Brain Injury Rehabilitation Trust

Thomas Edward Mitton House

Inspection report

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Date of inspection visit:
27 March 2018

Date of publication:
18 May 2018

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?	Outstanding
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 27 March 2018 and was unannounced.

At our last inspection, on 18 February 2016 the service was rated Good. At this inspection, we found the service remained Good in Safe, Effective, Caring and Well-Led. The service had progressed to Outstanding in Responsive, giving an overall rating of Good.

Thomas Edward Mitton House is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Thomas Edward Mitton House provides a service for people with an acquired brain injury, neurological conditions and strokes in order for them to gain their independence and return to live a life in the community. They may also have other associated complex cognitive impairments. There were 12 people living at the service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People's needs were comprehensively assessed and intervention and treatment plans gave clear guidance on how people were to be supported. The whole focus of people's care was individual to each person and focused on promoting their independence and meeting their rehabilitation needs. A highly skilled, multi-disciplinary staff group, who whose ethos centred around the person or each individual, provided the support for this. Staff used innovative ways to support people to move forward, adapting these when their needs changed and working to overcome any barriers. Staff and the management team were exceptional at empowering people to have as much control over their lives as possible and to achieve their maximum potential.

Staff were dedicated and passionate about working at the service and there was an embedded culture and ethos within the staff team that was open, encouraging and empowering. Staff were openly proud to work for the service and wanted it to be the very best it could be. Staff and the management team were very committed to their work and faced up to any challenges and used these to improve the support for people using the service.

People continued to receive safe care. Staff had received training to enable them to recognise signs and symptoms of abuse and felt confident in how to report them. Potential risks to people had been identified, and plans implemented to enable people to take positive risks and to live as safely and independently as possible. Effective recruitment processes were in place and followed by the service and there were enough

staff to meet people's needs. People received their medicines safely and as prescribed.

Staff were trained in infection control, and had the appropriate personal protective equipment to perform their roles safely. The service was clean and tidy, and regular cleaning took place to ensure the prevention of the spread of infection. There were arrangements in place for the service to make sure that action was taken and lessons learned when things went wrong, to improve safety across the service

People's needs and choices were assessed and their care provided in line with up to date guidance and best practice. Staff received a robust induction at the start of their employment and went on to receive regular training. This was based upon best practice in acquired brain injury, which provided them with the knowledge and skills to meet people's needs in a holistic and person centred manner.

People received enough to eat and drink and staff gave support when required. People were supported by staff to use and access a wide variety of other services and health professionals. The staff had a good knowledge of other services available to people and we saw these had been involved with supporting people using the service. Staff worked closely with other professionals within the multi-disciplinary team to ensure people's health and well-being needs were fully met and to ensure that where possible, any rehabilitation goals were met.

Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA) and they gained people's consent before providing personal care. People's consent was gained before any care was provided. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were fully involved in the planning of their care and felt included in discussions, being able to have their say at each step of the way. Staff listened and respected people's views about the way they wanted their care, treatment and rehabilitation to be delivered. Staff were passionate about their work and driven by a desire to provide high quality care. Staff were flexible and adaptable, ensuring that people participated in their own care and achieved their full potential, helping them to lead a meaningful life.

Within the staff team, there was a strong understanding of people's interests and preferences and the team worked to provide care that was tailored to people's individual rehabilitation. There was strong leadership that put people first and set high expectations for staff. There was a quality monitoring system in place to enable checks of the service provided to people and to ensure people were able to express their views so improvements could be made. There was a high level of satisfaction with the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service remain safe.

Is the service effective?

Good

The service remained effective.

Is the service caring?

Good

The service remained caring.

Is the service responsive?

Outstanding ☆

The service was very responsive.

People's care was based around their individual rehabilitation needs and aspirations and was planned proactively in partnership with them. Staff gave excellent support to people so they could achieve their rehabilitation goals and gain optimum independence.

