



**KENT HOUSE
AND
HARVEY ROAD ANNUAL REPORT
2009**



Brain Injury Rehabilitation Trust

Kent House

1 Haslerig Close

Aylesbury

HP21 9PH

Tel: 01296 330101

Fax: 01296 394580



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Vision Statement

“The staff at Kent House aspire to bring purpose to the lives of our Service Users. We aim consistently to value the person and work towards the development and maintenance of an environment where optimum quality of life is assured.

We seek to inspire the local community to adopt a positive view of people with brain injury and to join with us in facilitating integration in work, leisure activities and community living.”

Introduction

Welcome to the 2009 Annual Report for Kent House. This report will document our activities and developments over the past year.

Kent House opened in 1994, and is one of the Brain Injury Rehabilitation Trust’s continuing rehabilitation (longer-term) units. The theoretical approach followed here derives from the neurobehavioural model developed by Professor Rodger Wood which underpins the Brain Injury Rehabilitation Trust approach to the management of brain injury. This approach takes as its fundamental building blocks the basics of everyday life that all individuals wish to perform with dignity and independence. In our longer-term setting, aims are often necessarily modest, but the motivation remains the same; to help the service user reach and maintain their potential. We are therefore committed to ongoing close evaluation and sensitivity to the distinctly individual and changing needs of our service users, setting goals as appropriate.

All staff are trained in the core values and methods which inform the basis of our approach. We aim to promote dignity, privacy and independence, recognising the right of individuals to be treated with respect at all times, even when their behaviour is unpredictable. In according service users dignity at all times, the contract is implicit that they will adopt a similarly respectful attitude towards staff. Staff record unsuitable behaviour and give consistent feedback

to service users who need to try to adhere to more appropriate social patterns. Service users are always aware of how their behaviour is being guided and receive very clear feedback. They are also involved in setting their own goals.



RESOURCES

Kent House provides specialist services to 21 service users. The unit is registered with the Care Quality Commission and six places are designated as available for service users over the age of 65 years. This allows the unit to accommodate an ageing population with flexibility.

Kent House comprises:

- 16 single bedsits, each with their own bathroom and kitchen.
- A single person supported living flat
- 4 bungalows, each with bedroom, kitchen and bathroom

86 Harvey Road, a 3 bedroom supported house, is a short walk from the main unit and is an important part of our commitment to maximise community re-integration.

The Brain Injury Rehabilitation Trust purchased Kent House from John Grooms Housing Association in 2008. Now that the trust owns the building, we are in a position to improve it and major development is underway.

Kent House has a clinical team, which consists of consultant clinical neuropsychologist, clinical psychologist (clinical team leader), assistant psychologist, physiotherapist, occupational therapist, speech and language therapist, vocational trainer, therapy assistants and head of care/registered general nurse. In addition the team has a programme co-ordinator and programme assistant to ensure the smooth and efficient running of client programmes. A number of professionals visit to provide specialist services, including a general practitioner, consultant neuropsychiatrist, community dietician and district nurse.



PHILOSOPHY

The care of individuals with severe brain injury over an extended period and as they age presents different challenges to acute rehabilitation. We aim to challenge our client group to continue to develop in terms of behaviour and independence, but this approach has to be sensibly tempered with a flexible response to the limitations that then develop as a result of ageing.



The balancing of expectation of effort with sensitivity to decline in function always requires fine judgement. We are offering life-long care to many of our services users and as the years go by our management needs to reflect changing physical and cognitive profiles. It is well established that individuals who have suffered serious brain injury are at higher risk of developing a dementing illness and this can be idiosyncratic in presentation. The care of

brain injured individuals as they age is, therefore, a specialism in its own right, requiring careful monitoring and adjustment. In this we are supported by our visiting neuropsychiatrist, Dr David Sumners, our GPs and the local neurology service.

