients. This was not identified in the medication audits. Some medication that required storage in the fridge was over ordered therefore the fridge was overcrowded which increased the temperature. This meant that patients were at an increased risk of receiving medication that was not otherwise kept at the correct temperature.
- Not all staff including bank and agency staff had completed overall mandatory training and induction in to the service. This also included level one of the Mental Capacity Act training.
- In the recent inspection in November 2017, we found the service involved staff in audits and had champions for each area such as medication, infection control and patient involvement. The service also employed a pharmacy that attended twice a week to complete medication audits. Any issues were reported to the unit lead and registered manager. The unit lead completed weekly spot checks and a monthly audit. This approach helped the service to improve the monitoring of medication and reduce errors such as over ordering of medication. Outcomes from the audits were fed into the services integrated governance framework. The champions worked with other staff on the action points identified.
- Staff had a better understanding of how to reset the fridge if it was above the normal range.
- Training completion rates had increased to 91% across the service this included bank staff.

Commitment to quality improvement and innovation

- In August 2017, the service received an accreditation from headway after previously failing their inspection. The service improved from an inadequate rating to excellent.
- The service received 100% on the NHS safety thermometer, safe from harm in August 2017.