Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Hothfield Manor Acquired Brain Injury Centre

Bethersden Road, Hothfield, Ashford, TN26 1EL

Tel: 01233643272

Date of Inspection: 31 May 2013

Date of Publication: August 2013

We inspected the following standards as part of a routine inspection. This is what we found:

Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Safety and suitability of premises	✓ Met this standard
Supporting workers	✗ Action needed
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Hothfield Manor Limited
Registered Manager	Mr. Robert Bunting
Overview of the service	Hothfield Manor Acquired Brain Injury Centre provides accommodation with personal and nursing care for up to 45 adults with an acquired brain injury. The service is divided into three areas. The Neuro-Rehabilitation Unit provides short term specific rehabilitation, the Manor House provides long term care and seven bungalows within the grounds provide support for people who are able to live more independently.
Type of services	Care home service with nursing Rehabilitation services
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 31 May 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service and talked with staff.

What people told us and what we found

People experienced care and support that met their needs and ensured their safety and welfare. People told us they were happy with the care and support they received and said "Everything has been handled very well and professionally and people have been friendly, it's more than I could ask for".

People were protected from the risk of abuse. The manager described some concerns and the action planned and taken to protect people.

People benefitted from safe and comfortable accommodation. People told us "The place here and the surroundings are really lovely." We saw that each area of accommodation was suitable for the differing needs of people who used the service. The Neuro-Rehabilitation Unit contained a number of dedicated therapy areas for people to use.

People who used the service and their relatives were asked for their views about the care provided and these were acted on. People told us "There is nothing but good to say" and "I've got no complaints about anyone."

People were cared for by staff who were supported by supervision to deliver care safely and to an appropriate standard. However, not all staff had completed all of the training they needed to meet people's needs effectively.

You can see our judgements on the front page of this report.

What we have told the provider to do

We have asked the provider to send us a report by 16 August 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement

powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. Each person had a written plan of care. We looked at four care plans. These gave staff guidance about how to support each person with their individual needs. People's needs were assessed before they moved into the home. This helped to give a comprehensive picture of the person and made sure they received the right care and support.

People told us they were happy with the care and support they received. One person said "Everything has been handled very well and professionally and people have been friendly, it's more than I could ask for." We saw that staff understood what people's needs were and knew how to communicate with them. We saw that staff quickly recognised what people wanted or needed and provided appropriate support in a sensitive and respectful manner. For example, we saw staff encourage one person to move to an area of privacy to assist with a medical procedure.

Records showed that people were provided with support, care and treatment by a multidisciplinary team within the service. This included health care assistants, rehabilitation assistants, registered nurses and specialist professionals, providing, for example psychology, physiotherapy, occupational therapy, speech and language therapy and hydrotherapy. People were referred to specialist professionals outside of the service if necessary, for example one person's care plan showed treatment from a psychiatrist. The manager told us that people were also supported by a neuro-rehabilitation consultant who visited the service regularly. Records showed that people had a GP and access to other health care professionals to make sure their health needs were met, such as a dentist and chiropodist.

People told us "When I arrived here my speech hadn't developed, but now it's much better, I'm encouraged by staff and I'm developing more walking now" and "I've had regular sessions with the speech therapist and [occupational therapists] and have a session once per day with the physio" and "I used to have regular use of the hydrotherapy pool, once a

week, but now don't need it so much."

People were supported towards independence and/or to return to their own home. Occupational therapy supported people with skills, such as shopping and cooking. People told us "I've had lots of meetings with the occupational therapist, managers and my family to make sure that I'm going to be OK when I go home." People living in the bungalows, were encouraged by staff with all the aspects of daily living, prior to a potential move into the community. Care plans confirmed this. One person living in a bungalow described how they did their own cleaning and laundry.

People's welfare was promoted by the opportunity for social activities. People told us "I like living here, there is always something to do." Records showed that a variety of activities were available, such as guitar lessons, bowling, swimming and horse riding. Staff described how they supported people to go out for coffee or to the garden centre or cinema. We saw that there was a pool table available at the Manor House for people to use. Staff told us that people liked to go for a walk in the grounds and that there was the opportunity to join the "garden club" organised by the occupational therapist.

Records showed that support, care and treatment from staff and professionals from both within and outside of the service were included within people's care plans. This meant that people received support, care and treatment that were tailored to their individual needs and preferences. We saw that care plans were reviewed regularly and where people's needs had changed. For example, we saw that one person's care plan had been updated following a change in the way their medication was administered. This meant that people received appropriate care as staff had up to date guidance to follow.

