

Hunters Moor Residential Services Limited

Hunters Moor

Neurorehabilitation Centre

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Hunters Moor Neurorehabilitation Centre provides personal and nursing care for up to 42 people. The service provides support to people with neurological conditions, brain injuries and complex physical rehabilitation needs. At the time of our inspection 24 people were using the service and 1 person was in hospital.

### People's experience of using this service and what we found

Quality assurance systems and checks to monitor the service and drive improvements were not always effective and robust enough to provide effective oversight of the service. Audits had failed to identify the issues we found, for example around infection prevention and control.

People received their medicines when they needed them, however improvement was needed to ensure all medicines administered via a patch were applied safely. The ward manager took immediate action to address this.

The management of risks associated with people's care had improved but further improvement was needed to ensure detailed entries were made in all care records, to accurately reflect the care people received. Staff were recruited safely and understood their responsibilities to keep people safe.

Mixed views were shared with us about the choice of meals available, and some people told us their cultural and dietary needs were not always met. People had access to a range of health professionals which supported their health and wellbeing.

More needed to be done to ensure people consistently felt their privacy and dignity were protected.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

People received responsive care and support tailored to their rehabilitation and wellbeing. People and relatives knew how to make a complaint, and complaints received had been resolved in line with the provider's policy.

Several changes to the management team had occurred since our last inspection, they welcomed our feedback and demonstrated a commitment to improving outcomes for people.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (published 25 May 2022) and there were breaches

of regulation. The provider received 2 warning notices following the last inspection. The provider was required to send us an action plan telling us how they would improve and by when. At this inspection not enough improvement had been made and the provider was still in breach of regulation 17 (Good Governance).

The overall rating for the service has remained requires improvement. This service has been rated as requires improvement for the last 2 consecutive inspections.

#### Why we inspected

This inspection was prompted due to concerns received in relation to the quality of care and the safety of people using the service. As a result, we undertook a focused inspection to review the key questions of safe, effective and well led only. This inspection also checked if the provider had followed their action plan to meet legal requirements.

We inspected and found there was a concern with people's dignity and privacy not always being respected, so we widened the scope of the inspection to a comprehensive inspection which included the key questions responsive and caring.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We found evidence that the provider needs to make improvements. Please see the safe, effective, caring, and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Hunters Moor Neurorehabilitation Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement and Recommendations

We have identified a breach in relation to the governance of the service. We found the provider failed to meet all of the warning notice we issued at the last inspection.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring.

Details are in our caring findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Hunters Moor Neurorehabilitation Centre

## **Detailed findings**

### **Background to this 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection team consisted of 4 inspectors.

#### Service and service type

Hunter's Moor is a 'care home'. People in care homes receive accommodation and nursing and or personal care as a single package under one contractual agreement dependent on their registration with us. Hunter's Moor is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

## Notice of inspection

This inspection was unannounced.

## What we did before the inspection

We reviewed information we had received about the service since the last inspection and sought feedback from the local Integrated Care Board (ICB) who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well and improvements they plan to make. We used all this information to plan our inspection.

## During the inspection

We spoke with 8 people who used the service and 4 relatives about their experience of the care provided. We spoke with 20 members of staff including the registered manager, ward manager, doctor, speech and language therapist, chef, domestic and care staff. We carried out general observations of the way people were supported.

We reviewed a range of records, including 5 people's care records. We looked at 3 staff files in relation to recruitment and staff support and a range of records relating to how the service operated and was managed.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely; Assessing risk, safety monitoring and management

At our last inspection, the provider's systems to manage risks relating to the health, safety and welfare of people were not effective. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was no longer in breach of regulation 12. However, further improvement was required.

- Environmental, health and safety checks were completed. However, during our visit some environmental risks had not been identified. For example, we saw 1 window did not have a handle and others had window restrictors fitted with screws that were not tamper proof. We showed these to the maintenance person who assured us they would discuss this with their manager.
- Some people required a prescribed thickener in their drinks due to their risk of choking. However, we found prescribed thickener was not always stored securely. This put people at unnecessary risk if they ingested this. We spoke to the registered manager who agreed to make sure people's thickener was stored securely.
- Other risks to people such as monitoring falls, supporting people to move safely and how staff supported people's behaviours and anxieties, were known and managed safely by staff. However, more detailed recording in people's daily records would help demonstrate how these risks were being managed safely.
- People received their medicines safely, but some improved practices for specific medicines were required to protect people from unnecessary risk.
- Some medicines prescribed in patch form were not always administered in line with manufacturers' guidelines. For example, nicotine and pain relief patches were applied to the body but they were not always applied to a different part of the body at the required intervals. This could put the person at risk. Before we left the home, the ward manager introduced a patch medicine record with a body map for staff to record where patches were applied.
- People received their medicines from staff who were trained. Plans were in place to reintroduce competence checks to ensure staff continued to administer medicines safely.
- Clear guidance was in place which informed staff when 'as required' medicines needed to be given.

