Hunters Moor Residential Services Limited

# Hunters Moor Neurorehabilitation Centre for the West Midlands - The Janet Barnes Unit

## 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 |
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# Summary of findings

## Overall summary

About the service
Hunters Moor Neurorehabilitation Centre for the West Midlands – The Janet Barnes Unit, (JBU) provides personal and nursing care to people with neurological conditions, brain injuries and complex physical rehabilitation needs. The service accommodates up to 28 people in one purpose-built building. On the day of the inspection the unit was catering for 26 people.

People's experience of using this service:
At our last inspection The Janet Barnes unit (JBU) had one breach of regulation relating to staffing. This was because rehabilitation staff did not have regular staff supervision. At this inspection we found improvements had been made and were on-going and the service was no longer in breach of regulations.

People were positive about their experiences at the service and were very complimentary about the different staff teams who supported them. Staff understood how to keep people safe from harm or abuse. Staff had a good understanding of risks to people and how to minimise those risks. Whilst risks were managed safely, some additional information was needed to guide staff. Staff supported people to take their medicines safely and the home was clean and well maintained. Staff levels were planned in response to people's needs so that there were enough staff with the specialist skills to support people safely. People had consistent access to on-site therapists who provided specialist support to aid people's recovery and independence.

Progress was evident in supporting staff with their development and training. Staff demonstrated good knowledge of the Mental Capacity Act 2005. People were supported to have maximum choice and control of their lives and care staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. There were consistent arrangements in place to support people's health needs. Staff supported people to have enough to eat and drink so they would remain well. People had access to a spacious, well equipped and adapted facility to meet their needs.

People described staff as caring and supportive. There was a positive focus on people's well-being where people had been supported in creative ways. People were involved in planning their care and staff were responsive to their needs. Care plans were detailed and reflected people's needs and preferences, further work was being planned to make these more accessible to people and person-centred. There was a positive and enabling culture in which staff supported people to promote their abilities.

The service was well-led with positive feedback from people and staff about the supportive management style. Quality assurance systems were in place and being improved. We identified some gaps in monitoring aspects of the service which were addressed at the time of inspection.

Rating at last inspection: Good. Report published 15 July 2016.

Why we inspected: This was a scheduled inspection based on the previous rating.

Follow up:
We will continue to monitor the service though the information we receive.
For more details, please see the full report which is on the CQC website at www.cqc.org.uk

## The five questions we ask about services and what we found

We always ask the following five questions of services.

| | |
|---|---|
| **Is the service safe?**<br>The service was safe<br>Details are in our Safe findings below. | Good |
| **Is the service effective?**<br>The service was effective<br>Details are in our Effective findings below. | Good |
| **Is the service caring?**<br>The service was caring<br>Details are in our Caring findings below. | Good |
| **Is the service responsive?**<br>The service was responsive<br>Details are in our Responsive findings below. | Good |
| **Is the service well-led?**<br>The service was well-led<br>Details are in our Well-Led findings below. | Good |

# Hunters Moor Neurorehabilitation Centre for the West Midlands - The Janet Barnes Unit

**Detailed findings**

## Background to this inspection

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

Inspection team:
This inspection was carried out by two inspectors, and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise is people with brain injury and learning disabilities.

Service and service type:
Hunters Moor Neurorehabilitation Centre for the West Midlands – The Janet Barnes Unit is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service accommodates up to 28 people in one purpose-built building. There were 26 people receiving a service on the day of the inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the

provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:
The inspection was unannounced.

What we did:
Prior to the inspection, we reviewed the information we had received about the service since the last inspection. This included statutory notifications sent to us by the provider. A notification is information about important events which the provider is required to tell us about by law. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection, we spoke with five people who used the service and three relatives. Some people who used the service were not able to speak to us about their care experiences. We used a tool called the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We also spoke with the registered manager, three nurses, the consultant, and 12 staff members; including clinicians, nurses, rehabilitation assistants, chef and maintenance person. We reviewed the care records of four people. We looked at three recruitment files, training and supervision schedules, accident, incident and safeguarding records. We looked at medicine records for seven people, and records relating to the management of the service, such as complaint logs, providers audits and meeting minutes.