Care and treatment was planned and delivered in a way that ensured people's safety and welfare. People were assessed for any risks associated with the care they received. For example, one person's care plan contained guidance for staff about how to manage agitation, so that the person could continue to receive appropriate care and treatment. Another person's care plan showed guidance for staff about what to do to reduce the risk of incidents of aggression and how to make people safe. Care plans showed that other risks had been assessed and guidance was provided for staff, such as how to support people with restricted mobility to move safely and how to avoid the risk of falls.

Staff knew about people's individual capacity to make day to day decisions and described occasions when sometimes encouragement was needed in decision making. The manager told us that not everyone was able to make significant decisions about their care and treatment, such as one person who was not able to make a decision about their medication. The manager told us that a decision had been taken in this person's best interest with the involvement of their family, GP, consultant and representative from the funding authority. Records showed that an assessment of the person's capacity for making decisions had now been put in place together with a care plan about how to administer their medication when they were not able to take this decision.

Safeguarding people who use services from abuse ✓ Met this standard

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

The staff we spoke with explained what they would do if they suspected a person was at risk of abuse or abuse may have occurred and how they would protect people. For example, one member of staff told us that they would report any suspicion of abuse to the manager immediately. Written safeguarding procedures were available for staff guidance.

The provider responded appropriately to any allegations of abuse. During the course of the inspection, we were informed of safeguarding matters, in that concerns had been previously raised by the manager with the local safeguarding team for investigation. This is where one or more person's health, wellbeing or human rights may not have been properly protected and they may have suffered harm, abuse or neglect. This was currently being looked into by the local authority safeguarding team. The manager was knowledgeable about how to refer to and work with the appropriate authorities about any concerns or allegations of abuse. Some of the concerns raised by the manager did not relate to the service provided at Hothfield Manor Acquired Brain Injury Centre.

The manager described other concerns and the action planned and taken by staff to protect people and reduce the risk of the re-occurrence of incidents in future. For example, alterations to the environment, liaison with health and social care professionals and a review of medication administration procedure, care planning and staff training.

Safety and suitability of premises ✓ Met this standard

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

Hothfield Manor Acquired Brain Injury Centre consisted of three areas of accommodation; the main Manor House with the attached Neuro-Rehabilitation Unit extension and seven terraced bungalows within the grounds.

The provider had taken steps to provide care in an environment that was suitably designed. We saw that each area of accommodation was suitable for the differing needs of people who used the service. For example, although all areas were suitable for people with restricted mobility, the Neuro-Rehabilitation Unit was purpose built to accommodate people using wheelchairs, who benefitted from spacious rooms, wide doorways and corridors. There were lifts available to all floors. The bungalows provided a homely and domestic environment for people who were being supported towards independence.

People benefitted from safe and comfortable accommodation. All bedrooms were for single occupancy. In the Manor House and bungalows, where long term care was provided, people were supported to personalise their rooms according to their individual preferences and interests. All bedrooms in the Neuro-Rehabilitation Unit had ensuite facilities. Some people who lived in the Manor House had ensuite facilities, whilst others shared a bathroom nearby.

People were able to choose where to spend their time from a variety of shared communal areas for socialising and recreation. For example, the Manor House provided a lounge, dining room and smoking room and the Neuro-Rehabilitation Unit provided a lounge and dining room on each floor. Five of the seven bungalows accommodated up to two people, who shared a kitchen, bathroom and lounge. We saw that the lounges of shared bungalows were personalised according to the interests of the people who lived there. There was a small enclosed garden and extensive grounds for people to enjoy. People told us "I like my room" and "The place here and the surroundings are really lovely."

The service provided a range of therapy services and as such, the Neuro-Rehabilitation Unit contained a number of dedicated therapy areas for people to use. These included a well-equipped gym, an occupational therapy kitchen, a hydrotherapy pool and individual consulting rooms, where people could see professionals involved in their treatment in private.

The provider had taken steps to provide care in an environment that was adequately maintained. We saw that the premises had been well maintained and that there were effective systems in place for repairs and decoration. For example, repairs to one boiler had been recently made to restore the interruption to the supply of hot water to one part of the service. The manager told us that they had acquired a specific budget for the refurbishment of the bungalows, which would be completed by the end of this year. We saw some records and certificates for the safe maintenance of the premises, such as the gas supply.

