Frenchay Brain Injury Rehabilitation Centre

Quality Report

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

Ratings

Overall rating for this location	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Good

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

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

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

Summary of findings

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

Overall summary

We rated Frenchay Brain Injury Rehabilitation Centre as good because:

The centre was set out in a way that patients with high dependency needs were closest to the nursing station. The area was clean and staff had ensured equipment was maintained appropriately. Two of the patient bedrooms were adapted to reduce ligatures and staff assessed patients risk and allocated rooms accordingly. The centre had nurses from a variety of specialties and had a large pool of bank staff to cover shifts if need be. Staff had completed physical health checks and all of the eight care records we reviewed contained up to date risk assessments. Staff were aware of what incidents to report and prior to inspection we saw evidence that they had acted in accordance with their duty of candour.

In the eight care records we reviewed, we found that staff had put in place holistic and patient centred care plans. These care plans had clear goals and were recovery focused. Patients had access to a variety of different therapeutic professions and had access to psychological therapies recommended by the Nation Institute for Health and Care Excellence. The centre had been involved in a national research project. Staff had access to external, specialist training and reported receiving regular supervision, and when we reviewed the records 90% of staff had received regular supervision and an appraisal. The use of the Mental Health Act was limited at Frenchay Brain Injury Rehabilitation Centre and there was no-one detained under the Act at the time of inspection. Staff held appropriate multidisciplinary meetings and also had strong links to local healthcare providers.

We observed staff treating patients with kindness and respect and all of the 17 comment cards we collected had a positive comment about the service. Staff were praised by patients and carers for being caring and supportive. Patients had access to advocacy and held patient forum meetings where they could share their concerns, although there had been gaps in the frequency of the meetings previously.

Due to the nature of the service and the funding by NHS England, there were clear discharge pathways and the hospital had an average bed occupancy of 100% in the 6 months prior to inspection. Patients had access to facilities such as a hydrotherapy pool to aid their recovery, as well as private spaces to meet their family. The building allowed access for people in wheelchairs and mobility aids and there was information available for patients on how to access advocacy or make complaints. Patients had access to meals that could meet their dietary requirements and staff facilitated access to spiritual support.

Staff at the centre were aware of the organisations vision and values. We found that there were appropriate governance systems in place to ensure that actions were taken following incidents and that the majority of shifts were covered. We found that staff had the chance to feed back to the service and suggest improvements and that the provider had set up a reward scheme to recognise staff achievements. Staff morale was high and staff we spoke with spoke highly of the service and their colleagues. The service had engaged in national research and also tracked their performance via a national clinical outcomes group they participated in.

However:

We also found that staff had stored equipment in the patients bedroom corridors due to the building work that was ongoing. This had not been risk assessed and could have formed a trip hazard. We informed the manager of this at the inspection and they had arranged the risks to be assessed and a plan to be put in place to manage them. We also found that the space where patients may have been restrained and de-escalated (should they become a danger to themselves or others) was visible from the corridor and this could have impacted on the patients privacy and dignity. We raised this with the manager at inspection and they arranged for a privacy screen to be put in place.

Summary of findings

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Good

Frenchay Brain Injury Rehabilitation Centre

Services we looked at

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Summary of this inspection

Background to Frenchay Brain Injury Rehabilitation Centre

Frenchay Brain Injury Rehabilitation Centre was a 29-bed stage 1b acute neuro-rehabilitation service. This means that it provided intensive treatment to patients who have complex rehabilitation needs at an early stage in their rehabilitation process. The care it provided was time limited (180 days with the ability to apply to the commissioners for an extension in specific circumstances). It provided care to male and female patients over the age of 16 with traumatic or acquired brain injury, with the aim of assessment and the start of the rehabilitation process. There was building work underway to add another building to the location that would house a further 23 patients, and a further care area for those who had more complex needs.

Frenchay brain injury rehabilitation centre is part of the Huntercombe group of brain injury centres provided by Four Seasons Health Care Limited. This service has a registered manager (who is also the controlled drugs accountable officer) and is registered for the following regulated activities:

- Accommodation for persons who require nursing or personal care
- Assessment or medical treatment for persons detained under the 1983 Act
- Treatment of disease, disorder or injury

There have been two previous inspections by the Care Quality Commission; the most recent was on 12 August 2013 where the service was deemed compliant with the outcomes inspected.