People's care and support needs were kept under continual review and the service was very flexible and extremely responsive to people's individual needs and preferences. People experienced very positive outcomes as a result of the service they received and gave us outstanding feedback about their care and support.

There had been no formal complaints received by the provider in the last 12 months and people told us they had no concerns about the service.

Is the service well-led?

Good

The service remained Well-Led.

Thomas Edward Mitton House

Detailed findings

Background to this inspection

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

This inspection took place on 27 March 2018 and was unannounced. One inspector carried out the inspection.

Before the inspection, we reviewed the information we held about the service. We looked at information provided by the local authority to obtain their views of the service. We also reviewed the provider's statement of purpose and the notifications we had been sent. A statement of purpose is a document that includes a standard required set of information about a service. Notifications are changes, events or incidents that providers must tell us about.

We spoke with seven people who used the service and observed the way in which staff interacted with them. We also spoke with five staff members that included the registered manager and four care and support staff.

We reviewed records relating to the care of four people using the service and examined their care plans, risk assessments and medicines records. We also looked at records in relation to the management and quality assurance. This included three staff recruitment records, staff training and supervision records, staff rota, quality audits and complaint records.

Good

Is the service safe?

Our findings

People told us they felt safe at the service. One person said, "I am safe, yes. They have a designated SOVA staff member. There are plenty of staff around to make sure I'm safe." Staff demonstrated their awareness of how to keep people safe and had easy access to relevant policies and procedures to support them in the event of any suspicion of abuse. One staff member told us, "We all work together to keep people safe, if there was anything not right I know any one of us would report it." Staff told us that the training they received reinforced the actions they should take in respect of any safeguarding issue. One commented, "We get very good training about how to keep people safe. As a team we are on the ball and up to date with any changes." Records showed the registered manager was aware of their responsibility to report allegations, and made relevant safeguarding referrals to the local authority and the Care Quality Commission (CQC) when appropriate. The Trust also had a dedicated whistleblowing phone line that staff could use to raise any concerns.

Risks to people were effectively managed and people were encouraged to take positive risks. Some people were aware they had risk assessments in place, and knew they were there to help keep them safe. One person told us, "I know I have risk assessments. They change frequently as I improve." Staff felt confident that the risk assessments in place helped them support people safely. One staff member said, "We all have input into the risk assessments." It was clear that risk assessments were positive and designed to help promote people's independence, maximising what they were able to do for themselves whilst also working towards achievable goals. Records confirmed that risk assessments were reviewed regularly as people's conditions changed.

The building was appropriately maintained. There were certificates to confirm it complied with gas and electrical safety standards. Appropriate measures were in place to safeguard people from the risk of fire and staff had been trained in fire safety awareness and first aid to be able to respond appropriately.

People told us there were enough staff to meet their needs. One person said, "There are staff everywhere you go here. They are always looking after us." Staff also told us that staffing was sufficient to meet people's needs. One said, "Yes, there are enough of us. We work together and we have a wide range of experience amongst the staff team that we can call upon if we need it." The registered manager told us, "Each person has a clinical team to support them." If people's needs changed, additional staffing was provided to ensure people were kept safe. For example, we saw on the day of our visit that one person was having 24-hour one to one supervision to ensure they stayed safe and their needs were met. Rotas confirmed that staffing was consistent and we saw there was a mix of staff skills, which included clinical staff, assistant psychologist, physiotherapist and occupational therapists.

Staff had been recruited safely into the service. Records showed relevant recruitment checks had been completed to help reduce the potential for unsuitable staff being employed within the service.

People received the support they needed to take their medication safely. One person told us, "I mange my own medicines. I know I have been assessed to check I can do it safely." There were good systems in place to

ensure medicines were stored and administered safely by trained staff.
People had a medication care plan in place that provided guidance for staff to follow to ensure people received their medicines in line with their preferences. For example, some people preferred to take their medicines with water and others with food. Records showed that people had regular reviews of their medicines to ensure they remained appropriate to meet their needs. Staff told us and records confirmed they were trained to administer medicines safely.