Good

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and had no concerns about their safety when with staff or people they lived with. People said staff promoted their safety. A person said, "Some people can lash out, but things are put in place to prevent future occurrences. It is a really good place". Another person told us how they had confidence in staff skill; they said, "Yes, I have the support of staff; I'm well protected."
- Staff had been trained and knew how to protect people from harm or abuse. They showed a good understanding of the different types of abuse people might be subjected to and how to raise concerns. A staff member said, "I would report it straight away to my manager and outside [appropriate external agencies] if we need to".
- Appropriate safeguarding referrals had been made to the local authority. Records showed alerts were timely. Safeguarding concerns had been reviewed and we saw action had been taken to improve people's safety. For example, an incident had resulted in closer supervision to protect a person's safety.

Assessing risk, safety monitoring and management

- There was a clear process for identifying risks to people's safety. Expectation meetings were held shortly after a person was admitted to the service which enabled the person, their family and the onsite professionals such as physiotherapists, occupational therapists, speech and language and nurses to help identify if additional support could be provided to people to reduce risks.
- Management plans were in place to reduce risks related to people's physical health needs. For example, the use of suction equipment to clear people's airways, pressure relief, the use of specific limb splints to reduce the risk of harm or pain, and how to support people's posture when eating and drinking. Staff were knowledgeable about how to manage these risks.
- Multi-disciplinary meetings were held to discuss and explore the best way to manage risks to people's safety.
- Where people had, due to their medical condition, experienced behavioural changes, staff confirmed they had training in how to respond to behaviours and strategies were in place. injury
- Further information was needed in a couple of risk assessments such as the frequency of positional changes for people at risk of developing pressure sores. In addition, there was no monitoring system in place for a risk related to a person's water consumption or a Missing Person's procedure. These were discussed with the registered manager who took immediate action to improve the risk assessments and confirmed after the inspection they had implemented a Missing Persons procedure.
- Regular safety checks had been carried out on the environment and on the equipment used but had not identified that the fire risk assessment and fire drill was overdue. These were rectified post inspection.
- Emergency plans were in place to ensure people were supported in the event of a fire.

Staffing and recruitment

● People and their relatives consistently told us that there were enough staff to meet people's needs. One service user said, "Everyone's needs are different, but there are enough staff to meet people's needs". We heard examples of how staffing levels had improved people's quality of life; a relative said "At a different service, rehabilitation did not exist. When [person] came here they were in a wheelchair leaning over, now they are sitting up - brilliant. [person] can take steps, physios are brilliant, and rehabilitation staff are very good".

● Staffing levels had been kept under review and had increased to ensure people who needed additional one to one support had this in place. We saw this was in place and enabled staff to focus on people's support needs.

● The provider had increased the therapist team with access to additional specialisms such as speech and language therapists and a dietician which helped people to continue with the input they needed regarding their rehabilitation.

● Results of the providers staff survey in March 2019 showed staffing levels needed to improve. During this inspection staff told us this had been addressed and they were happy with the current staffing levels. One staff member said, "Manager listens and has taken on board our comments; it is so much better now as we have more time to support people".

● We observed that staff were present and available to support people's needs. People were at different stages of their recovery and we saw they were supported by a different range of staff; nurses, rehabilitation assistants and therapy staff, ensuring people had the staff with the skills to support them safely.

● The provider's recruitment processes were followed, and we saw from staff records that relevant pre-employment checks were completed before staff started to work with people. There was a pro-active approach to recruitment with new links forged with the local recruitment agency. A new role had been introduced to focus on recruitment and the maintenance of recruitment documents. The recruitment lead had identified where recruitment documents needed improvements and was acting on this. The use of agency staff had been significantly reduced.

Using medicines safely

● People told us they were happy with the arrangements for managing their medicines. One person said, "I get my meds after I get up, then after lunch. If you are going out in an evening you can get your medicine at an appropriate time. Staff remind me what I am taking my medicines for, I can forget."

● Medicines were managed safely. We saw they were stored securely and administered to people as the times they needed, in the way that was suited to them.

● Staff had been trained to administer medication and their competency was assessed.

● Nurses completed daily checks on the balance of medicines and medication administration which enabled nurses to identify an error quickly and act on these.

● Where people required medicines to be given to them 'as required' there was guidance in place which instructed staff on when these medicines might be needed. Some people were prescribed medicines to be administered in a specific way for example via a tube into their stomach. We saw written guidance was in place to do this safely. Risk management plans were clear as to how nurses should administer medicines to people at risk of aspiration due to poor swallow reflexes, these included specialist advice from the speech and language team.