Our inspection team

Team leader: Luke Allinson, CQC Inspector

The team that inspected the service comprised two CQC inspectors, a Mental Health Act reviewer and a consultant doctor specialising in brain injury rehabilitation.

Why we carried out this inspection

We inspected this service as part of our on-going comprehensive mental health inspection programme.

How we carried out this inspection

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

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

Before the inspection visit, we reviewed information that we held about Frenchay Brain Injury Rehabilitation Centre and asked other organisations for information.

During the inspection visit, the inspection team:

- Inspected the rehabilitation centre, looked at the quality of the care environment and observed how staff were caring for patients.
- Spoke with four people who were using the service, and a carer.

Summary of this inspection

- Spoke with the registered manager and head of nursing for the centre.
- Spoke with eight other staff members; including doctors, occupational therapists, a neuropsychologist, an administrator, a physiotherapist and a speech and language therapist.
- Received feedback about the service from a commissioner and from the local Healthwatch.
- Attended and observed a multidisciplinary meeting.
- Collected feedback from nine patients and eight carers using comment cards.
- Looked at eight care and treatment records of patients and reviewed 12 medicine charts.
- Carried out a specific check of the medicine management at the centre.
- Looked at a range of policies, procedures and other documents relating to the running of the service.

What people who use the service say

All of the comment cards we received contained an aspect of praise for the service. Patients and carers praised the staff for being dedicated, caring, helpful and there when needed. Most staff were praised for engaging patients in the therapies and activities provided. One of the comment cards said that the person wished the stay at the centre was longer. However, one carer felt that staff could support carers more and two mentioned that call bells were not always answered quickly. One contact card mentioned there were a few environmental issues that were waiting to be fixed, such as poor wireless internet access. Two comment made said that communication could be better between staff and carers and/or patients.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

Good

We rated safe as requires improvement because:

- The centre was clean and staff were storing medicines safely.
- Staffing levels were adjusted based on the needs of the patients at the unit.
- Patients had up to date and complete risk assessments.
- Staff did not impose blanket restrictions on patients.
- Staff demonstrated that they had made changes following incidents to reduce the chance of them re-occurring.
- When required the internet café is used as a female only lounge. It was furnished with armchairs and a table for this purpose. During this time alternative provision was made so that male patients could continue to enjoy Internet use in other areas.

However:

- Staff had not risk assessed the dangers of having bulky equipment stored in the hallways.
- There was a door with an observation window to the de-escalation room. This afforded some privacy for the patients in this room. The provider agreed that they would remove the door to the de-escalation room and place a temporary screen from the initial corridor entrance affording more privacy to the whole de-escalation area.

Are services effective?

Good

We rated effective as good because:

- Patients told us that they were involved in designing their care plans, and although we could not find evidence they had signed the plan in their notes, we found that care plans reflected the individual needs of the patient.
- Patients had access to psychological therapies in line with guidance from National Institute for Health and Care Excellence.
- Staff monitored clinical effectiveness by conducting audits.
- There was a full range of multidisciplinary team members to meet a range of patient needs.
- Staff worked well with local healthcare providers to ensure that patients' needs could be met.
- Staff could access advice and support about the Mental Health Act.

Summary of this inspection

- Staff had undertaken the providers Mental Capacity Act training and held best interest meetings when appropriate.

However:

- We could not always find documentation that demonstrated that staff had assessed an individual's capacity to make specific decisions.

Are services caring?

Good

We rated caring as good because:

- Staff were praised in the 17 comment cards we collected as being caring, cheerful, and supportive and for treating patients with dignity and respect.
- Patients and a carer we spoke with reported they felt involved in their care
- Patients could feed back to the service in patient forum meetings. This had been occurring monthly in the four months prior to inspection.

Are services responsive?

Good

We rated responsive as good because:

- Patients' family members or care co-ordinators were involved in the patients care.
- Patients had access to facilities that could meet their support needs, including a self-contained flat to help patients prepare for discharge from the service.
- Staff helped patients to access religious support and catered for their dietary needs.
- Staff learned from complaints and made changes to improve the service.

Are services well-led?

