Brain Injury Rehabilitation Trust

Thomas Edward Mitton House

Inspection report

Belvoir Avenue
Emerson Valley
Milton Keynes
Buckinghamshire
MK4 2JA

Tel: 01908504778
Website: www.thedtgroup.org

Date of inspection visit:
18 February 2016

Date of publication:
06 April 2016

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

Summary of findings

Overall summary

This inspection took place on 18 February 2016 and was unannounced.

Thomas Mitton House provides care and support for up to 16 people who have acquired a brain injury. The service provides specialist rehabilitation based upon a psychology model in order for people to gain their independence; and return to live a normal life in the community. There were 12 people living at the service when we visited.

The service has a registered manager. On the day of the inspection the registered manager was on annual leave. 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 felt safe living at the service. Staff were aware of the processes in place to report incidents of abuse. They had also been provided with training to recognise the signs of potential abuse and to keep people safe.

There were processes in place to manage identifiable risks and to promote people's independence without restricting their freedom unnecessarily.

The recruitment process was robust to ensure that staff were suitable and fit to work with people at the service.

There were systems in place to ensure people's medicines were managed safely and given at the prescribed times.

Staff were provided with induction and essential training to keep their skills up to date and to support them in their roles.

People's consent to care and support was sought before any care was provided. This was in line with the requirements of the Mental Capacity Act (MCA) 2005.

People were supported with their food and drink and to maintain a balanced and healthy diet.

People had access to specialist health care facilities on site. This included support from the clinical psychologist, physiotherapists, occupational and speech and language therapists.

People had developed good relationships with the staff team who treated them with kindness and compassion.

There were systems in place to ensure that people's views were listened to and acted on.

Staff supported people to promote their independence and to uphold their privacy and dignity.

Before people came to live at the service their needs had been assessed to ensure the care provided would be personalised and responsive to their individual needs.

The service had a complaints procedure which was accessible to people and their relatives to enable them to raise a concern if they needed to.

There was a positive, open, inclusive and transparent culture at the service.

Arrangements were in place for the service to maintain links with the local community. The staff team arranged an open day to educate members of the public on how the brain worked and what can be done to protect it from injury.

There was a quality assurance system in place to monitor the care provided and to drive continuous improvements.

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 was safe

Systems were in place to keep people safe from avoidable harm and abuse.

There were risk managements plans in place to protect and promote people's safety.

Suitable and sufficient numbers of staff were employed to meet people's needs safely.

People's medicines were managed safely.

Is the service effective?

Good

The service was effective

Staff were trained to carry out their roles and responsibilities appropriately.

People consented to be supported with their care and support needs in line with current legislation.

Staff supported people to eat and drink and to maintain a balanced diet.

People had access to clinical and healthcare facilities on site.

Is the service caring?

Good

The service was caring

People had developed positive and caring relationships with staff.

Staff ensured people's views were acted on.

People's privacy and dignity were promoted by staff.

Is the service responsive?

Good

The service was responsive

People's needs were assessed prior to coming to live at the service.
The care provided to people was appropriate to their needs.

People were provided with information on how to raise a concern or complaint.

Is the service well-led?

Good

The service was well-led

The culture at the service was open and inclusive.

Links with the local community were fostered.

The service had quality assurance systems in place which were used to drive continuous improvements.

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.

The inspection was unannounced and was carried out on 18 February 2016 by two inspectors.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We checked the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law.

We spoke with three people who used the service and a relative. We also spoke with three support workers, one senior support worker, the operations manager, the head of care and an assistant psychologist.

We looked at three people's care records to see if they were up to date. We also examined three staff recruitment files and other records relating to the management of the service including quality audit records.

Good

Is the service safe?

Our findings

People were protected from avoidable harm or abuse by staff. One person said, "I do feel safe here. I walk with a frame but can fall over at times. The staff are always besides me when I'm walking and that makes me feel safe." Another person said, "I rely on the staff to move me and to improve my condition. I feel safe in their hands. They know what they are doing."