Preventing and controlling infection

● The premises were clean and hygienic. Domestic and housekeeping staff worked shifts up to 8pm which helped to maintain cleanliness standards.

● Staff understood their responsibility in relation to infection control and we saw that they wore personal protective equipment (gloves and aprons) when they moved between different care tasks. Effective infection

control audits were undertaken on a regular basis.

Learning lessons when things go wrong

● Systems were in place to review accidents and incidents and lessons had been learned because of this. For example, we saw the provider had Rectified pharmacy errors and introduced a new protocol to advise nurses of the sequence to follow if errors were picked up.

● Our review of a recent incident identified the need for further work in respect of risk management. As a result of sharing this with the registered manager we saw post inspection, that pre admission information will now identify where immediate risk management care plans are needed. This will include an 'At risk of going missing' guidance form. In addition, the registered manager has implemented a 'Missing Person's ' procedure.

Good

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

At the previous inspection in March 2016, the registered provider was in breach of regulations in relation to staffing. Rehabilitation assistants had not received regular supervision to help support them in carrying out their duties effectively. During this inspection we found improvements had been made and were on-going.

Staff support: induction, training, skills and experience

- Rehabilitation assistants [RA's] told us they felt well supported. One RA said, "If we've got any concerns any of the therapy team or nurses are there to speak to, we do get a lot of support and guidance, I'm really happy." Although the frequency of planned supervision varied, we saw a schedule was in place to achieve improved consistency and records showed this was being monitored. Clinical and therapy staff told us they had regular supervision and access to a clinical lead to support their practice.
- The registered manager had reviewed and improved access to training. Training sessions were scheduled and taking place for two weeks of every month so that all staff could attend for new and refresher training. A range of relevant training such as catheter care, epilepsy, Huntington's disease and brain injury training had been undertaken.
- RA's gave positive feedback about access to additional training provided by the therapy team. This included guidance on understanding specific medical conditions, such as Locked in syndrome training and Huntington's Disease. Theory and practical guidance on positioning people in bed, posture in chairs, splinting people's limbs to prevent harm or pain and moving people safely with a range of equipment was also evident. A competency tool was used to assess RA's could support people's complex physical needs effectively.
- Records showed that annual appraisals had not taken place for all staff. Post inspection, the registered manager advised us that a schedule was now in place and being monitored to address these gaps.

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutritional risks were fully assessed and managed with specialist input from the on-site speech and language therapist, [SALT] and dietician. We saw RA's following people's support plans appropriately. Plans included the measures to take when people required feeding via a percutaneous endoscopic gastrostomy, [PEG]. A medical procedure in which a tube (PEG tube) is passed into a patient's stomach through the abdominal wall, most commonly to provide a means of feeding when oral intake is not adequate. An RA told us, "We know who needs specific help with their posture when eating and drinking, and about not moving people during PEG feeds".
- People were supported to have enough to eat and drink, were happy with the meal choices and described the quality of the meals as good. One person said ""Very Good and drinks available."
- There were good arrangements to support people to take part in shopping and cooking as part of their recovery programme. One person said, "I buy food in and keep it in a fridge or freezer in my room, I cook it in

the kitchen myself for more independence. The therapy kitchen now makes me more independent."
● Staff monitored people's fluid intake where this was needed to avoid dehydration.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● Staff worked with health and social care professionals to provide effective care to people. On-site therapy teams provided the specialist care people needed to manage their medical condition.
● People's rehabilitation needs were supported, for example exercise programmes to use in the gym, cooking sessions in the training kitchen, and psychological support to manage their feelings.
● Information regarding people's changing health needs was shared during shift handovers, and multi-disciplinary meetings, [MDT's]. Staff from the various disciplines who attended MDT's told us this enabled them to share information and look at the best approach to support a person's needs.

Adapting service, design, decoration to meet people's needs
● There was a full range of rooms and equipment to support people with physiotherapy. These were spacious to accommodate the mobility aids people needed. Areas were signposted to support people to find their way around.
● People's rooms were personalised with their own possessions and outside space with seating was easily accessed.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, this is through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. We found that the service was working within these principles.
● Staff sought consent before providing care. Staff explained, "We always explain and then seek consent, if people refuse we accept that".
● Capacity assessments were in place where people were deemed to lack the capacity to make decisions. However, we found this process was not always consistent. For example, there was no MCA for a best interest decision made that restricted a person. Following discussion with the registered manager action was taken to ensure if decisions were made on a person's behalf, these included an MCA.
● Staff had undertaken training and understood the principles of the MCA.
● We saw that where people were identified as needing their liberty restricted, an application to deprive their liberty had been made and people were supported in line with their DoLS.