Preventing and controlling infection

- We were not assured that the provider was promoting safety through the layout and hygiene practices of the premises. Kitchenette areas were not always clean and hygienic and kitchen utensils were routinely put

into unclean water. The environment was worn, and this made it difficult to clean and keep free from contamination. The provider had plans to update the environment in September 2023 to help improve standards of cleanliness.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

There were no restrictions on people visiting the home at the time of the inspection.

#### Systems and processes to safeguard people from the risk of abuse

- People generally told us they felt safe. Comments included, "I feel safe here, the staff are lovely," and "I would say I do feel safe, yes."
- Most staff had attended safeguarding training and understood their responsibilities to report any concerns.
- The registered manager understood their responsibility to report concerns to the local authority and to us, CQC, to ensure any allegations or suspected incidences of abuse were thoroughly investigated.

#### Staffing and recruitment

- We saw there were enough staff to meet the needs of the people living at the home.
- People and staff told us staffing numbers could be improved. One person told us, "Staff are busy, and you have to wait", and another person said, "I don't feel comfortable at night when being supported by agency staff, I don't know." A staff member said, "It can be difficult, when we have people being supported on a 1 to 1." The registered manager told us, they were currently recruiting to fill their vacancies and booked regular agency staff to address this.
- Staff were available when people needed them during our visits and people's requests for assistance were responded to in a reasonable time.
- Staff were recruited safely. The provider sought references and completed DBS checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Learning lessons when things go wrong

- Reviews of accidents and incidents were discussed at daily meetings, including people's health and welfare. However, actions taken by staff were not always recorded. This was discussed with the registered manager at the time of inspection as they need to demonstrate what measures had been taken.
- Staff told us daily hand over meetings and communication had improved.



# 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.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- We received mixed feedback from people about the quality of food and menus. Comments included, "I enjoy the food and have managed to put on weight", and "I like the food and can ask for something different too". Many said the food was not always enjoyable and limited choices were offered. We were told changes were being made with catering staff to improve people's experiences.
- Some people told us their cultural and dietary choices were not always followed. The menu was limited at lunchtimes and usually consisted of sandwiches and soup. The registered manager told us this was in response to people's feedback, as they wanted a lighter meal at lunchtime. One person who had dietary requirements was not happy, however, staff had recently supported them to shop and choose their preferred food items.
- The registered manager, speech and language therapist and staff told us people's preferences were asked; however, these were not always evidenced in people's records. For example, food charts did not always include what the pureed food was, if thickener had been added and how much had been eaten. The registered manager told us this would be addressed at the next daily meeting.
- Staff did not always monitor people's weights. We reviewed 1 person who was nutritionally at risk. Their care plan stated they needed to be weighed weekly, however they were last weighed in July 2023. Other risk tools to monitor weight were not completed weekly.

Adapting service, design, decoration to meet people's needs

- The environment was not always suitable to meet people's needs. For example, people in wheelchairs could not reach items in high kitchen cupboards to prepare their own breakfast.
- Regular maintenance checks and work ensured the premises and fabric of the building were maintained. However, the décor and environment were tired and worn in places. The registered manager told us the provider had agreed to a refurbishment programme to start in September 2023.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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.

In care homes, and some hospitals, this is usually 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 appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- We found the service was not always working within the principles of the MCA.
- Records and staff conversations showed a high number of people were on 15-minute observations. We saw no information or consideration around people's capacity to consent to this. From our conversations with staff and the registered manager, it was evident there was little thought on how this action may impact on people's privacy and freedoms.
- The registered manager assured us in future, this would be well thought through. At the end of our inspection visit, the registered manager confirmed most 15-minute observations had been relaxed for people who had been at the service for a few weeks.
- Staff and managers understood their responsibilities for ensuring people could make decisions about their care and support. For example, where people declined routine checks, this was respected.
- Where needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to moving to Hunters Moor. The registered manager told us where people had complex clinical needs. Multi-disciplinary meetings were held to ensure people's needs could be met safely.
- One relative said, "Staff are brilliant, I'm very happy with the care [Person] gets, they have drastically improved since being there."
- The provider used assessment tools to identify people's individual risks and when people needed the input from other healthcare professionals to mitigate those risks.

Staff support: induction, training, skills and experience

- Staff training was being reviewed and completed, along with observations and competency checks to ensure staff were confident to meet people's needs.
- The inhouse speech and language therapist told us they had begun training staff in dysphagia, this is a difficulty in swallowing, which increases the risk of choking so staff had a better understanding of managing the condition.
- We saw staff put their training into practice. During our visit 2 staff confidently, supported a person to transfer safely from a hoist to their wheelchair, using the correct techniques.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had access to a range of on-site health professionals to support their rehabilitation, health and wellbeing.
- Regular meetings and discussions kept people's needs under constant review.
- Staff handovers and daily clinical records ensured key information about people's care was shared within the staff team.
- The on-site doctor completed detailed letters to accompany people to hospital. This ensured a clear handover of the person's treatment and needs, and often resulted in the person returning to Hunters Moor swiftly, without the need for hospital admission.

