



**KERWIN COURT
HORSHAM**

ANNUAL REPORT

2008

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BRAIN INJURY REHABILITATION TRUST



Looking ahead

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INTRODUCTION

This is the second Annual Report for Kerwin Court which opened in May 2007. The unit is registered with the Commission for Social Care as a care home for adults with physical disability. An unannounced inspection by the Commission for Social Care Inspection took place in December 2008. The outcome was very positive with every standard being measured as good and the inspector made no requirements on any aspect of the service we provide.

Kerwin Court is located near Horsham in West Sussex. The unit provides a post acute neurobehavioural rehabilitation service for people with acquired brain injury, and forms part of the nationwide network of rehabilitation support services provided by the Brain Injury Rehabilitation Trust (BIRT). The Brain Injury Rehabilitation Trust is a division of The Disabilities Trust, a not for profit organisation, offering innovative and progressive services for people with profound physical disabilities, autism and learning disabilities, as well as brain injury. BIRT's services in the UK have received international recognition from CARF (formerly the Commission for Accreditation of Rehabilitation Facilities), a non-profit organisation based in the USA. CARF have long experience of setting standards and assessing services against these standards. BIRT's services in the north of England achieved accreditation in 2006 and the services in the South of England, including Kerwin Court, received accreditation in 2007. We will be inspected again in Spring 2009.

WHAT WE DO

The rehabilitation programme at Kerwin Court provides a full post acute brain injury rehabilitation service including assessment, comprehensive rehabilitation and transitional living arrangements. Our service is designed for people who are medically stable and who, following careful assessment, are considered to have the potential for increased independence and social reintegration.

Our experienced staff work intensively with each individual, helping them to relearn skills lost as a result of their brain injury, or to acquire new skills to help minimise the impact of their injury. The rehabilitation service is primarily offered to adults between the ages of 18 and 65, although with agreement from the registration inspectorate, we are able to take service users who fall above this age range if their primary need is for brain injury rehabilitation. For service users in the age range 16-18 years we may be able to obtain a variation in our registration subject to the agreement from the registration inspectorate.

The main building at Kerwin Court contains sixteen ensuite bedrooms and two independent living flats, all of which are used for service users requiring acute intensive community based programmes of rehabilitation. Adjacent to the main unit are five single occupancy bungalows

which can provide the opportunity for service users to consolidate their independent living skills prior to moving on to a community house or returning to their own home.

Rehabilitation follows BIRT's well-established neurobehavioural model. Each service user has a rehabilitation plan, which is tailored to the individual and may include structured learning programmes, practising daily living skills, community access skills, behavioural management programmes (where necessary), social skills training and vocational assessment and support.

RECRUITMENT AND RETENTION

The staff team has continued to grow as the number of service users increased. We have retained over 90% of our original staff. We have welcomed 7 new rehabilitation support workers, Sandra Crawford as unit secretary, Wendy Brown as unit receptionist and Jenny Matthews as housekeeper. Barbara Brownell who previously worked as our housekeeper took over the role of Unit Cook in March 2008 and was joined by Carmen Lasso Martin as kitchen assistant in September. Barbara Munford joined the administration staff as PA to Dr Herbert and Professor Oddy in July 2008.

Colin Carpenter, our service manager, moved on in September 2008. Colin had the opportunity to work closer to home and on a part time basis, but was sorry to leave us. Colin had been an important figure in the early development of our service and we all wished him well. Joy Rowe, unit secretary from the beginning also moved on, as did our original chef Andy Stevens. Whilst we have been recruiting a new manager, Sue Thompson, Project Development Manager for the Trust, has been providing management support 3 days per week. Sue has been involved with our service since we opened and provided Colin with invaluable mentorship and support during the set up of the service.

DEVELOPING OUR PROGRAMME

We have focused on the development of our goal setting process and wherever practicable service users participate fully in setting their goals with the team. This has been incredibly positive in helping each person to focus on what is important to them and to have a better understanding of how they can work with the staff to make progress in these areas.