Good

We rated well-led as good because:

- Staff were aware of the organisations vision and values.
- the service had systems in place to track their patient outcomes and used clinical audits to monitor this
- The management team had made efforts to engage staff. Staff contributed to service development.
- Staff had contributed to a national research project looking at group-based memory rehabilitation programs.

Detailed findings from this inspection

Mental Health Act responsibilities

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

- No patients were detained under the Mental Health Act on the day of the inspection. We saw the records of six informal patients and two detained under Deprivation of Liberty Safeguards.
- Staff told us that they were able to access guidance and advice about the Mental Health Act from another unit owned by the same company where they had a full time Mental Health Act administrator.
- Staff had put posters on the ward informing people of the advocacy service as well as details of when they are next due to visit the unit. Patients we spoke with knew about the advocacy service and knew what to do if they wanted to speak to the service at other times.

Mental Capacity Act and Deprivation of Liberty Safeguards

- There were 11 DoLS applications between 1 June 2015 and 30 November 2015.
- Staff knew where the policy on the MCA was kept and were able to refer to this if needed.
- Capacity was assessed on admission. This was an overall capacity assessment, and was not decision specific. Staff told us that capacity was always assessed. However, Staff had only documented further capacity assessments in two out of the eight care records we reviewed.
- Where a patient lacked capacity, we saw evidence of 'best interests" meetings taking place with the multidisciplinary team.
- We observed a patient requesting staff to be allowed to leave their wheelchair but the patient was restrained inside the wheelchair using a pin lock belt. We looked at the patients records and saw evidence that an appropriate risk assessment and a care plan to cover the use of a pin lock belt was in place. This laid out a clear rationale for its necessity in line with the MCA.
- We reviewed the care records of two patients that were detained under Deprivation of Liberty Safeguards (DoLS). Staff we spoke to were aware of the policy on the Mental Capacity Act and knew where it was kept.
- We saw evidence of DoLS applications being made and this was documented in a specific DoLS application book. Staff told us that they had issues getting social work teams out to complete the process and on many occasions, patients had left the service before the DoLS applications had been completed. Staff had notified the Care Quality Commission where this had occurred and had documented this in a book. Providers are required to submit a statutory notification to inform the Commission when DoLS applications have been made.

Good

Services for people with acquired brain injury

Safe	Good
Effective	Good
Caring	Good
Responsive	Good
Well-led	Good

Are services for people with acquired brain injury safe?

Good

Safe and clean environment

- Corridors were laid out so that the nursing station was central to the building. Some staff also had offices on bedroom corridors. There were two lounges available and one could be used as a female only lounge should it be required.
- The majority of bedrooms were single occupancy although there was a high dependency (physical health) bay of three beds adjacent to the central nurses' station. Patients whose needs increased were moved to these beds, and then moved to another room once they became more well. The unit had the ability to separate these beds by the use of screens.
- The hospital had environmental assessments in place, which included ligature risks. Although most of the patient group suffered with neuro physical problems, the provider risk assessed patients both prior and subsequent to admission for any risks of self-harm. They had taken the decision to manage any identified patients who may present a risk of self-harm within two rooms, which had been identified and adapted to reduce ligature risks.
- The hospital was clean, well maintained and had good furnishings and cleaning records were up to date. Equipment was well maintained and the provider had a maintenance contract in place. The equipment was clean and had stickers to show the date it had been checked.
- Staff adhered to infection control principles and we saw posters advising on effective handwashing practice.
- There was a clinic room and there was evidence of regular checks to equipment. There were emergency medicines and equipment available, both of which were checked weekly. The clinic room was clean and well organised. A fridge used to store medicines had the temperature checked daily to ensure it was safe to use.
- There were a number of hoists and other medical equipment pushed to the side of the bedroom corridors. The placing of these allowed access via stretcher and wheelchair, but staff had not assessed the risk that these posed. Following the inspection, staff had created a risk assessment and a management plan for the risks.
- The hospital had a nurse call system for patients, which also served as an alarm system for its staff.
- The unit did not have a seclusion room. There was a de-escalation room. In this room, there was a soft sofa. Staff would sit with patients, and if necessary, restrain them in a seated position. We saw records that showed that when a patient had asked to leave the room, they were allowed to. This meant that this incident did not come under the guidelines for seclusion (written in the Mental Health Act Code of Practice). We were concerned to note there was no door to this area (although there was one to the room itself) and that the room door was kept open. This meant anyone inside, could be seen by passers-by. We bought this to the managers' attention and they agreed to provide a temporary screen to ensure privacy and dignity was maintained. Following the inspection, the provider removed the door and had made plans to source a temporary screen by the end of March 2016.