Staff were aware of their roles and responsibilities in relation to protecting people from harm. They had a good understanding of the signs of abuse and how to report it. Staff told us they were confident if they reported any concerns about abuse or the conduct of their colleagues, the registered manager and senior staff would listen and take action. One staff member said, "I would use my right to blow the whistle and I wouldn't hesitate." A second staff member said, "I can either go to my manager with any concerns or in our whistleblowing policy there is a number we can ring. I would feel comfortable doing either."

Staff told us they had received training on safeguarding procedures. One staff member said, "We have had safeguarding training which was very good." The assistant psychologist told us that their training had been provided by their supervisor they said, "The training was very informative and we were able to ask questions." We saw training records to confirm that staff had been provided with safeguarding training. There was also information on safeguarding and whistleblowing displayed on a notice board. This was to remind people and staff about the process. We saw evidence that the service maintained a record of safeguarding incidents. We found where recommendations had been made from the outcome of safeguarding incidents they had been acted on. In some instances people's risk management plans had been updated.

Risks to people were effectively managed and people were encouraged to take positive risks. One person told us, "When I came here I couldn't get up from the chair. With the help I have had from the physiotherapist and the staff I can now walk with a frame. Yes there is a risk I might fall over but I won't give up trying to walk."

Staff told us that people had been involved in their risk management assessments, which had been developed to keep people safe and to promote their independence. They also told us that the plans were unique to each individual. This was because each person's identified risks were different. One staff member said, "There is always a risk in Rehab." They commented further and said, "When someone is admitted an assessment is completed by all disciplines within the clinical team. Care plans and risk assessments are formulated accordingly." We saw evidence that people's goals were identified and strategies for managing risks were agreed with them and they were reviewed at weekly clinical meetings. We saw evidence that people's risk assessments were updated regularly.

There were plans in place for responding to emergencies or untoward events such as fire, gas or electrical failure. The head of care told us that each person had a Personal Emergency Evacuation Plan (PEEP) in place. These were regularly reviewed and discussed with staff. We saw evidence that the service's emergency procedures formed part of staff induction. There was a list with the names of senior managers

who staff were able to contact in the event of an emergency or for advice and support.

We found that there were accidents and incident procedures in place. When incidents occurred they were recorded and discussed at clinical meetings. If needed people's risk assessments were amended and if found necessary behavioural charts would be put in place to monitor progress.

There were sufficient numbers of staff to meet people's needs and to keep them safe from harm. One person said, "When I have to call for help it's never too long before someone comes." Another person said, "There doesn't seem to be a problem with staffing. There are always lots of staff around." Staff confirmed they had a manageable workload and did not feel under pressure. One staff member said, "I think there are enough staff. We don't have any problems." Another staff member said, "There are enough staff to meet people's care needs; however I think we could sometimes do with a few more so we can take people out more often. Otherwise it's okay." We looked at the staff rota for the current week and the following three weeks and found that it was consistent with the number of staff on duty on the day of our inspection. There was a good mix of staff skills, which included clinical staff such as the head of care, the assistant psychologist, physiotherapist and occupational therapists.

Safe recruitment practices were in place. Staff told us that they had to wait for checks to be carried out before they started working at the service. One staff member said, "Yes without question recruitment is done properly." The head of care told us that staff were subject to a face to face interview and were given a literacy test and scenario questions were asked. If found suitable to be appointed staff would be required to provide the appropriate documentation such as, references, proof of identity and a Disclosure and Barring Service (DBS) clearance before taking up employment. In the staff's files we examined we found that the appropriate documentation was in place.

We found that the service had a disciplinary policy in place. This ensured if a staff member was identified as being responsible for unsafe practice, matters would be addressed formally in line with the provider's procedures.

There were systems in place to manage medicines safely. One person said, "I self-administer my medicines. I have a safe in my room and when I take my tablets I tell the staff." Staff told us they were not allowed to administer medicines unless they had been trained and assessed as competent. One staff member said, "I completed a distance learning course, and I also undertake annual training. Every three months my competency is assessed."