We have also developed our group programme as we recognise that people often learn a lot from each other, provided the groups are appropriately structured and managed. In addition to sessions such as brain injury awareness, arts and crafts, and relaxation, we have also been running a regular morning group, a body balance group (which always seems to involve laughter), a games group which encourages turn taking and social interaction, and a discussion group in which individuals work on expressing their own views and listening to the views of others. Other

groups include anger management and a presentation skills group which focuses on social and interview skills, and includes videoing and role play. The weekend planning group, as its name implies, organises events and outings for the weekends. The gardening group was very popular in the summer months and produced high quality vegetables and herbs which were used in the kitchen and a small profit was made from selling the excess to staff and families. The profits have been recycled into seeds for next year's crops.



SERVICE USER INVOLVEMENT

Service user meetings are held fortnightly and are led by a member of the clinical team to facilitate involvement from all present. These meetings provide a forum for seeking service user's views and providing an opportunity for new ideas and suggestions to be made, for example, Sky TV, P.A.T. dog scheme, themed social nights, and changes to the layout of their timetables.

Service users have been invited to be represented on the Health and Safety group and to take on roles in coordinating recycling on the unit. They have also taken on specific projects, for example, planning a successful outing for the gardening group to Petworth House, a National Trust property here in West Sussex.

STAFF TRAINING, DEVELOPMENT AND SUPERVISION

Training of staff remains central to the success of Kerwin Court. All staff are required to complete mandatory training in manual handling, fire prevention, food hygiene, POVA, Health and Safety and Infection Control. All staff attend basic brain injury awareness training and training in behavioural recording within the first 6 months of employment. Further Intermediate Brain Injury

Training is provided after six months for staff, giving them an opportunity to draw upon their initial experiences and to be able to participate fully.

In addition to the mandatory training and brain injury training provided centrally by BIRT, Kerwin Court has also established a series of monthly clinical training sessions for staff aimed at ensuring that all staff have the opportunity to become familiar with the range of work we do on the Unit and to become more skilled at tackling the difficult issues that can arise in residential rehabilitation. Topics in 2008 have included 'an introduction to speech and language therapy', 'de-escalation techniques', 'normal movement', 'boundaries', 'working with families', 'speech and movement', 'activities of daily living', 'looking at clients', and 'working with clients who upset us'.

Clinical supervision is provided in various forms to all staff on the unit. There are regular meetings for the team seniors, attended by members of the clinical team to discuss specific client programmes as well as the regular clinical team meeting which is attended either by the Team Senior or one of the Rehabilitation Support Workers. All staff receive regular supervision and have the opportunity to discuss issues of concern. There are six staff currently working on their NVQ award at either level 2 or level 3, and three staff who are completing their assessors award.

EVENTS AND CONFERENCES IN 2008

During Brain Injury Awareness week (March 2008) Kerwin Court had a stand in the foyer of our local Tesco Superstore and staff and service users were available all day to answer questions from members of the public.



Also as part of the BIRT 'Look After Your Head' Campaign Colin Carpenter presented a new bike to Georgia Campbell a pupil at Itchingfield School during Brain Injury Awareness Week. Georgia won the bike as a regional prize in the 'Look after your head' competition and her entry was then entered for the National competition.

We were grateful to Shoosmiths Solicitors who gave us time and a generous contribution to our gardening project. Members of staff came and spent a day with us planting rose bushes along our fences which have continued to thrive in spite of the lack of sunshine over the summer.



We were very fortunate in that our First Birthday Party on 12th May 2008 did take place on one of the few sunny days. Previous service users were invited to attend a barbeque and games event together with current service users and staff.



The unit was represented at the Association of Personal Injury Lawyers (APIL) conference in London in June 2008 and at the Sussex Acquired Brain Injury Forum Conference held at Brighton Race Course in July 2008.

We held a successful Seminar at the Unit on 3rd July 2008 with over 30 attendees. Professor Michael Oddy gave a presentation 'Using Outcome Measures to Improve Rehabilitation' and Dr Camilla Herbert presented an update on the 'Deprivation of Liberty Safeguards'.