People were protected by the prevention and control of infection. The premises were kept clean by specially designated staff. Regular monthly audits were completed that included hand washing, infection control procedures, COSHH, legionella and water checks. We saw that where areas required attention, actions were put into place and records confirmed this. Staff had completed training in infection control and food hygiene.

Staff understood their responsibilities to raise concerns in relation to health and safety and near misses. Accident and incident forms were completed on the day of the incident occurring. We saw evidence of completed forms within the records and saw that an overview was produced to identify any changes that could be made to reduce the numbers of occurrences. This information was used to identify ways in which the risk of harm to people could be reduced. The registered manager also discussed how they would raise safeguarding alerts to ensure people's safety on any information arising from a complaint, should this be necessary. When a safeguarding matter had been investigated this was discussed with staff so that lessons could be learnt and action taken to avoid reoccurrence.

Good

Is the service effective?

Our findings

People's needs were fully assessed prior to admission to ensure that the placement would be appropriate and their needs could be met. On admission, a further assessment would be carried out by the entire clinical team to formulate the individual's care plans and risk assessments. People had an individual programme in place that underpinned their rehabilitation programme and met their individual needs. The pre-admission assessment process was considered to be an important part of this as it ensured that people were provided with the exact therapy and interventions designed to support them to reach their maximum rehabilitation potential. As part of the pre-admission process, relatives were also involved to ensure that staff had a good insight into what people's lives had been like prior to their brain injury. From this, a tailored plan of therapy could be designed.

People told us that staff understood their support and rehabilitation needs, and were content with the care they received because it met their needs. One person said, "They are good, they have helped me improve I'm almost ready to go home." Staff told us and records confirmed that they had completed an induction to the service and received on-going training that was relevant to their roles. One member of staff told us, "The training here is really good. I think we have over and above what we need." The multi-disciplinary team approach within the service meant that there was a robust skill mix of staff, most of who could be 'hands on' when required.

Staff received regular supervisions that were a useful way to discuss their performance, as well as raise any concerns or issues they may have. One staff member said, "They help us to say what training and development needs we have and to speak about any individual concerns we have about people." Supervision records confirmed staff had regular supervision and appraisal to identify and address any training and development needs.

People told us that the food they received was good and they were encouraged to make their own choices about meal options. One person told us, "I like the food here." People also told us that staff supported them to prepare meals and drinks as part of their rehabilitation treatment. We saw there were two kitchens where people were supported to prepare and cook meals. Records showed that food was prepared in accordance with people's 'known preferences and to enable healthy choices'. Each person had a nutritional care plan incorporating any advice from the dieticians and speech and language therapists. Staff ensured people's dietary needs were met by following clear instructions on how their meals should be chosen, prepared and served, for example 'in bite sized pieces' or 'mashed with a fork'. Records confirmed that people were supported to have a sufficient amount to eat and drink, based upon their specific dietary requirements.

People were supported to access a wide range of healthcare professionals from across the multi-disciplinary team to support and maintain their general health. One person told us, "I see the occupational therapist a lot. They are helping me to get ready to go home." Regular reviews were held with a multidisciplinary team including people's GP, psychologist, physiotherapist and occupational therapists. This helped to promote good communications resulting in consistent, timely and coordinated care for people. We saw that input from other services and professionals was documented clearly in people's files, as well as any health and

medical information.

People told us that staff supported them in a timely manner with their healthcare needs. One person said, "I can see my GP and I have been supported to attend the opticians." Staff told us that people would be supported to attend health appointments if the support was needed.