We found that people had medicine support plans in place. The plans contained clear guidelines to enable staff to provide people with the appropriate support they needed to take their prescribed medicines. Each person had a front sheet with their details and photograph along with all the medicines they had been prescribed for and their side effects. People had also been prescribed for homely medicines by their GP which were administered as and when required. The Medication Administration Record (MAR) sheets were fully completed. Medicines were stored appropriately and administered in line with best practice. We saw there was a daily audit of medicines that were not dispensed in blister packs. Audits were also carried out on a monthly basis. Evidence seen confirmed that training for staff in the safe handling of medicines was regularly updated.

Good

Is the service effective?

Our findings

People told us that they felt staff had the right skills and knowledge to meet their needs. One person said, "Staff are well trained, they know what they are doing. Another person said, "Yes I do feel they are well trained. I am very impressed with the physiotherapy." A third person commented and said, "They get lots of training. I have seen them dealing with some things very calmly and without a fuss."

Staff told us they felt well supported in their roles. They explained that when they started working at the service they had to complete an induction and were provided with essential training. This included safeguarding, fire awareness, moving and handling, food hygiene, Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). Staff also told us they had been able to shadow more experienced staff until they felt competent. One staff member said, "Yes I had an induction. I hadn't done any work like this before so it was really helpful." The assistant psychologist told us that their induction programme had been put together by the neuropsychologist and they had been well supported throughout the process.

Staff were complimentary about the on-going training they received. One staff member said, "The training is very good. We cover anything that is needed." Another staff member said, "I find the training is always available and it's relevant to what we are doing. We have a mixture of on-line training and face to face training, which is good because everyone learns differently."

There was a supervision and appraisal framework in place. Staff told us they were supported and provided with regular supervision and an annual appraisal of their work performance. One staff member said, "We get regular supervision which is always useful to talk about your work and your training needs." We saw evidence which confirmed that staff were provided with supervision and appraisal.

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 interest 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). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that two people had authorisations to deprive them of their liberty. Documentation seen confirmed that decisions had been made in their best interests and the appropriate process had been followed in line with the current legislation.

People's consent was gained by staff. One person said, "The staff do not assist me without my agreement." Another person said, "Everything is always explained to me first and then I'm asked if I want to go ahead." Staff told us they had received training in the Mental Capacity Act (MCA) 2005 and understood about acting

in a person's best interests. One staff member said, "People's capacity is always assessed by the psychologist." Another staff member said, "We have best interest meetings and we will always consult with people. We also try to encourage family involvement." We found that staff had been provided with training and were knowledgeable about the MCA and DoLS."

The service supported people to maintain a healthy diet. People told us they had no concerns about the quality of the food. One person said, "The food is pretty good. I don't have any complaints." Another person said, "I like the food. We always get a choice. The breakfast choice was not so good but after one of our meetings it's got a lot better." 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 as part of their rehabilitation programme. One staff member said, "We have one person who loves to cook Jalloff rice. There are a number of staff from Africa so they undertake the cooking sessions with [name of person]. Its works very well." We saw there were facilities available for people to make themselves hot and cold drinks and we observed people doing so throughout our inspection. We found that people's dietary needs were taken into consideration and the chef would provide an alternative if they did not like what was on the menu.

There were systems in place to ensure that people had access to healthcare services if required. One person said, "If I need to see the doctor the staff would come with me." A relative told us that the staff would inform them if there were any changes to their family member's treatment. They said, "The staff always keep me updated and the physios here are very good too. For example, they showed me how to transfer my [name called] from the wheelchair to the car."

Staff told us if people wished to be accompanied to the GP or to the hospital for their neurology appointment their request would be granted. The staff member commented further and said, "Some people do not wish to be accompanied and we respect their wishes; however, we have a proforma sheet that is sent with them so that information about their treatment is recorded." We saw evidence that people had access to a dentist, optician and podiatrist that visited the service when required. People's vital signs and weights were monitored monthly.

Good

Is the service caring?