On 15th July the Surrey Acquired Brain Injury Forum (SABIN) held a meeting at Kerwin Court. Dr Camilla Herbert gave a short presentation of BIRT services, and there was an opportunity for visitors to ask questions and to have a tour of the building.

Our local winner of the 'Look after your head' campaign Georgia Campbell was also awarded first prize for the National Campaign and in November 2008 Sophie Bull Assistant Manager presented her with a framed poster of her winning design and PCSO Hammond from the local police presented her with an art set.



We welcomed members of the local 'Who Dares Sings' for a Carol Concert on 17th December for service users (past and present) and family members.

WORKING WITH FAMILIES

We recognise what an important role family members play in rehabilitation. In the first few months after we opened many of our services users' families lived at considerable distance from the Unit and contact was usually organised on an individual basis by email, telephone, and planned visits.

We are now working with more families based in the Sussex, Surrey and Kent areas who are able and keen to attend events here at Kerwin Court. We have therefore set up a series of family events in the early evening to provide information and an opportunity for families to meet and discuss topics of common interest. The first event was held on Thursday 21st August 2008 and was facilitated by Dr Herbert. From this meeting came ideas for future meetings including requests for information about benefits, and Geoff Clarke from Horsham Job Centre Plus came on Monday 10th November 2008 to give a talk about benefit entitlements. A further meeting has been arranged for February 09 for a speaker from West Sussex Social Care to give an overview of social service provision and how to access it.

Each service user has an identified Key Worker and a Primary Support Worker who is the main point of contact between families and the unit staff. We do suggest that social visits are made in the evening or at weekends so as not to disrupt the main programme but we recognise that at times this is not practical because of the distances some families have to travel, and also that there can be great value in family members participating in certain sessions as part of understanding the service users' needs and supporting the transition to more independence. We do record all family visits and where necessary will facilitate the contact if it has been problematic for any reason.

The initial family event also provided ideas for other ways to support families and provide information. We have now set up a Family Resource Room, with information about brain injury as well as information about the local area – places to visit, where to eat etc so that families who are not familiar with the area can get ideas about where they can go if they are visiting at the weekend.

CLINICAL ACTIVITY

Admissions

Kerwin Court admitted 36 new service users in 2008. A total of 53 preadmission assessments were carried out, which means that 68% of assessments translated into funded admissions. In eleven cases (21%) it was felt that Kerwin Court was not a suitable placement for the individual, in 6 cases because they were more suitable for outpatient rather than residential rehabilitation and in 5 cases because the service could not meet their needs appropriately. Four people were assessed as potentially suitable but chose not to be admitted to this service (8%) and two individuals are awaiting placement in the service.

All referrals made to the programme are assessed by the Consultant in Neuropsychology and Rehabilitation and the information is then discussed with the Service Manager and Head of Care within the unit to ensure that we can meet the identified needs for the service user. The majority of these pre-admission assessments are conducted at the unit itself in order to ensure that the service user and their relatives or carers have an opportunity to see the resources available and

have an informed discussion about the benefits of rehabilitation at Kerwin Court. However a number of assessments are carried out at the referring unit, for example Crawley Hospital, East Surrey Hospital, Eastbourne District General Hospital or Hurstwood Park Neurological Centre.

Discharges

We discharged 29 service users during 2008. Average length of stay for those discharged in 2008 was 22 weeks but there was a wide range from short admissions of 6 weeks through to admissions lasting 46 weeks. Longer lengths of stay are often associated with difficulties identifying a suitable longer term placement or housing. We have one service user who has been with us now for over a year but is due to move into his own flat in the community early in 2009.

OUTCOMES

We measure progress using standardised outcome measures as well as individual goal setting during the rehabilitation programme. We use the Supervision Rating Scale to describe levels of support required and the Community Disposition Scale to record accommodation needs and engagement in activity. Specifically we measure the type of accommodation and support needs required at time of admission and discharge, and changes in the type of day time activity including work or study that an individual is engaged in on admission and in the plans for discharge.