Good

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives were positive about the staff. They told us staff were kind and caring. A person said, "They [staff] treat us like a member of their own family, they are here for us, the manager is really good, the RA's are all good; they work really hard and do a good job." A relative told us, "I think they are wonderful, their attitude; you can tell they enjoy their job and always seem cheery".
- We saw staff were respectful in all their interactions with people. They showed insight into the difficulties people may experience with a brain injury such as frustration, confusion or anxiety. We saw staff were patient and spent time encouraging people to communicate. A relative told us how their family member had in previous placements become frustrated, "Because no one took the time to understand, but here they do".
- People's communication needs were assessed, and we saw various communication aids were used to assist people to communicate. For example, we saw RA's encouraging a person to use hand signals to indicate their choices. People had access to a variety of communication boards/pictures and electronic aids to help reduce barriers. A visitor told us how the therapy input had improved a person's speech, they said, "Just started to use words-think because he gets more interaction here".
- People told us all staff were respectful of their feelings of anxiety. A person described how they had opportunities to discuss their feelings in a supportive way and help to create a 'self sooth box' and told us how the contents of this helped them to relax.
- Staff demonstrated a good understanding of equality and diversity and we saw for example people were supported to follow their religious beliefs. The service had a Lesbian, Gay, Bisexual, Transgender, [LGBT] working party and were corroborating with them to ensure people using the service were supported to express their sexuality.

Supporting people to express their views and be involved in making decisions about their care

- People were able to make choices about their care. One person told us, "I'm always involved and have been supported with my decisions even when staff might advise against it".
- A person told us, "On my first day here I was welcomed by all the staff teams; everyone was so nice and respectful and asked me what I wanted out of this".
- There were several platforms to support people's involvement in care planning and decision making. Family meetings and expectation meetings as well as 1:1 sessions and reviews helped people to express what they wanted, such as setting personal goals, developing their independence, discussing their well-being and their daily activities.
- People said they were given time and support to make decisions about their care. A person told us, "Staff ask how you are, organise trips, remind you well in advance about appointments, not left to the last minute."
- Advocacy services were known and could be made available to people to support them in decision

making/representing their views.

Respecting and promoting people's privacy, dignity and independence

● Relatives described good quality and compassionate care. Compliments read, "By providing a positive environment; [name] now not crying all day, never engaged with family members, now we have conversations". They went on to say how their family member was making, "Sounds and movements to engage with staff which in previous placements they had not". Another compliment read, "Thanking you all for the rehabilitation; you do a fantastic job, in my heart I know [name] will not fully recover, but thanks for being part of this journey".

● Staff treated people with dignity and respect. We saw staff ensured that people's privacy was protected when delivering personal care. In addition, therapy sessions took place in individual treatment rooms.

● People spoke positively about how their independence was supported and praised the therapy teams for their input. We saw good teamwork and communication existed between the therapy teams with different team members focusing on different aspects of people's needs. For example, promoting people's posture, mobility, communication, physical strength, and emotional well-being.

● People had opportunities to practice their skills by carrying out daily tasks such as making drinks, doing laundry and shopping. A training kitchen enabled people to re-develop their cooking skills.

● People's personal information and care records were kept securely.

Good

# Is the service responsive?

## Our findings

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

● People were involved in developing their care plan so that their individual needs and preferences were known. Care plans were detailed and comprehensive to include the therapeutic support people needed. As such, they were lengthy documents and not in an easy read format. People did not have a copy of their plan but told us they knew they could access and read them if they wanted to. The registered manager advised us they were looking at ways to combine nursing and therapy plans whilst retaining a person-centred approach.
● People received care that was personal to them. For example, in response to a person's sensory needs they had been supported to move bedrooms and re-arrange their furniture to create a 'low arousal' environment which was more calming to them.
● There was a personalised approach to supporting people with their mental health and emotional well-being. People confirmed their emotional needs and levels of anxiety were well responded to. One person said, "Whenever there's been a problem there has always been someone to talk to and help me sort it out". We saw specific equipment was purchased to help anxiety, such as weighted blankets, tapestries on ceilings and lava lamps, all with the aim of calming people's anxiety. Some people had 'breathing CD's' to listen to aid their sleep.
● Staff promoted people's choices and control. For example, they had supported a person to become an Ambassador for the service. This involved participating on interview panels and attending some staff training events to share their perspective. There were plans to increase the number of Ambassadors which in turn would help facilitate relearning for people who have experienced a brain injury and lost skills.
● People were supported to follow their interests. One person told us about a musical festival they had attended. We saw there had been a comprehensive plan put in place with the person to enable them to go camping and enjoy themselves. Another avid football supporter had been to a premier league game. Relatives told us about family events people had attended with the support of staff.
● There were activity organisers and a schedule of planned activities for people to join in. These ranged from games, quizzes and crafts. A mini bus was available which enabled people to visit places of interest. A person said, "On Wednesday we do different activities, we may go outside to a garden centre, we have a choice of where we go, can choose meals or lunches, bowling or cinema."