Our objectives within this framework are:

- to develop and then maintain an individual's potential through the spectrum of normal everyday activity and, where appropriate, into the workplace
- to monitor an individual's behaviour and competencies within the unit and in appropriate community settings and to adjust care and rehabilitation plans according to changing needs. This requires particular care in adjustment of expectations and support with age (and possibly significant neurological deterioration) whilst encouraging optimum functioning at all stages.
- to monitor and manage the sometimes complex health needs of all our service users closely in partnership with our local GP who visits and knows our service users well
- to provide consistent team support of the service users to maintain contact with family and friends
- to meet on a regular review basis to ensure that all stake-holders are kept abreast of the service user's functioning and are able to air concerns, help with solutions to issues that may crop up etc
- to be readily available to families on an ongoing basis.
- to respond to the needs of our service users and funders in the wider community as promptly and effectively as possible and build bridges which will benefit planning for future clients



HOW WE WORK

All our support staff are experienced in observing how our service users go about their activities and what this tells us about their intellectual patterning and their physical functioning. In addition we have a specialist neuropsychologist and occupational therapist formally trained in the evaluation of cognition and behaviour. On the basis of their assessments, we are able to tailor the care plan and activities to a person's ability level and work out strategies to support functioning. We are also very much aware that our service users have ongoing emotional issues. The impact of a brain injury and the devastating losses that result continue to have an impact on mood, confidence and self-esteem many years on. One can never assume that the psychological issues resulting from loss cease to be salient for the service user or their families. We monitor closely and provide appropriate treatment and interventions. Where necessary we are supported in our management of mood disorder and other psychiatric manifestations by our Consultant Neuropsychiatrist.



We are well equipped to maintain competence in physical functioning. All service users are managed on an individual basis, so we can work with those who are suffering the restriction of severe physical impairment, as well as those who just need toning up. We have a specialist neuro-physiotherapist and a physiotherapy assistant who use the activity/treatment room on site as well as ensuring that physiotherapy goals are extended into the community.

Over the years, a network of educational and work contacts has been built up in the area. Our vocational trainer assesses suitability for work across the whole spectrum of competence. One of our service users has a paid part time job. He also has voluntary commitments. Six others also have voluntary posts providing a variety of contributions to different local organisations. These work placements bring a variety of benefits and in some cases have led to

extensive social networking within a wider voluntary group. Training is provided in some of these contexts, which further enhances competence. The fact that our service users go out and are supported by our vocational trainer helps also to promote awareness of and sensitivity to the problems of brain injured people in the wider community, something that is core to BIRT philosophy. Voluntary jobs include helping in the café at Stoke Mandeville Hospital, helping to clean toys at the Oaks drop in centre, helping to sell raffle tickets at Waddesdon Manor for the National Trust etc.

Eight of our service users also access a variety of college courses, ranging from basic IT to flower arranging to art. Two of our Harvey Road service users have been following a course in Horticulture and Small Animal Care at Thrift Farm. Participation here has been an obvious demonstration of increasing independence and reducing reliance on supervision, with commensurate benefits in confidence and self-esteem.

Within the unit, our groups have continued to be popular. As last year, the coffee critic group resulted in a booklet of reviews of coffee shops in the local area. We have also run a baking group and a photography group. Next year we are planning to introduce an environment task force, so that service users can be involved in hands-on recycling. On a more obviously therapeutic note, short blocks of group work have also been run for brain injury awareness, social skills, memory and relaxation.

The occupational therapy team continue to run popular lunchtime meal preparation programmes. Many service users participate in making their own lunch once a week and eating it in a small group.



The Mental Capacity Act

The Mental Capacity Act received Royal Assent in 2005 and came into effect in 2007. The Act affects everyone aged 16 and over and provides a statutory framework to empower and protect people who may not be able to make some decisions for themselves. The spirit of the act is to promote choice, to respect the entitlements of citizenship and to enhance fulfilment through participation. This spirit has always been part of the BIRT philosophy. Maximum independence and participation in decision-making have always been encouraged on the part of our service users wherever possible. However, the implementation of the act has thrown the process of negotiation over some decisions into sharper relief and more formality is now required in assessing and documenting how recommendations and decisions are arrived at.