Supporting workers ✖ Action needed

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was not meeting this standard.

People were cared for by staff who were supervised to deliver care and treatment safely and to an appropriate standard.

Not all staff were fully trained to deliver care and treatment to people safely and to an appropriate standard.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

Staff were clear about their responsibilities and showed a good knowledge and understanding of how to meet people's needs. People who used the service told us that staff were kind and always there if they needed help with any problems. People told us "The staff are always helpful, they are kind and respectful" and "The staff are nice."

The manager told us that staff training was a combination of e-learning and practical sessions provided by either staff qualified to do so in-house or by external organisations. Staff received some training, which met the needs of people who used the service. Staff described courses they had undertaken such as, how to move people with restricted mobility safely, how to handle and store hazardous chemicals, how to prevent a fire, how to administer first aid and how to prepare food safely.

We saw a specific record of training about how to move people with restricted mobility safely. This showed confirmed that all staff had undertaken this training and where an update was due, a course was booked.

Staff told us that more specialist training was provided within the service, including how to support people with an acquired brain injury and how to support people with cognitive difficulties. Staff told us that some specialist training was provided by professionals employed by the service. Staff told us that they had completed training in how to resolve conflicts, how to manage challenging behaviour and how to de-escalate situations. We did not see any records that confirmed specialist training had been undertaken.

We saw a general training report for the service, which showed that not all staff had completed all of the basic training they needed to meet people's needs effectively. For example, there were gaps in staff training about how to protect people's health and safety, how to administer first aid, how to control the spread of infection, how to prevent the risk of

fire and how to protect vulnerable adults from abuse.

The manager told us that currently, only they were trained in how to make a decision in people's best interest in line with the Mental Capacity Act guidance. The manager said that they were in the process of making arrangements for all staff to receive this training, with senior staff being provided with additional training in the Deprivation of Liberty Standards. The manager said that staff training in the Mental Capacity Act and the Deprivation of Liberty Standards would be completed by 31 July 2013.

The manager told us that four members of staff had recently completed a nationally recognised qualification. One member of staff told us that they had obtained a National Vocational Qualification (NVQ) at level 4. The general training report did not record any details about NVQs or the current equivalent within the Qualifications Credit Framework (QCF).

Staff received support relevant to the roles they undertook. Staff told us that they could talk to the manager or senior staff about any issues regarding the support they provided for people who used the service. Staff told us they felt well supported. Staff said that the manager was available for staff on a daily basis.

We saw examples of staff appraisal, supervision and clinical supervision records which showed discussion about their role in supporting people who used the service, any worries or concerns, any areas for improvement and any training needed.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others.

Reasons for our judgement

People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. We saw that people were relaxed and able to easily communicate their wishes to staff, who acted upon these. People told us "I would speak with staff if I was worried about anything." Staff told us that people spoke with them on a daily basis about the support provided. We saw that staff were patient and encouraged people to do what they could for themselves and allowed people time to voice their own opinions and views.

People with spoke with were happy with the service provided. People told us "There is nothing but good to say" and "I've got no complaints about anyone." The provider took account of complaints and comments to improve the service. The manager told us that if there were any issues, people who used the service or their relatives could discuss these informally at any time, action was then taken, which meant a complaint was often avoidable. The manager said that three complaints about the service provided had been received since December 2012. Records confirmed this, together with the taken action to resolve the issues concerned. Staff knew how to raise any concerns and the provider supplied supervision and appraisal to help them meet the needs of people who used the service.

The manager told us that quality assurance surveys were used annually to gain people's opinions about the service provided. We saw the analysis of the surveys returned in 2012, which showed largely positive results. The manager said that this year's quality assurance surveys were due to be sent out shortly.

There was evidence that learning from incidents / investigations took place and appropriate changes were implemented. Records showed that the details of incidents were recorded and we saw evidence that action was taken following these to avoid the risk of any reoccurrence.

We saw various regular checks and audits to ensure the safety of people who used the service, for example, food safety and cleaning routines. Records showed that a variety of potential risks from the environment had been assessed in order to protect people, such as fire, the use of wheelchairs, scalding, and the use of the kitchen and people smoking.

The structure within the service for decision making and accountability ensured that people's care and support needs were met consistently.

This section is primarily information for the provider

Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activities	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	**Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010** **Supporting workers** **How the regulation was not being met:** Not all staff were fully trained to deliver care and treatment to people safely and to an appropriate standard. Regulation 23(1)(a)(b)

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 16 August 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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