Improving care quality in response to complaints or concerns
● People were aware of how to make a complaint and were confident this would be addressed. One person said, "I have had the procedure explained and confident it would get sorted."
● Records showed that complaints had been investigated and responded to.

End of life care and support
● Links with the local hospice were in place to commence end of life [EOL] training for staff, with the aim of developing EOL champions to share expertise and knowledge.

● The importance of identifying people's choices and preferences was evident and included a focus on people's comfort needs, pain management and dignity. We saw a very personalised approach which included pictorial images of how the environment could be managed to provide personal comfort and calmness. People's last wishes had been captured.
● Training for nurses had already been organised to ensure they had the necessary skills to manage the administration of anticipatory medicines for people's pain management.

Good

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- This is the first inspection of the Janet Barnes unit [JBU] since it registered as a nursing home in 2017. It deregistered as an independent hospital as it no longer carries out diagnostic & screening procedures.
- A new registered manager had been in place since October 2018. We heard consistently from staff about the improvements she had made; staff talked about improved morale, better communication and direction, more supportive atmosphere and a more responsive culture. A staff member said, " She listens, acts, values us, she's approachable and she gets things done".
- There was a clear structure to the management team with clear roles and responsibilities. We saw the registered manager had identified where they wanted to make improvements and had an action plan to make these.
- Staff told us they enjoyed their work and that there was good cross team working so that everyone knew how to contribute to a person's care.
- Staff told us they felt able to raise any concerns or issues, and were clear about their roles and responsibilities including the whistle-blowing process.
- People told us they were very happy that the new registered manager was supportive, visible around the home and available when needed. A person said, "Absolutely, she stays late in the evenings walks around and always has time for us and visiting families."
- Where there had been staff performance issues, we saw the registered manager had followed appropriate procedures to address these concerns.
- The provider had acted on their duty of candour. There was an open and transparent culture within the service that meant that incidents and concerns were investigated, shared and an apology offered.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- A range of systems were used to monitor and evaluate the quality and safety of the service provided and action taken where improvements were needed. However, these audits had not picked up some aspects of the service that we identified. For example, the fire risk assessment was overdue, certificates related to service of the fire alarm were not available, the fire drill was overdue and there was no 'grab' folder to access people's evacuation plans in the event of a fire. In addition, although checks were undertaken on safety to include the use of bed rails and window restrictors, these were not included on the providers audits. After our inspection, the registered manager sent us confirmation that these issues had been addressed, and added to their audit tool for on-going monitoring.

● The registered manager had put systems in place to implement and monitor staff training, staff supervision and care plans. Progress in these areas was evident. Staffing levels had been increased as a result of monitoring people's dependency levels. Staff reported this had a positive effect on care delivery.
● The registered manager worked across all shifts and had a good overview of people's needs, standards of care and staff performance. She had an inclusive style, for example had arranged staff meetings on a rota basis during the night so that all staff could attend.
● Regulatory requirements had been met; the registered manager provided us with notifications about important events and incidents that occurred at the home.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others
● Links had been made with an external organisation to look at creative ways of gaining feedback about the service from people who had complex needs.
● Various functions and events during the year were held where relatives were invited, which enabled them to provide informal feedback.
● The service worked well with several other agencies such as the local authority safeguarding teams and hospitals to facilitate people's rehabilitation needs. They liaised with solicitors, and specialist organisations to help achieve good outcomes for people.

Continuous learning and improving care
● The provider had worked proactively with other services to ensure people received the best care possible. They had recognition of their achievements via awards from other specialist services which showed their commitment to developing best practice.