The issue of capacity comes up daily in discussion of many decisions made to ensure that the right choices are made by or for service users on many different care issues. For some of our service users, we need to involve interested parties eg next of kin, independent mental capacity advocates etc in decision-making over many issues. This is a good discipline and means that no important decision is taken without due care.

The Deprivation of Liberty (DOL) safeguards are an addendum to the Mental Capacity Act and came into force on 1st April 2009. This document adds to the guidance of the MCA to further protect the vulnerable. It states that when someone lacks the capacity to make certain decisions or take actions for themselves, others may have to make those decisions on their behalf. When they do this, they should not deprive the person who lacks capacity of their liberty unless it is essential to do so in the person's best interests and for their safety. Admission to any BIRT facility is carefully managed to respect this principle. Many of our Kent House service users were and are unable to participate fully in agreeing to admission as their insight into their own needs is poor. For those who do not have capacity, a best interest assessment is conducted. Our residents tend to remain long term and this initial best interest assessment will be reviewed annually.

We are effectively a locked unit and the balance between safe containment and liberty is always at the heart of our thinking. The Deprivation of Liberty legislation acts to sharpen thinking on how we define 'deprivation' and how we identify it in practice



Some of our service users have a key to the unit and come and go according to an agreed timetable to agreed locations. Others are much more vulnerable and require some level of supervisory oversight to ensure their safety. These service users have been assessed as not capable of holding keys and needing a certain level of supervision to ensure safety. However, to ensure that they are not deprived of their liberty, we work hard to provide regular outings (shopping, church, college, family gatherings) and other contacts with the outside world (arranging internet access, helping them make phone calls, answer mail etc). Over the past year we have had to refer one management decision to the Deprivation of Liberty team.

In the context of the enactment of the DOL legislation, we have undertaken a major review of our service users' capacity to agree to certain aspects of our service delivery eg management of service users' cigarettes, money, toiletries etc. For each issue a capacity assessment has been done and in the absence of capacity to agree, the next of kin, GP, or IMCA has completed a best interest assessment.

THE YEAR'S ACTIVITY

Admissions and Discharges

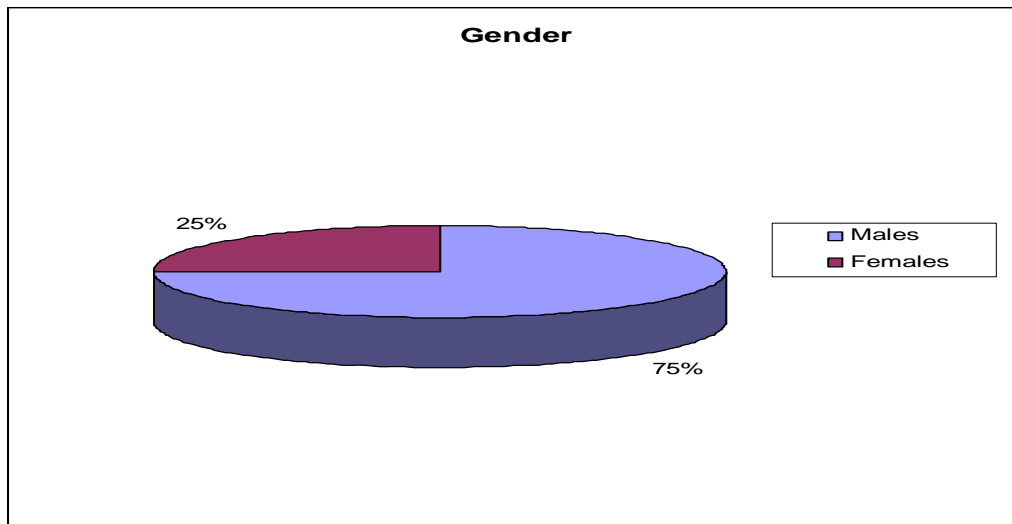
We have had one discharge this year. The service user moved to a BIRT supported house. Our vacancy was quickly filled, making a total of 59 admissions since Kent House opened in 1994.