Levels of Supervision

The level of supervision required at the time of admission and planned for the discharge destination is measured using the Supervision Rating Scale, which ranges from fully independent living, different levels of part time supervision (overnight supervision only, individuals being left alone for a full working day, being able to leave an individual unsupervised for up to an hour) through to full time supervision (for example requiring checks every 30 minutes through to 1:1 supervision). Table one summarises the changes in supervision requirements overall for those service users discharged in 2008.

Table 1

	Independent	Part time supervision	Fulltime Supervision
Admission	11%	29%	59%
Discharge	46%	33%	21%

In 28% of cases service users moved from the highest levels of supervision (full time supervision) to living in the community, sometimes with family or support available for parts of the day but otherwise independently. Of the seven service users admitted with moderate supervision needs (overnight or part time supervision) five improved but still require supervision and two progressed to living independently in the community. We did admit three people who were already living independently or with minimal support and their supervision needs did not change during

admission. Five service users (21%) continued to need full time support at the time of discharge although in one case this was provided by family, and in three cases in a highly supported community placement. The fifth service user transferred to another rehabilitation service closer to their home area and still needed full time supervision at that time.

Accommodation

When we reviewed all service users discharged during 2008 it was encouraging to see the increase in independence. At the time of admission 63% of service users were in residential care but only 13% were discharged to a residential placement.

Table 2

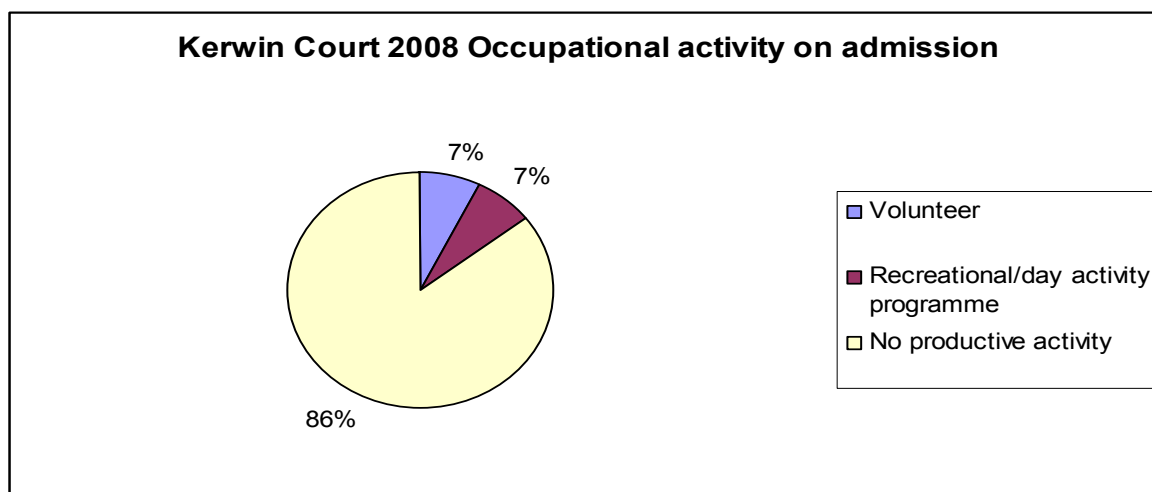
	Independent/ with family	Supported living	Residential
Admission	22%	15%	63%
Discharge	50%	38%	13%

Of those admitted from residential care 29% could be discharged to live on their own or with their families and a further 25% were able to live in the community in various forms of supported living arrangements. Six of our service users (22%) had been living independently at the time of admission and although four of these individuals were discharged to similar settings, in two cases additional support was put in place at the time of discharge.