People's diverse needs were met by the adaptation, design and decoration of premises. For example, we saw that there was a communal laundry and two small kitchen areas where people were supported to re-learn skills such as cooking and washing their clothes as part of their rehabilitation programme. In addition, there was a physiotherapy room, several lounges and a conservatory room where people could meet if they wanted to. The registered manager told us of plans to turn one small lounge into a sensory area.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). People's consent was sought before any care or treatment was delivered. People told us they were able to make their own choices and were supported by staff to make decisions about how they lived their life, including where they spent their time, what they did and what they ate. We saw that where required DoLS applications had been submitted and the registered manager had a log of DoLS applications and authorisations, to ensure any DoLS in place remained in-date and valid.

Good

Is the service caring?

Our findings

People were very happy with the care and support they received. One person told us, "All the staff here are fantastic and should give themselves a thousand pats on the back. Without them I would be in the doldrums." Another person said, "I really like [Name of Staff member] because they always help me." We observed positive relationships between staff and people and there was plenty of laughter and friendly banter between them. Staff sat with people to reassure them if they became distressed or anxious and made them feel valued and listened to. People considered that staff supported them in a way that enabled them to progress and move forward towards reaching their goals.

Staff told us they worked hard to help motivate people as part of their rehabilitation programme. They worked to increase people's skills and abilities within a variety of areas, to give people a sense of value, self-worth and satisfaction. They told us they wanted people to re-gain their independence and gain new life skills. One staff member told us, "We all want the best for the people we help here. The best thing about working here is how you see people make so much progress and then go home. That's the most rewarding part of my job." Staff wanted the best for the people who lived in the service and worked hard to fulfil this for them, helping them on to another stage of their rehabilitation journey. The registered manager felt they had the right staff team in place to support people. They told us, "The staff team are great. They would do anything for people and go above and beyond to deliver that extra mile."

People were supported to make choices about every aspect of their daily routine, their daytime activities or what they would like to eat. One person told us, "They always ask me. It's all about what I want." Staff told us and we observed that they consulted people about their daily routines and activities and people were not made to do anything they did not want to. Care was focused on each person's wishes and needs rather than being task orientated and routine led. Records confirmed that people and their relatives were involved in the care planning process to ensure that the pathway through their rehabilitation was as smooth as it could be.

People had access to an advocate to support their rights to have choice, control of their care and be as independent as possible if they needed one. The registered manager had a good understanding of when people may need additional independent support from an advocate. An advocate is an independent person who can help people to understand their rights and choices and assist them to speak up about the service they receive.

Staff understood how to treat people with dignity and respect and supported people as equals. One staff member told us, "Dignity is really important, all staff make sure that we respect what people want and listen to them. That's all part of the rehabilitation process." Staff told us that they worked hard to ensure people's privacy and dignity were respected and valued people's contributions in making decisions and choices about their own lives. When people needed support, staff assisted them in a discrete and respectful manner. Staff supported people with personal care to the extent they needed but encouraged people to be as independent as they were able to be. When personal care was provided it done was in the privacy of people's own rooms. There were systems in place to support staff to maintain people's privacy and dignity.

Outstanding ☆

Is the service responsive?

Our findings

People received exceptional personalised care that fully met their rehabilitation needs. One person told us, "The staff have a brilliant understanding of my needs and have really supported me to improve to the point I am now very independent." Another person commented, "We have a lot of input from staff and they push us that little bit every day so we improve. Without them I don't know where we would be."

The registered manager told us, and records confirmed that care plans and risk assessments were completed in a timely manner for any new people being admitted to the service. The pre assessment gathered comprehensive information about the person's care and support needs and provided a 'whole picture' of the person including any care needs due to the person's diversity. This gave all staff the opportunity to be aware of people's diverse needs before they started to support them. People valued this approach and felt it helped to provide a structure upon which to base their care and develop their skills.

People had an individual and comprehensive care plan identifying their background, preferences, communication and support needs. Staff told us each plan was tailored to address any identified areas of weakness and to play to each person's strengths, ensuring optimum progress along the rehabilitation pathway and therefore the support to grow and achieve positive outcomes. Care plans included information about what people liked, disliked and what areas of their life were important to them. Where possible, people or their relatives had signed their care plans to show they agreed with the content and that their contribution to the care planning had been valued.