# 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.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- We received mixed feedback from people about the staff. One person said, "A member of staff woke me at 05.30 and asked, 'Are you wet?', I found it really insulting." Another person said, "Lovely staff, great team, I have no complaints."
- Some people told us they could be more independent as a wheelchair user, if bowls and cereals were stored within reach for them. The registered manager told us, they would arrange for these to be moved so they were accessible.
- During our visit, we saw staff promoting people's independence. At lunchtime staff offered encouragement and adapted cutlery which helped people to eat their meal with ease.
- We observed staff respond well to people as their anxieties heightened, diverting them to an activity and supporting them until they were calmer.
- People's personal information was managed securely in line with data protection law.

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

- We received mixed feedback from people. One person said, "Staff make decisions on my behalf without consulting me", another told us, "I am involved in the planning of my care and recovery, my goal is to get home."
- People were supported to make daily choices. For example, people chose their clothing and what they wanted to eat and drink.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care records contained a range of person-centred information to help staff meet people's needs. However, the level of detail was not consistent across all records, as the 'preference form' had not been completed with everyone.
- People received responsive care and support tailored to their rehabilitation and wellbeing.
- People's care needs were discussed daily at clinical meetings. People and relatives were regularly involved in reviews of their care and rehabilitation during their stay at Hunters' Moor by attending meetings with the multi-disciplinary team (MDT).

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard (AIS) tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs and preferences were documented and assessed by the speech and language therapist, if required.
- The registered manager demonstrated a good understanding of the AIS. Information was available in the appropriate format for each person, such as large print and in different languages.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- We observed people participating in activities based on their interests when they were not attending their planned therapy sessions.
- People were supported to have visits from family and friends.

Improving care quality in response to complaints or concerns

- People and relatives knew how to complain. A relative said, "I haven't needed to complain but I would speak to the manager if I had any."
- Where people or their relatives had made complaints, these had been recorded and responded to promptly by the registered manager, in line with the provider's policy.

End of life care and support

- The service does not provide end of life care.

# 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.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

At our last inspection the provider had failed to have and operate effective systems and processes to maintain an effective quality assurance oversight. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection not enough improvement had been made and the provider remained in breach of regulation 17. The provider failed to meet the warning notice we issued at the last inspection.

- Managerial oversight of the service required further improvement to ensure people consistently received effective care and achieved good outcomes. For example, checks of care records had failed to identify staff did not consistently detail when thickener had been added to people's food and fluid intake to demonstrate safe practices were followed.
- The provider's systems and processes to monitor the service were not always effectively operated or embedded. They failed to identify the issues we found, for example, kitchenette areas were unclean and in a kitchen cupboard we found cleaning chemicals that should be locked away to minimise the risk of harm.
- Systems to manage medicines needed improvement. A medicines audit completed July 2023 did not check if patch medicines were applied correctly. Some entries for medicines requiring stricter controls were not signed by 2 staff on medicine administration records, in line with best practice.
- Accident and incidents were analysed bi-monthly which meant emerging trends were not always promptly identified. We saw 1 person had 9 incidents in July 2023, and whilst the registered manager was confident this person was supported, their care plan did not clearly reflect the actions taken to reduce future risk.
- We received mixed feedback from staff about being able to raise any concerns or issues with the management team. One said, "If you bring stuff up, they don't like it, I just keep my mouth shut." Another staff member told us, "Yes, you can speak with the managers, and they listen."
- We acknowledged the management team had made some improvements and addressed some of the concerns raised at the last inspection. However, further improvements were required to ensure people consistently receive safe care and support.

We found no evidence that people had been harmed. However, the provider failed to make enough

improvements to the service to comply with regulations and the warning notice we issued. Governance and oversight were not always effective. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and relatives were encouraged to provide feedback during their MDT reviews and questionnaires were handed out on discharge to gather further feedback on the service.
- Most staff felt supported and received the guidance they needed to fulfil their roles through individual and team meetings.
- The management team were responsive to issues raised during the inspection. Immediate action was taken to introduce a chart to record where medicines administered via a patch were applied and safely rotated. Fifteen-minute observations for people were reviewed and relaxed in most cases.
- The provider's policies and procedures promoted inclusion and diversity and reflected protected characteristics as defined by the Equality Act 2010.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Most relatives spoke positively about the care and support their relatives received and were pleased with the progress they were making with their rehabilitation.
- The registered manager told us they were proud of staff achievements and the outcomes for people because of staff's hard work and dedication. They said, "People all go home better than they arrived... that is a big compliment".

Working in partnership with others; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong;

- Staff liaised with a range of health and social care professionals involved in people's care to support their physical health and wellbeing as seen in the records we viewed.
- The registered manager understood the need to be open and honest when things went wrong in line with their responsibilities under the duty of candour.
- The provider had met the legal requirements to display the services latest CQC ratings in the home and on their website.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider failed to operate effective systems and processes to maintain effective governance and oversight of the service.