Occupational Activity

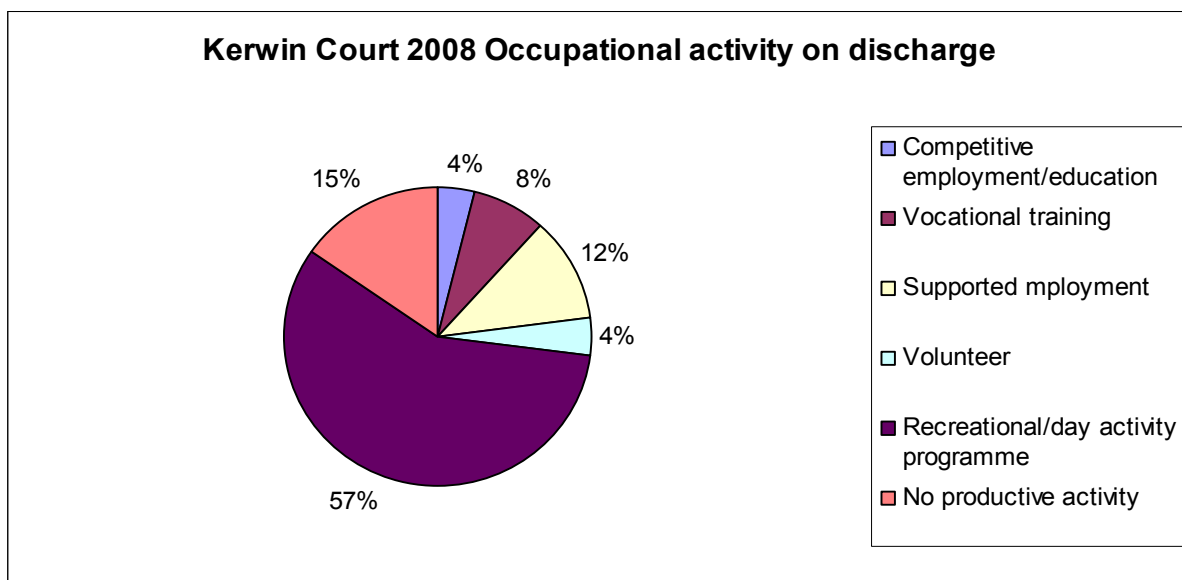
The Community Disposition Rating Scale records level of meaningful activity ranging from no productive activity, through structured day programmes, voluntary work, supported employment and part time and full time working. At the time of admission to Kerwin Court the vast majority of service users (86%) have no productive activity

Figure 1



By the time of discharge only 19% of our service users had no productive activity. In some of these cases they remain too confused to engage consistently in any activity and in others the service user refused what was available (for example choosing not to participate in voluntary work placements but unfortunately not being fit for open or paid employment). However 54% are engaged in a recreational or day activity programme and 23% are undergoing specialist vocational rehabilitation training or are in supported employment. In a number of cases it has been appropriate to refer on to specialist vocational rehabilitation services (such as Rehab UK) in the service users home area as further work was needed which could be more appropriately carried out in a community setting. One service user in the local area was supported to successfully return to full time working.