Written feedback from people included, 'We wish to express our gratitude to all the staff who were involved with [name of person] care. Thank you very much you will always hold a place on our hearts. Each and every one of you made [name of person] happy and I know they will always miss you all. Words are not enough.'

We saw some newspaper clippings about success stories in relation to people who had received care at the service. One was regarding a person who had recovered well from an acquired brain injury thanks to the support they received at Thomas Edward Mitton House. Following their recovery, they had been raising funds for the service. There was recently a 25th anniversary garden party with an official opening of the refurbished garden by the first person to use the Brain Injury Rehabilitation Trust. They attended with their family.

The provider looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publically funded care to ensure people with a disability or sensory loss can access and understand information they are given. We found that the provider had provided people with information in various formats and had used technology to promote peoples' independence.

Staff used innovative and imaginative ways to ensure people received the care they needed. There were several people using the service who were born in the same European Country. The staff had used flags from

their country of origin as markers around the service to help them orientate themselves back to their rooms. In addition, the staff had specific words translated into their first language to also use as signs around the service. A whole timetable had been written in their first language so that it was easier for them and their family to understand. There was one staff member who was also from the same country and they were used as a key worker for the individuals. In addition, the service arranged trips to supermarkets so that they could choose and buy culturally sensitive food and celebrate their culture.

The registered manager told us that in the weekly clinical meetings staff looked at what events were coming up so they could celebrate things that were happening outside of the service. This included various festivals and national days. The provider held a French Day that had been a big success with lots of French food and people dressed up in a French theme. The provider also used this approach to reflect on events such as the Olympics. The provider held their own Olympics and a Tour de TEM (Thomas Edward Mitton House) rather than the Tour de France. There were various sporting events and games and an overall service user champion who was awarded with a trophy. One person told us how they had provided some art classes for people, as this was a specialist subject of theirs. They told us it had helped to raise their self-esteem and confidence.

The service was designed to be supportive of people on their journey through the rehabilitation pathway. It catered for a range of people with a variety of complex needs and had access to services to meet short term and long term needs. All the staff we spoke with were keen to highlight what they considered to be their success stories and were all keen to state that no matter how small something was, it should be considered as a major and significant milestone for someone.

One person using the service wanted people to understand their brain injury and staff supported them to prepare a presentation regarding their condition and how they presented themselves. The person gave the presentation to both staff and other people using the service. They commented that they felt better understood.

The provider had supported people to go to family events such as weddings and birthday parties and staff had gone with them for support and stayed in their own time. One person had a family member in hospital at the time they were using the service. Staff supported the person to visit their family member in hospital and to spend time with them. After nine months the same person was able to go back home to live independently, however they went back to the service on a weekly basis and volunteered with some cleaning to help them stay in contact with the staff team and have some continued structure to their day.

The provider often worked with people returning back to their home and as part of this process, they organised a graduated discharge so that staff could spend time with people in their own home. After each visit home, there was a review to see if the visit had gone well and whether the service needed to decrease the amount of time staff spent supporting people to allow them some time alone. We spoke with one person who was going through this process they said, "It was lovely to be back in my own home. The staff have been fantastic and I'm getting used to my kitchen again."

The provider supported people who had changed from a residential placement to a day placement so that they could go home. They would then visit the service for rehabilitation sessions. The registered manager informed us that this had worked well for one person who had lived at the service for twelve months and then for six months attended daily. Staff supported them to attend Headway (the brain injury association) and then slowly reduced their input whilst still ensuring they had support. The person was able to return to working in a café similar to the one they had been working in prior to their injury.

Staff went out of their way to support people and improve the service. One staff member had sourced items for the garden when they were planning to create a courtyard garden. Administration staff spent time teaching people how to play the piano and the staff team put on a Christmas concert for people using the service.