CHARACTERISTICS OF CURRENT SERVICE USERS

Gender

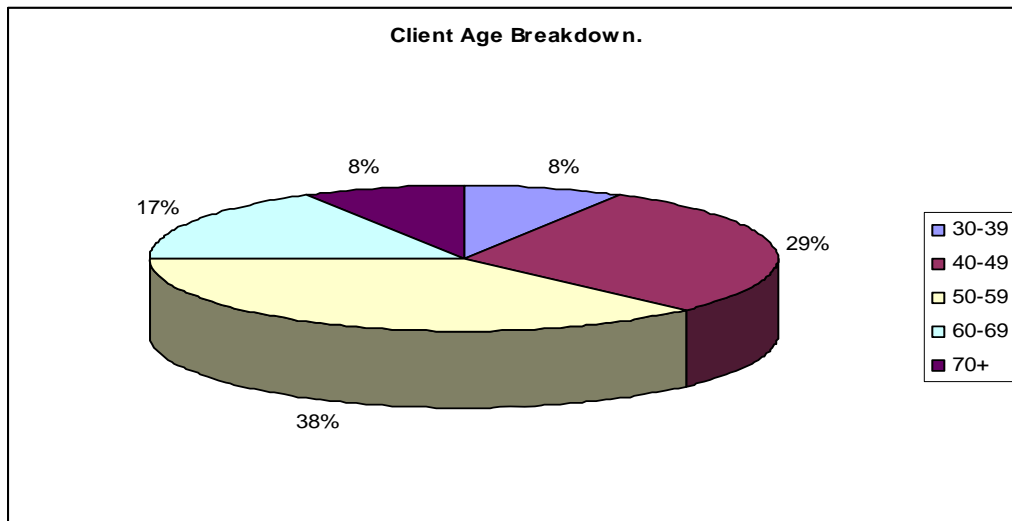
During 2009, the gender ratio at Kent House was 25% female and 75% male (see graph below) consistent with the prevalence of brain injury across the country. Traumatic brain injury typically occurs approximately three times

more frequently in males than in females, while other forms of acquired brain injury occur equally between the sexes.



Age

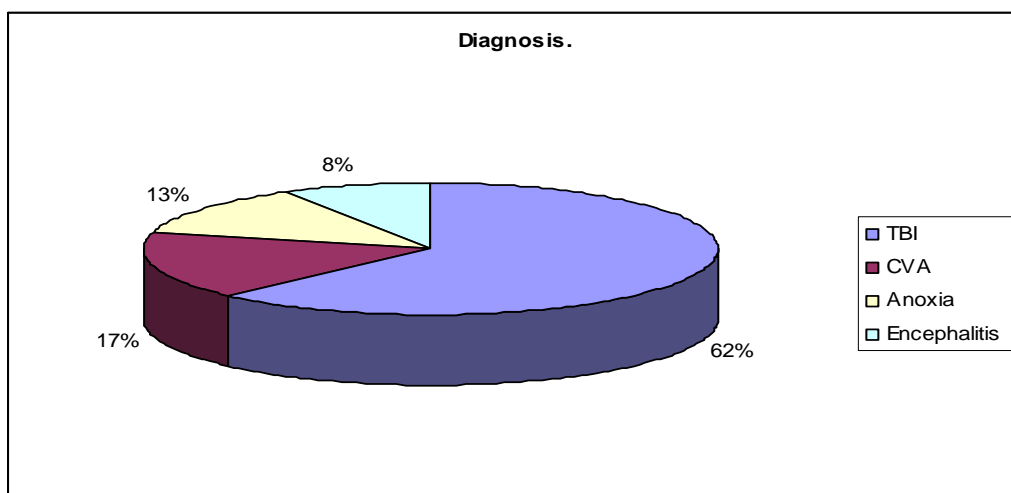
The average age of the service users at Kent House is now 53 years. The average length of stay of our current clients is 104 months. Our average will continue to increase as we have a relatively stable population, for the majority of whom, this is likely to be their permanent home.