Figure 2

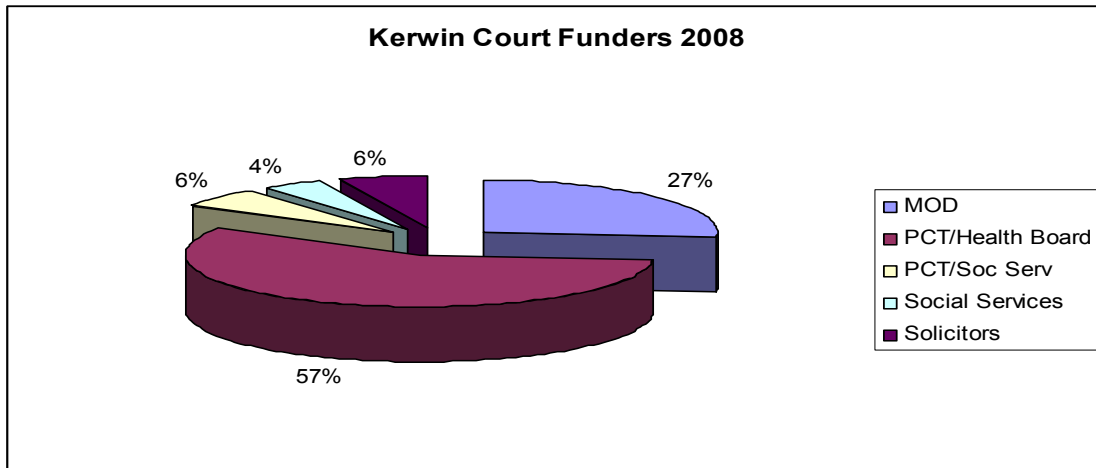


FUNDER PROFILE

The majority of admissions to Kerwin Court are funded by Continuing Health Care (57%), with some joint funded by health and social care (6%), some social care funded (6%) and a few medico legally funded clients (6%). The Ministry of Defence continues to refer on a regular basis (27%) as part of a contractual arrangement to provide residential rehabilitation for service personnel who are unable to return to active service.

We receive regular referrals from East Sussex, West Sussex and Surrey ie from the surrounding geographical areas as well as a smaller number from adjacent areas such as Kent, Essex, and South London Boroughs including Lambeth and Southwark. However we have also admitted clients from South Wales, Guernsey and Cornwall.

Figure 3

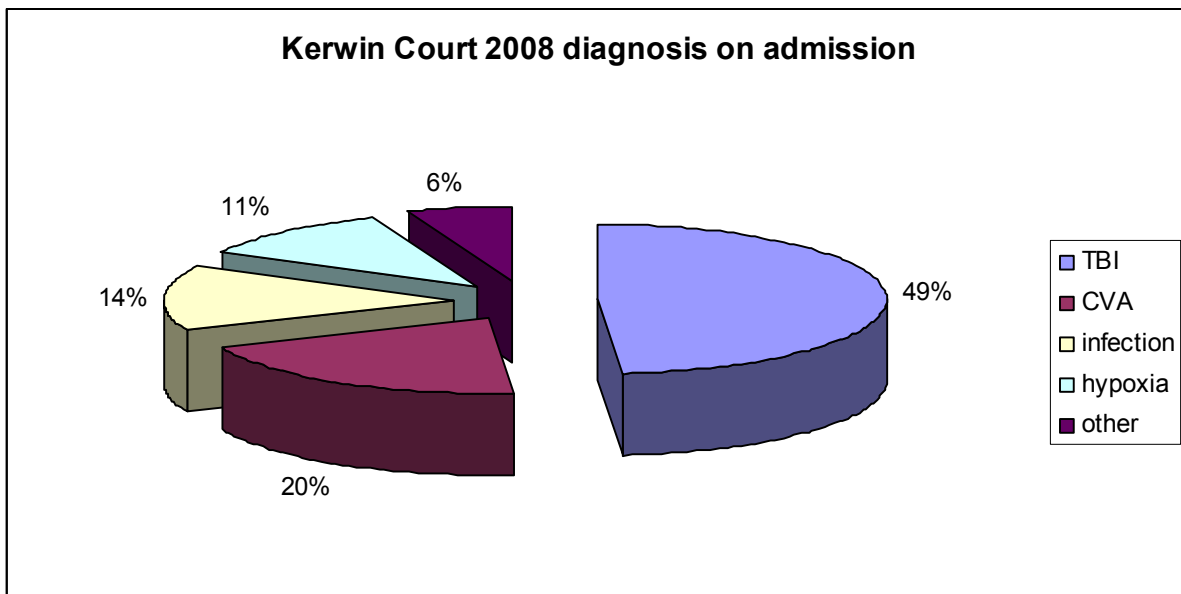


SERVICE USER PROFILE

Diagnosis

Approximately half our admissions (49%) are as a result of traumatic brain injury (eg falls, road traffic accidents, assaults, and blast injuries) which is comparable to our data from 2007 (11/18 admissions). We have admitted a similar proportion of people with some form of cerebrovascular accident (CVA) or stroke (20% compared with 22% in 2007) whilst the other two major diagnostic groups in 2008 were hypoxic brain injury due to lack of oxygen and encephalitis.