The registered manager had introduced some new initiatives that include additional roles such as the Dignity Champion, Capacity Champion and Management of Vulnerable Adults Champion. One staff member told us, "We are very much valued and supported to go that one step more."

One person told us how being at the service had helped them to regain independence, confidence and self-worth. They said that it gave them renewed hope and the motivation to work towards an end product. This positive ethos pervaded staff's motivation to ensure that people received the best quality care; they said that the success stories motivated and impassioned them to do a good job. Records showed that the provider's philosophy was successful enabling people to return home and spend time with family members.

People were aware of the formal complaints procedure which was displayed within the service. One person told us, "I would speak to [registered manager] if I needed to complain." People said the registered manager and senior management listened to their views and addressed any concerns immediately.

The registered manager and staff told us they felt they were always visible and approachable which meant that small issues could be dealt with immediately. There was an effective complaints system in place that enabled improvements to be made and that the registered manager responded appropriately to any complaints that had been made. Where complaints had been received, or issues of concern raised, we saw records to evidence that these were taken seriously and the outcome used to improve future practice.

Good

Is the service well-led?

Our findings

There was a registered manager in post who was visible within the service, approachable, and knowledgeable about all aspects of people and staff within the service. There was an extremely positive culture that ensured people were at the centre of everything the service did. We found a clear management structure that passionately promoted a person-centred culture and commitment to promoting independence and social inclusion. One person told us, "I have been involved in my care from day one. The staff have helped me so much that I will soon be going home. Every step of the way it's been about me and what's best for me."

Staff spoke positively about the management at the service and felt they were able to approach them for support and guidance. One member of staff said, "We are supported very well. Not just by the management team but by our colleagues as well. We all work together. It's a great place to work." Another member of staff commented, "We are valued as staff."

The culture within the service was open and transparent and focused on maintaining individuality and person centred care for people. Staff were passionate about maximising each person's potential and independence. They wanted to equip people with skills for life and enable them to reach their optimum rehabilitation potential, regardless of whether they remained within the service or eventually moved on. One staff said, "Seeing people improve so they can go home is brilliant. We achieve a lot for people. We all want that."

There was a strong vision and set of values for the future of the service, which was clearly outlined within the provider statement of purpose and user guides. The values of the service were reinforced on a frequent basis through staff meetings, supervisions and day-to-day practice. Staff had the confidence to question their practice, to improve upon it, gain in confidence with on-going support and as a result, feel positive about the work they did. The feeling running amongst staff was that this was not just a job, but a calling, they had a genuine desire to care and support people in the best way they could do.

People were encouraged to have a voice and there were various forums where they could comment about the quality of the service. For example, there were weekly meetings and we joined a meeting on the day of our visit. People told us that their ideas were listened to and one person commented, "I have noticed that some of my suggestions have been taken on board. I suggested that we needed more footstools and then footstools arrived. I also suggested that the wi fi code was available in rooms and this has been done." We saw this in place in the rooms we looked at.

Records showed accidents and incidents were recorded and appropriate immediate actions taken. An analysis of the accidents and incidents was undertaken to identify patterns and trends in order to reduce the risk of any further incidents. Any issues were discussed at staff meetings and learning from incidents took place. We confirmed the registered manager had submitted appropriate notifications to the Care Quality Commission (CQC) in accordance with regulations.

Quality assurance systems were in place and used, along with feedback, to drive future improvement and make changes for the better. We saw there was a programme of regular audits, which had been carried out on areas, including health and safety, infection control, catering and medication. There were actions plans in place to address any areas for improvement. The provider had systems in place to monitor the quality of the care provided and undertook their own compliance monitoring audits, and identifying any possible areas for improvement. The provider reviewed all aspects of service delivery, in order to improve the quality of service being provided.

The manager ensured that CQC were made aware of any issues or concerns that took place. The provider notified us promptly of any incidents as they are required to do we could take appropriate actions.