Five of our service users at Kent House are over the age of 65 years. Based on the current registration, we could accommodate one more service user in this age group.

Type of Injury

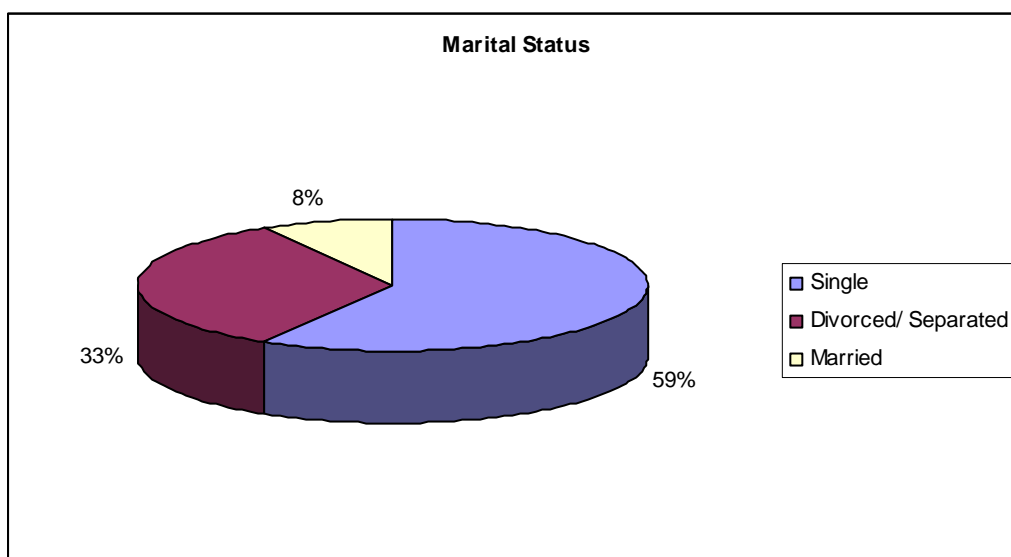
Service users within Kent House have sustained the following types of injuries: traumatic brain injury, anoxic brain injury, encephalitis and CVA.



Although these figures represent the principle original pathology, for many of our service users there are significant co-existing health problems eg epilepsy, diabetes, Parkinson’s disease, psychosis, depression, dementia etc all of which complicate the management of the primary problems springing from the original injury. 14 of our service users are ambulant and 10 are in wheelchairs. 3 require hoisting for all transfers.