Our findings

People made positive comments about the care they were receiving and said that staff treated them with kindness and compassion. One person said, "The staff are lovely." Another person said, "I like the staff, I get on with them well." A relative of a person who used the service said, "My[name called] is spoken to by staff in a caring and nice manner." The relative commented further and said, "She looks at ease and relaxed in the company of staff.

People told us that staff always have the time to talk and chat with them. Staff told us they worked to ensure that positive relationships were developed between them and the people they supported. They explained that it was important for them to get to know people's histories and background. This enabled them to provide care and support in the way that people wanted. One staff member said, "Each person has a core team of staff that consists of a key worker, a primary support worker, a clinical lead and a therapy assistant." This ensured there was a consistent staff team who worked with people to support them with their rehabilitation and made them feel that they mattered and were listened to.

We observed staff interacting with people appropriately. When speaking with people they ensured that eye contact was made. We found that there were good interactions between people and staff. For example, staff took the time to explain to people what they were doing and if needed spent time talking with them. It was evident from staff actions and discussions that they took the time to get to know people and had built up strong relationships with them.

People told us that they had been involved in the development of their care plan. One person said, "I am always involved in my care plan and setting my goals." Another person said, "I am listened to. If there is something I don't like or want to do they listen." Staff confirmed that people were listened to and the care they received was according to their wishes with input from the clinical team. If people were not able to communicate verbally, pictorial charts were used to assist them to communicate effectively. We observed that people were addressed by their preferred names and the staff responded to their requests for assistance quickly. For example, call bells were responded to within a reasonable timescale. We found that staff encouraged people to co-operate and assisted them with manoeuvres and transfers from armchairs into wheelchairs in a kind and patient manner.

People told us that staff treated them with dignity and respect. They said that staff spoke to them in a polite and respectful manner and ensured that their privacy was preserved. One person said, "They always knock on my door and wait to be invited in." Staff confirmed that they ensured people's rights to dignity and respect were upheld. One staff member said, "We are always mindful about how we talk with people. I think we do it without thinking about it. Being respectful is something we do without really having to think about it."

People were assured that information about them was treated confidentially. Staff told us that information about people was shared on a need to know basis and with their permission. One staff member said, "People sign an agreement to be photographed or filmed for case study purposes." We found that the

computers were password protected and files containing information about people were locked away in filing cabinets and locked cupboards. Bedrooms were single occupancy; therefore, people had the privacy to remain in their bedrooms if they wished to be alone.

Relatives and friends were able to visit without being unnecessarily restricted. One relative said, "I am able to visit at any time. I do not have to let them know when I am coming but I always tell them as a matter of courtesy. The staff make me feel welcome and provide me with refreshments." Staff told us that visitors were welcomed and encouraged to visit. One staff member said, "If visitors wish to have a meal we would always set up a private area for them and their family to sit and eat."

Good

Is the service responsive?

Our findings

People told us that the care they received was personalised and tailored to meet their specific needs. One person said, "Yes, I do the things I want to do and I always have the final say." Another person said, "When I say I want to do things my own way they are very understanding and listen to me." People also told us that they had been involved in the development of their care plans and setting their goals. One person said, "I had an assessment and they asked me all sorts of questions." Another person said, "When I moved here they did an assessment and then I met with the occupational therapist, physiotherapist and the psychologist who did a further assessment. It was very thorough."

Staff told us before a person was admitted to the service a pre-admission assessment was completed with the person, their family and relevant professionals. This was to ensure that the placement would be appropriate and their needs could be met. On admission a further assessment was carried out by the entire clinical team to formulate the individual's care plans and risk assessments. With People's involvement goals were identified and strategies on how risks would be managed were put in place. One staff member said, "We ask people and their families for information about their background and their history." We found that staff knew about people's histories, likes, dislikes and preferences. They were able to engage people in meaningful conversation. For example, we observed a staff member talking with a person about their particular hobby.

The care plans we looked at were regularly reviewed. We found that review meetings were held with stakeholders to review people's rehabilitation progress and to make future plans. Weekly clinical meetings were held with staff involved in people's care to discuss their progress and goals.