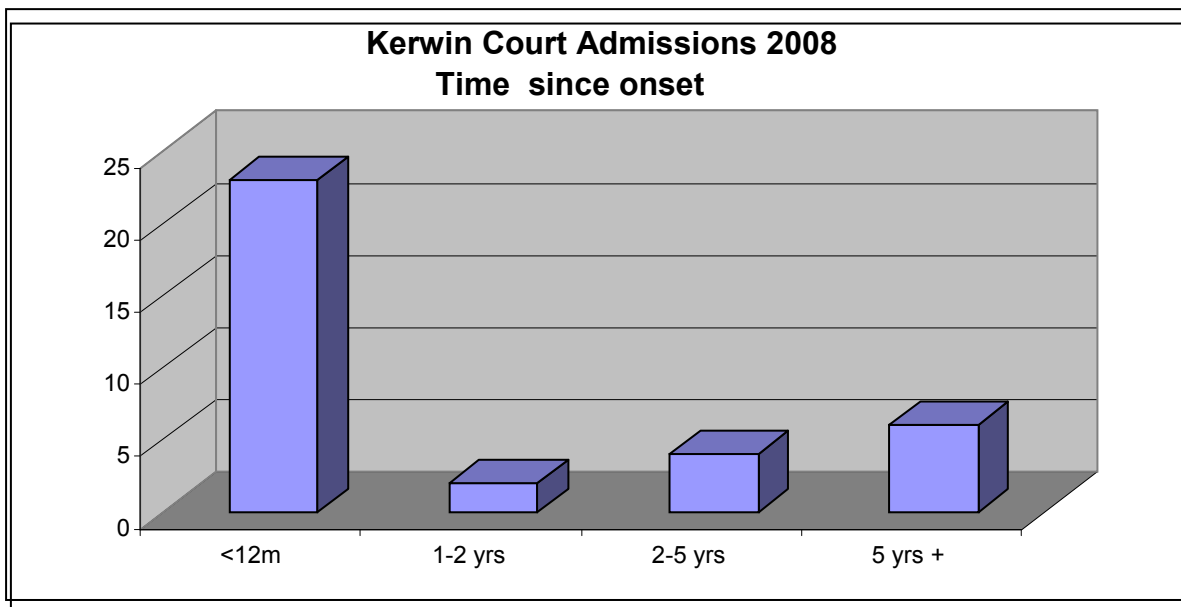
Figure 4



Time since injury

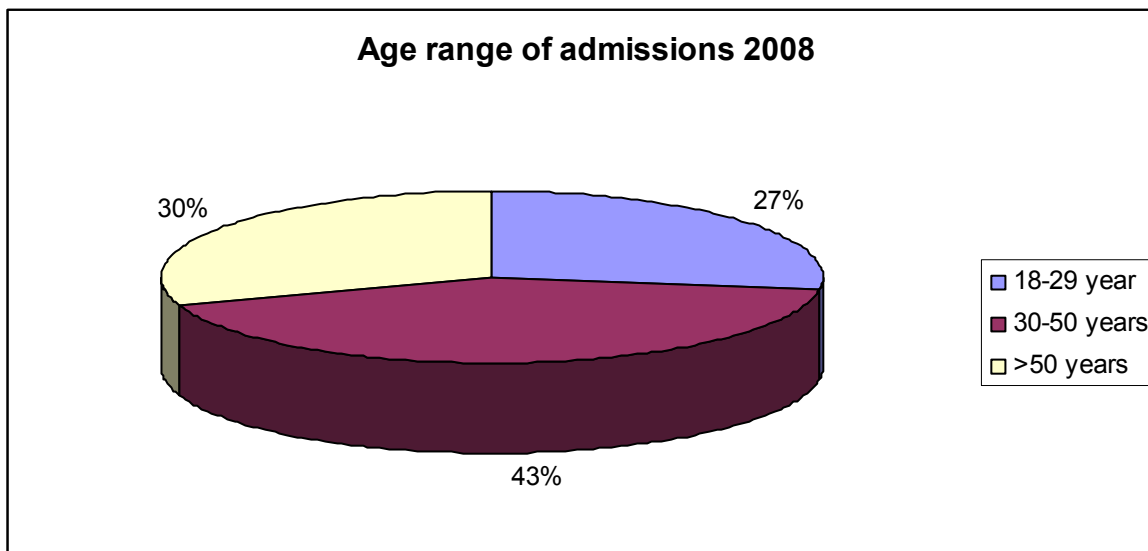
As the graph below illustrates the majority of service users sustained their injury less than 12 months prior to admission (64%) which is a shift towards the more acute injuries in comparison with our 2007 admissions where 44% of our admissions were within 12 months of onset.