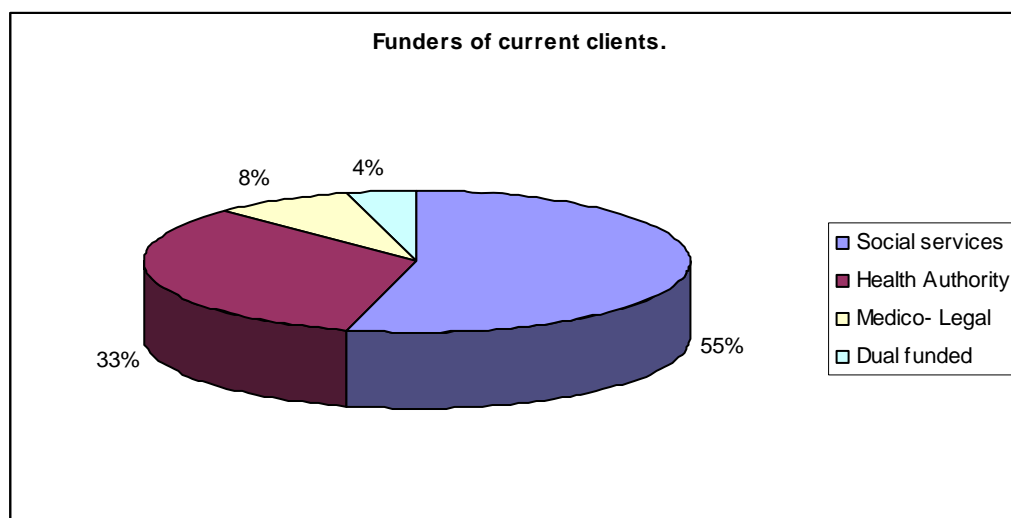
Marital Status

At present, the majority of our service users are single. 33% have been married in the past and 8% are currently married.



Funding

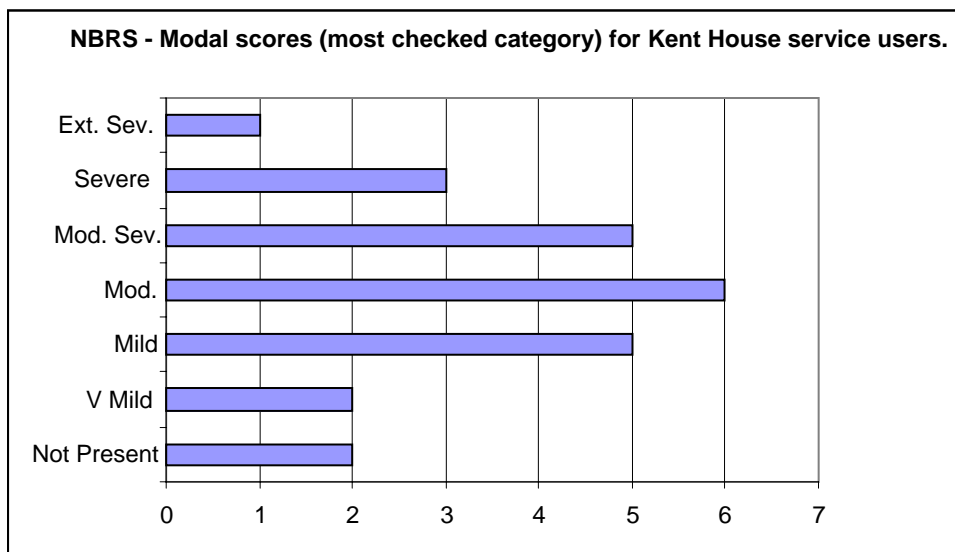
Current placements at Kent House are funded primarily through the Health Authority, Social Services, or medico-legal funding (compensation settlements), as show in the graph below.



The occupancy level remains at 100%. Referrals come from a variety of sources, including social workers, psychologists and medical consultants. While there are many enquiries and referrals made to Kent House, few progress on to admission assessments, due to the limited number of vacancies occurring each year. Some enquiries are referred to other BIRT services.

Service User Characteristics and Outcome Measures

One outcome measure used in all BIRT services is the Neurobehavioural Rating Scale (NBRs) which is an aggregated measure indicating the level of cognitive, psychiatric and behavioural disturbance manifested by each service user. It takes into account 27 different aspects of functioning such as swings of mood, memory deficit, agitation, disinhibition, suspiciousness etc. Each item is rated on a 7 point scale from not present to extremely severe. In order to give an overview of the level of dependency of our population, we calculated the modal score (most often checked severity level) for each service user. The number falling in each category is shown in the graph below. Most fall within the moderate and moderate severe ranges indicating that our population is significantly disadvantaged in terms of mood, cognition and behavioural indicators. This represents a slight negative shift when compared to last year and reflects the fact that some of our service users (approximately 20% of Kent House residents) have dementing conditions.