Safe staffing

Good

Services for people with acquired brain injury

- The hospital had 25 nurses (from learning disability, general nursing and mental health nursing backgrounds) and 65 nursing assistants (called rehabilitation assistants and technicians). The service also had a large pool of bank staff that were used to help ensure shifts were filled. In total, the service had filled 14% of their qualified nursing shifts with bank staff in the 3 months prior to inspection, and 15% of their nursing assistant shifts. Only 11 shifts were unable to be covered.
- Between November 2014 and November 2015, 24 staff had left (out of 126) and staff sickness was 2.5%. However, staff sickness had gone down and was 0.7% in December 2015.
- Staff mostly worked seven-hour shifts. The service had set staffing levels for these shifts, which in part were set by their commissioning agreement. The normal established staffing levels were three nurses in the early and late shift, with two on the night shift, and nine nursing assistants on the early shift, eight on the late and four at night. Managers adjusted the staffing level according to the dependency needs of patients and were working to develop a model to help guide this further. The therapy staff worked 9am-5pm, Monday to Friday, with emergency physiotherapy being available at weekends. Managers were trialling 'twilight' shifts to cover busy periods in the day.
- Bank and agency staff were given an induction to the ward. Managers prioritised the use of bank staff, as these would be more familiar to the patients.
- The unit had 24-hour psychiatrist cover, should any patients' mental health deteriorate. Staff could also access general medical help out of hours from the hospital at night team at a local trust. Staff could also obtain out of hour physiotherapists at the weekend, should they be needed.
- Patients at the unit were rarely detained under the Mental Health Act, but when there were detained patients, there was enough staff to escort them on their section 17 leave.
- There were enough staff to carry out physical interventions if these were needed. For example, if a patient needed to be restrained for their safety or the safety of other patients and staff.

Assessing and managing risk to patients and staff

- Staff used a risk assessment tool. The provider had designed this tool for the whole Huntercombe group. The hospital had policies on observation of patients to manage risk.
- We reviewed eight care records and all of them had up to date risk assessment. Staff had assessed risk on admission and had updated this regularly. Staff had updated risk assessments after incidents in the two relevant records.
- Staff had completed physical health checks to monitor and manage pressure ulcers. Staff completed Waterlow charts to identify risks of pressure ulcers. Staff had assessed patients at risk of falling and had implemented methods of managing them.
- Staff did not use blanket restrictions. We saw evidence in all eight care records that care plans were based on the patients' individual needs. And where needed, staff had held best interest meetings to decide on the use of lap belt restraints and had submitted Deprivation of Liberty Safeguarding applications for these patients.
- Staff had reported no instances of seclusion in the six months prior to inspection, nor were there reports of long-term segregation being used.
- We found ten records of staff restraining patients in the six months prior to the inspection. These incidents involved two different patients. Staff had attempted to de-escalate verbally with a patient before restraining them in all of the records we reviewed.
- Staff reported that patients were not held in prone restraint and the records supported this. Staff at Frenchay BIRU had training on restraint and at times had used a seated restraint with a patient being held between two staff members on a couch. We saw evidence in the records that when a patient was being restrained in this way and asked to be released, that staff had complied.
- Staff were trained in safeguarding and made referrals appropriately. Six referrals had been made in the six months prior to inspection.

Track record on safety

- There were two serious incidents reported in the 12 months prior to inspection. These included a patient death the other involved allegations being made against members of staff. Staff had investigated these incidents and the allegation against staff members proved to be unfounded. In its investigation relating to the death, the

Good

Services for people with acquired brain injury

provider implemented changes to reduce the likelihood of the event re-occurring and to improve safety risks generally. This included securing additional resuscitation equipment for the gym area.