Staff told us they supported people with vocational and leisure activities. One staff member said, "We try to get people to integrate back into society, so encouraging them to participate in as many activities as possible helps them to achieve this." We saw there were opportunities for people to follow their hobbies and interests. There were gym facilities on site. In addition people had individual therapy sessions. They were provided with a wide range of therapeutic and recreational activities including cooking and information technology. Movie nights and shopping trips were also arranged. People confirmed that they enjoyed the activities that were arranged for them. One person said, "I like movie nights. We can have a bit of a laugh and watch a good film."

The service had a complaints procedure in place. People told us that they were able to complain if they felt they needed to. One person said, "Yes, I made a complaint once and the manager responded to it." A relative of a person who used the service said, "I was given a copy of the complaints procedure but have never had the need to make a complaint." The head of care told us that lessons were learnt from complaints. She said, "A complaint had been raised that the activity sheets were not consistently completed. As a result we have simplified the form to ensure it reflects the activities that the service users participate in and when they refuse as well." We looked at the complaints folder and found that complaints made had been investigated in line with the provider's complaints process and to the complainants' satisfaction. We saw that the service maintained a record of compliments as well. These were regularly discussed with the staff team.

Staff supported people to share their experience and to comment on the quality of the care provided during residents' meetings. One person said, "I like the meetings, changes are made as a result of our comments." Staff told us that regular meetings were held with people who used the service and their feedback was sought in the form of a pictorial questionnaire. One staff member said, "Service users were not comfortable discussing some things, now they can complete the questionnaires anonymously." We saw that people were able to comment on matters relating to the environment, food and staffing. We saw that minutes from meetings were displayed on a notice board in the service for people and staff to be aware of outcome of meetings.

Good

Is the service well-led?

Our findings

There was a positive, open, inclusive and empowering culture promoted at the service. People were positive about the care they received and felt that they were included and valued. They told us that they received the care they needed but were also encouraged and supported to be independent. One person said, "I was in a nursing home before I came here. I couldn't walk. Now I'm walking with a frame."

There was a culture of support and transparency at the service. Staff told us they felt supported by the registered manager and enjoyed working at the service. One staff member said, "I am very well supported. If I need any support I know I only have to ask." Staff also told us the service was a recovery focussed service and there was a clear focus on goals not problems. This demonstrated that the values and philosophy of the service were well embedded in the staff team and staff and people were encouraged to raise issues or concerns which were acted on.

Strong links were maintained with the local community. The head of care told us that a visit had been made to the local school and the children had been provided with a talk about how the brain works and how to protect the brain and lead a healthy lifestyle. There was also an open day and members of the public attended. Staff made people aware of how the brain works, what a brain injury was and what can be done to protect the brain.

People were positive about the registered manager. One staff member said, "With the present manager things have settled down and improved a lot. The manager has introduced an annual away day where all the regular staff have a day together. Staff receive awards for good practice and it's a good team building event." We saw evidence that a team away day had taken place. Staff were able to nominate their colleagues for various categories such as, 'The staff member who was the most user focussed' and 'The staff member who had service users' care and well-being at the core.' An employee of the month scheme was also in operation. People who used the service and staff were able to nominate individual staff members in recognition for their work.

Staff were confident that concerns raised would be listened to. One staff member said, "I feel happy to raise issues or ideas at staff meetings." They told us they would be happy to question practice and were aware of the safeguarding and whistleblowing procedures. All the staff we spoke with confirmed that they understood their right to share any concerns about the quality of the care at the service. Feedback was sought from staff through staff meetings, supervision and personal review meetings.

Information held by the Care Quality Commission (CQC) showed that we had received all required notifications. A notification is information about important events which the service is required to send us by law in a timely way.

The service had a variety of quality monitoring processes in place. We saw records relating to health and safety, medication, care plans, infection control and accidents and incidents. Where areas had been identified as requiring attention action plans had been put in place to support how improvements would be

made.