Satisfaction Surveys

Every year we seek feedback on our service from all our service users, families and funders. Opinion is sought on a range of aspects of the service eg dignity, privacy, communication etc. For 2009, our feedback has been very positive. 100% of funders and families and 83% of service users were very satisfied. Feedback from 2008 indicated some dissatisfaction with the state of the building. This has been addressed by the refurbishment programme.

Service Managers Report

It is with sadness that I write my final report. I will be retiring on the 18th December 2009. At this time I wish to thank all Senior Management Team members, extended Senior Management and the staff team at Kent House and 86 Harvey Road for their support to me during my eighteen years service with The Disabilities Trust. I wish all staff and service users at Kent House and 86 Harvey Road well for their futures.

The staff, service users and family members enjoyed the fifteenth Anniversary celebrations of the opening of Kent House on 24.04.09. The Mayor of Aylesbury, Penny Thorne presented long service awards to staff. It was a most enjoyable and successful day.

The staff team at Kent House and 86 Harvey Road have been instrumental in improving standards in all areas and the following achievements have been made in 2009:

- A five star Food Safety rating from the Environmental Health Department in February 2009.
- Re-accreditation of C.A.R.F. in May 2009. (see below)
- An excellent Health and Safety report from Inspection completed on 15th May 2009 gave a score of 118/126 = 94%.

- An outstanding report from The Disabilities Trust Quality Assurance Division in all areas in July 2009
- A Fire Safety Audit was completed by the risk reduction officer from the Buckinghamshire Fire and Rescue Service on 21.08.09 and the outcome was satisfactory.
- Following completed A.Q.A.A forms and views from service users, staff, family members, professionals and funders, Kent House continues to have a two star rating and 86 Harvey Road continues to have a three star rating from the Care Quality Commission.

The staff team are committed to achieving all of the objectives on the Service Development Plan for 2009/2010. The most significant achievement so far has been the refurbishment at Kent House which has incorporated the following changes:

- The creation of a new quiet room/small lounge for service users to be used for small group activities and privacy with visitors.
- The incorporation of the access to the physiotherapy and OT areas into the main building, so service users no longer have to go outside to get to these departments
- The main kitchen has been completely refurbished.
- Four new rooms have been added at the front of the building which will be used as a Service Managers office, Assistant Managers office, Administration office and training / meeting room

Staff training continues to be a high priority. New permanent staff commence NVQ training once they have completed their probationary period. During 2009 student placements have continued for Nurses, Social Workers and Police at Kent House.

It is important to mention a few new or improved systems which are now in use at Kent House and 86 Harvey Road:

- Portable medical profiles (synopsis of medical history transportable to hospital in an emergency) have been updated.
- Service users at Kent House and 86 Harvey Road have joined the Disabilities Trust service user forum.
- A new “service user friendly” guide to the service has been prepared and is in use.
- Infection control audits are completed every three months.
- Accidents / incidents are reviewed at the Clinical Meeting by the Clinical Team Leader.
- Environmental Risks and “in-house” policies and procedures were updated in April 2009
- Fire Risk Audits have been completed every six months, identifying areas where further training is needed.



Commission for the Accreditation of Rehabilitation Facilities (CARF)

CARF is an American accreditation agency which has set internationally recognised standards for rehabilitation facilities for over 40 years. In March 2006, three BIRT units (York, Leeds and Liverpool) proudly achieved CARF accreditation, the first British units to do so. This was awarded at the highest level possible. The remaining BIRT services including residential units and community services underwent the rigorous CARF survey in June 2007 and received similarly robust praise, cementing BIRT's position as a leading light in the provision of high quality rehabilitation services. The CARF accreditation process is an ongoing one, ensuring a continuing dynamic approach to service development. The reaccreditation visit took place in June 2009 and again we received positive validation of the service and a further period of accreditation of 3 years.

Caroline Barry Consultant Clinical Neuropsychologist

Christine Wood Service Manager

Louise Newman Assistant Psychologist

Thanks are due to Martyn Brown for the photographs in the report and to all the service users who volunteered to appear in it.