Reporting incidents and learning from when things go wrong

- Staff knew what type of incident they needed to report. An electronic reporting system was used.
- Staff were open and transparent with patients when discussing when things had gone wrong. We saw records of incidents where the service had met with carers to discuss serious incidents in line with their duty of candour.
- A clinical governance group reviewed incidents and then fed back learning to the team leads. Team leads then passed the learning onto the staff in their teams.
- Staff reported one incident that had been distressing. Staff had debriefed all of the patients, carers present and the staff on duty at the time.

Are services for people with acquired brain injury effective?

(for example, treatment is effective)

Good

Assessment of needs and planning of care

- Staff had completed comprehensive physical examinations on admission in the eight care records we reviewed. During our visit, we saw extensive evidence of staff monitoring ongoing physical health observations, both on a general basis and because of identified care plans.
- We reviewed eight sets of records. These all contained good evidence that care plans were holistic, individualised and were recovery orientated. We saw that all records had standardised plans for the patients basic care requirements. Staff had also ensured there were additional specific care plans that were relevant to each patient dependent upon their needs and their goals. Patients were encouraged to work with staff and set their own goals and there was evidence of this in all patient records we saw. Seven of the eight patient records showed evidence that patients had signed their "personal goals" with one patient unable to do so and the reason for this was documented. We spoke to four patients and one carer who told us that they felt very involved in their care plans and had been included in the whole process. They said told that medical staff listened to the needs of the individual and set care plans around patient's wishes.
- We saw evidence that staff had a paper file with basic pen picture information such as care plans, medical information, and capacity and risk assessments for each patient. Staff told us that these had been created so that all staff could get access to the basic information immediately. Staff updated care records daily at the end of each shift. Staff told us that if a patients' care plan, risk assessment or medical information changed then this would be printed out immediately and updated in the paper records.

Best practice in treatment and care

- We reviewed 12 medicine charts and all showed that staff had prescribed and administered medicines appropriately.
- Patients had access to psychologists who provided psychological therapies recommended by the National Institute for Health and Care Excellence.
- Patients had access to nursing care around the clock, and had access to a local NHS trusts hospital at night team. The hospital at night team consists of nurses who provide clinical support to other teams at night if needed.
- Patients had their functional ability to swallow and support needs for eating and drinking assessed on admission. And we saw evidence in care records that this was being met.
- Staff completed assessment tools that were required for a nationally recognised outcome scheme – the UK rehabilitation outcome collaborative. Staff also completed Waterlow scores as well as other recognised assessment tools.
- Staff participated in clinical audits, and we saw evidence that there was involvement in a national research project.

Skilled staff to deliver care

- Staff were from various professional backgrounds, including medical, nursing (psychiatric, general, learning disability) psychology, occupational therapy, speech and language therapy, and social work and activity specialists.

Good

Services for people with acquired brain injury

- Staff received appropriate supervision, appraisal and professional development. Over 90% of staff had updated electronic based mandatory training refresher courses recorded. An action plan was in place for the more practical face-to-face training, which included; basic life support (71% of staff trained), Mental Capacity Act (77% of staff trained), and fire training (63% of staff trained). The action plan aimed to achieve 80% compliance by April 2016 and the provider had achieved this. Any new staff had attended a corporate induction programme followed by a two-month assessment period.
- Staff informed us that they received individual and group supervision on a regular basis, usually every six weeks, as well as an annual appraisal. We looked at staff records, which showed that over 90% of staff had received regular supervision and an appraisal. We saw there was a supervision tree in place to ensure the appropriate clinical and management supervision programme was effective.
- Staff were able to access specialist training such as a neurosciences course at the local university.

Multi-disciplinary and inter-agency team work

- Multidisciplinary meetings occurred weekly; each meeting discussed half of the caseload of the unit, meaning patients were discussed fortnightly. We observed a meeting and found appropriate discussion of patients' needs and involvement of all the staff at the meeting.
- Nursing staff held three nursing handovers between each of the three shifts over a 24-hour period.
- Staff had effective working relationships with other teams in local trusts. We saw evidence of staff liaising with a local NHS provider about problems with the site and arranging contingency plans, should the centre need to move patients.