Figure 6



Age at admission

The age range of service users admitted had increased slightly during 2008 with 43% being aged between 18-29 (50% in 2007), and 30% aged over 50 (17% in 2007). This reflects the greater number of people with stroke (CVA) admitted and 3 service users over the age of 65. *Figure 5*



Our local CSCI registration is happy for us to admit service users over 65 where the primary need is for rehabilitation (rather than for long term placement) and we have not had to obtain a formal variation for this older group. However, each referral is considered on a case by case basis and the individual must be able to benefit from the active rehabilitation programme here on the unit.

SATISFACTION DATA

BIRT requests feedback on its services from family members, service users, and referrers at the time of discharge.

The questionnaires sent out to family members which cover areas including the admission process, whether the aims and benefits of rehabilitation were explained, did they receive appropriate information about the placement, the rehabilitation plan and discharge arrangements. In addition the questionnaire asks whether they felt they were treated with respect and courtesy by staff and whether the facility itself was clean and of an appropriate standard. 13/29 family members responded in relation to discharges in 2008 and the overall satisfaction rating was 92%. There were two areas where the ratings fell below 80% and these related to the support and information available for family members. This is an issue we had already recognised and have begun to address in terms of our family education events and the setting up of a family resource room.

Service users too were generally positive about the building and the way staff treated them. There was however more variability in terms of the extent to which the 10 service users who completed feedback forms felt that their views were taken into account and whether they were happy with their rehabilitation. To some extent this is likely to reflect the individual circumstances and realistic expectations but we have worked to establish more systematic feedback from and to the Service User meeting which is run every fortnight as this is one of the key mechanisms for airing views and explaining what actions can or are being taken.

Responses from our referrers have been universally positive with no areas of dissatisfaction. However we recognise that there is always room for improvement and our priority in 2009 is to focus on communicating the discharge planning arrangements effectively and in a timely fashion.

PLANS FOR 2009

During 2009 we will maintain our high quality programme and continue to develop our clinical programme and particularly our group programme to meet the needs of our service users. We are developing our training for rehabilitation support workers (RSWs) and hope to trial a rotational secondment for individual RSWs to work more closely with the members of the clinical team to develop their skills and understanding. We are also keen to review and extend the work that we are doing with vocational options by developing the role of our Vocational and Recreational Coordinator and building on our existing contacts with the local community.

We will also develop our family support network further and look at flexible ways to meet the varying needs of our service users and their families. Although we do now have a stronger local network, we do need to provide appropriate support and information to families who are at some distance where it can be difficult for them to visit regularly or at times when the full clinical team are available, and we will continue to develop our Family Resource Room.

We will continue to ensure that we listen to and respond to the feedback from our service users during and after their admissions to our service.

We will build on our current discharge planning procedures and seek to ensure that families, service users, referrers and funders all feel adequately informed at all stages of the admission and discharge process.

CONCLUDING REMARKS

2008 gave us the opportunity to develop the service at Kerwin Court and we have enjoyed the challenge of delivering a high quality programme whilst maintaining a high turnover of clients. Our occupancy rate has increased in a planned way and our staffing complement has also increased. Maintaining the balance of individual needs and service provision will continue to be an issue for us in 2009 but we believe that we can build on our existing staff team and develop our skills and programme further. Kerwin Court does have the advantage of being a new and attractive looking facility for service users, families and funders, but its main strength is its staff who are enthusiastic, competent and dedicated. Our successes in 2008 are due to their hard work and commitment. I am grateful for all their efforts and look forward to working with them all as we continue to deliver high quality brain injury rehabilitation in 2009.

Dr Camilla Herbert

Consultant in Neuropsychology and Rehabilitation