Adherence to the MHA and the MHA Code of Practice

- No patients were detained under the Mental Health Act on the day of the inspection.
- Staff told us that they were able to access guidance and advice about the Mental Health Act from another unit owned by the same company where they had a full time Mental Health Act administrator.
- Staff had put posters on the ward informing people of the advocacy service as well as details of when they are next due to visit the unit. Patients we spoke with knew about the advocacy service and knew what to do if they wanted to speak to the service at other times.

Good practice in applying the MCA

- There were 11 deprivation of liberty safeguards (DoLS) applications between 1 June 2015 and 30 November 2015.
- Staff knew where the policy on the MCA was kept and were able to refer to this if needed.
- All of the eight patients whose records we looked at had comprehensive capacity assessments completed within a week of admission. This was an overall capacity assessment, and was not decision specific. Staff told us that they always assessed a patient's capacity. However, staff had only documented further capacity assessments in two out of the eight care records we reviewed.
- Where a patient lacked capacity, we saw evidence of 'best interests" meetings taking place with the multidisciplinary team.
- We observed a patient requesting staff to be allowed to leave their wheelchair but the patient was restrained inside the wheelchair using a pin lock belt. We looked at the patients records and saw evidence that an appropriate risk assessment and a care plan to cover the use of a pin lock belt was in place. This laid out a clear rationale for its necessity in line with the MCA.
- We reviewed the care records of two patients that were detained under DoLS. Staff we spoke to were aware of the policy on the Mental Capacity Act and knew where it was kept.
- We saw evidence of DoLS applications being made and this was documented in a specific DoLs application book. Staff told us that they had issues getting social work teams out to complete the process and on many occasions, patients had left the service before the DoLS applications had been completed. Staff had notified the Care Quality Commission where this had occurred and had documented this in a logbook. Providers are required to submit a statutory notification to inform the Commission when DoLS applications had been made.

Are services for people with acquired brain injury caring?

Good

Services for people with acquired brain injury

Good

Kindness, dignity, respect and support

- We observed staff being caring and treating patients with respect and dignity, including during an incident of restraint when a patient was distressed.
- All of the comment cards we received included a positive comment on the service and the care they or their relative had received there. Staff were praised for being caring, cheerful, and supportive and treating patients with respect and dignity.

The involvement of people in the care they receive

- Patients were allocated a keyworker within four days of admission to the centre. The key worker had a number of responsibilities, including orientating a patient to the layout of the centre and going through their welcome pack with them. Key workers also were responsible for building a therapeutic relationship with the patient and discussing their goals for their treatment there.
- Patients and carers reported being very involved in their care, although this was not clearly documented in their care records.
- Patients had access to advocacy. Posters were available with contact information, should patients or carers wish to contact the advocates.
- Patients had forum meetings to pass on concerns to staff. Staff told us this was held monthly. However, we observed a gap in notes between June 2015 and October 2015 for these meetings. We saw evidence of issues of food at the centre being discussed in different aspects in June 2015, October 2015, and December 2015, before being resolved in January 2016. Patients could also share their experiences and concerns with the local Healthwatch group. Patients were offered to complete the friends and family test (to which five extra questions had been asked). In the results between October and December 2015, All 18 patients who responded said that they would recommend the service to their relatives.
- Staff told us that patients were included in recruiting staff nurses and rehabilitation assistants (where appropriate), and had been involved in recruiting the activities co-ordinator.

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

(for example, to feedback?)

Good

Access and discharge

- The hospital was a stage 1b acute neuro-rehabilitation service covering the whole of the southwest area of England. NHS England commissioned all of the beds.
- Staff carried out comprehensive assessments of people who were usually already in another hospital to consider the appropriateness of admission. The main pathway was usually from NHS services.
- The hospital had average bed occupancy of 100% between August 2015 and February 2016. At the time of the inspection there where 26 patients on the unit.
- We saw records of meetings occurring about patients care and treatment that showed the involvement of members of the patients' family or care coordinator. This meant that when decisions had to be made the right people were involved in the decision.
- There was evidence of clear care pathways to discharge from the unit. This meant that discharge was prompt. Care at the hospital was time limited in most cases (to 180 days) but there was a process to obtain funding from NHS England to increase the length of stay. In the care records we reviewed, we saw that individual needs for placements were also pursued, for example one patient wished to return to a placement nearer home.

The facilities promote recovery, comfort, dignity and confidentiality

- Patients had their own individual bedrooms with the exception of a three-bed high dependency area. There was a separate self-contained flat where one patient could reside if it was appropriate to their discharge care pathway.
- There were shared communal areas, two dedicated lounges, activity rooms, and a physiotherapy room and hydrotherapy pool. There were areas for patients to have visits with family, friends or professionals for privacy.

Good

Services for people with acquired brain injury

- Patients did have access to their own personal mobile phones and there was a pay phone.
- The unit had a large garden area that was well maintained and had furniture with a smoking shelter for use. Patients had unlimited access to this area.
- The majority of activities occurred on site. Patients had an individual planner that showed their activity plan for the week. This included activities such as swimming, gentle exercise, and therapy sessions.
- Patients were able to keep their valuable items safe, as there was a safe in each bedroom.
- We were concerned at the high-pitched nature of the nurse call system, which was sounding regularly, and the impact this would have on patients and staff, although staff we spoke to said they did not notice it after a while. Two comment cards had referred to patients having to wait for staff to respond to their alarm bell.

Meeting the needs of all people who use the service

- The environment of the centre allowed access for stretchers, wheelchairs and people with mobility aids, despite equipment being stored in the corridors.
- Staff had access to telephone translation services via the local council.
- Information leaflets were present in the reception of the centre, and there were poster boards displaying information on how to access advocacy. Should patients require these in another language than English, staff would utilise a telephone translation service.
- Meals could be provided to meet dietary requirements, and could be provided to meet the dietary requirements of religious and ethnic groups.
- Staff facilitated access to spiritual support via local religious leaders.

Listening to and learning from concerns and complaints

- Staff had received nine complaints between February 2015 and February 2016. None of these complaints had been referred to the ombudsman and two had been upheld.
- There were posters on display at the centre that described how patients could complain.
- Staff handed complaints appropriately and responded to people who made complaints. We saw evidence that the outcome of the investigation had led to changes, for example in the way medicines were handled when a patient was discharged to another service.

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

Good

Vision and values

- Staff were aware of the visions and values of the service. These were the same as those in other services provided by the Huntercombe group owned by Four Seasons Healthcare Limited. These were displayed in the centre.
- Management staff were aware of who the local provider managers were and held regular meetings with them.

Good governance

- Systems were in place to ensure that shifts were mostly covered. This included the use of regular bank staff to fill gaps in the shifts.
- Procedures were in place to ensure that incidents were reported and investigated. We saw evidence of actions being taken in relation to the outcomes of these findings.
- The service used key performance indicators to measure effectiveness. These were reported monthly to the manager of the service.
- Staff also participated in the UK rehabilitation outcome collaborative (UK-ROC) which further allowed them to track the performance of their service against similar services nationally.
- We saw evidence that there were systems in place to manage the services risk register and that items on this register had been reviewed and addressed. Staff had the ability to add to this register.
- The local manager had sufficient authority and had made a case for an additional clerical worker to improve administrative support.

Leadership, morale and staff engagement

- Staff had the opportunity to feedback on the service. We saw evidence that two surveys had been completed,

with an increase in staff satisfaction in the second. We also reviewed meeting minutes of workshops held to enable staff to feedback and suggest improvements in the service.

- The provider had released a reward program for staff (HERO); one nomination was made by management, up to two nominations made by staff, and one nomination by patients. The recipients of the award received recognition for their work and a gift card.
- Staff we spoke with said that they felt comfortable in raising concerns and knew the whistle-blowing procedure.
- Staff we spoke with had high morale and spoke highly of the service and their colleagues.

Commitment to quality improvement and innovation

- Staff had participated in a national research project called ReMembrIn study looking at clinical and cost effectiveness of group based memory rehabilitation programs for military personnel and civilians who had sustained a traumatic injury.
- Contributing to the UK-ROC allowed the service to base improvements on clinical outcomes and tracked their progress nationally.

Outstanding practice and areas for improvement

Areas for improvement

Action the provider SHOULD take to improve

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- The provider should ensure that patient's privacy and dignity are maintained whilst using the de-escalation room.
- The provider should ensure that during ongoing building work staff regularly assess risks in the environment.
- The provider should ensure staff respond in a timely fashion to the alarm bells patients trigger.