The Huntercombe Group Limited

Hothfield Manor Acquired Brain Injury Centre

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Hothfield Manor Acquired Brain Injury Centre is registered as a care home with nursing and as a rehabilitation service for 32 older people, younger adults and people with physical adaptive needs.

The service was in two parts. People staying in the Neurological Rehabilitation Unit (NRU) were usually admitted directly from hospital after treatment for traumatic head injuries or strokes. They generally stayed for 12 weeks when they worked intensively on developing their independence with support from nurses, physiotherapists, occupational therapists, psychologists and technicians. There was also a speech and language therapist. The NRU was run by the lead nurse.

People living in The Manor stayed for longer and some had made it their home. Others continued to progress their recovery from brain injuries with the intention of moving on. The Manor was run by the care lead.

There was a team of rehabilitation assistants who worked in both parts of the service. They provided people with practical assistance including washing and dressing and promoting continence.

In this inspection report when applicable we refer collectively to nurses, rehabilitation professionals, rehabilitation assistants and technicians as being, 'staff'.

The two parts of the service were self-contained each having lounges, shared use bathrooms and toilets and bedrooms.

There were 28 people living in the service at the time of our inspection visit.

People's experience of using the service and what we found
People and their relatives were positive about the service. A person staying in the NRU said, "I think the service is very good. It's a shock to need to be here but I'm glad I'm getting the help I need to get better." In a thank-you card to the service a person who had stayed in the NRU said, A really big thank-you to everyone for your patience, encouragement, nursing skills helping in so many ways, it was really appreciated. Without my time at Hothfield Manor I would not be in such good health and strength as I am today (and be able to leave early also)!

People had not always been supported to use medicines safely. However, robust steps had been taken to reduce the risk of further mistakes being made. We have made a recommendation about the safe management of medicines.

People were safeguarded from the risk of abuse. People received safe care, treatment and rehabilitation from nurses, rehabilitation professionals and rehabilitation assistants who had the knowledge and skills

they needed.

There were enough staff on duty and safe recruitment practices were in place. Accidents and near misses had been analysed so lessons could be learned to help avoid preventable accidents. Hygiene was promoted to prevent and control infection and people had been helped to quickly receive medical attention when necessary.

People were supported to have maximum choice and control of their lives and care staff supported them in the least restrictive way possible and in their best interests. The policies and systems in the service supported this practice.

The accommodation was designed, adapted and maintained to meet people's needs and expectations.

Equality and diversity were promoted. People were treated with kindness and compassion and their right to privacy was respected.

People were consulted about their rehabilitation and care. They had been given information in a user-friendly way and supported to avoid the risk of social isolation. There were robust arrangements to resolve and learn from complaints. The service did not provide end of life care.

Quality checks had been completed and people had been consulted about the development of the service. Good team work was encouraged and joint working was promoted.

For more details, please read the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The last rating for this service was Good (published 8 September 2017).

Why we inspected
This was a planned inspection based on the previous rating.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was not consistently safe. Details are in our safe findings below.	**Requires Improvement**
Is the service effective? The service was effective. Details are in our effective findings below.	**Good**
Is the service caring? The service was caring. Details are in our caring findings below.	**Good**
Is the service responsive? The service was responsive. Details are in our responsive findings below.	**Good**
Is the service well-led? The service was well-led. Details are in our well-led findings below.	**Good**

Hothfield Manor Acquired Brain Injury Centre

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the registered provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection was completed by an inspector and a specialist professional advisor. The specialist professional advisor was a registered nurse who specialised in the provision of nursing and rehabilitation services for people who have acquired a brain injury through trauma or stroke.

Service and service type
Hothfield Manor Acquired Brain Injury Centre is a care home with nursing and a rehabilitation service. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission regulates both the premises and the care provided and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means they and the registered provider are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager was a clinical psychologist.

Notice of inspection
The first day of the inspection was unannounced and the second day was announced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We used information

the registered provider sent us in the provider information return. This is information registered providers are required to send us with key information about their service, what the service does well and improvements they plan to make.

We sought feedback from the local authority and health and social care professionals who work with the service. Three social care professionals gave us feedback. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection
We spoke with four people staying in the NRU, six people living in The Manor and two relatives

We spoke with four rehabilitation assistants, the lead nurse, care lead and head of support services who oversaw the management of the building. We also spoke with the activities coordinator, an occupational therapist, physiotherapist and the speech and language therapist. We met with the registered manager who was a clinical psychologist and who provided psychological treatments to people staying in the NRU.

We reviewed documents and records that described how rehabilitation and care services had been planned, delivered and evaluated for eight people.

We examined documents and records relating to how the service was run. This included health and safety, the management of medicines and staff training and recruitment. We also looked at documents relating to learning lessons when things had gone wrong, obtaining consent and the management of complaints.

We reviewed the systems and processes used to assess, monitor and evaluate the service.

Requires Improvement

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant the management of medicines was not always safe. There was an increased risk that people could be harmed.

Using medicines safely
• Since the last inspection there had been 28 occasions on which a medicine had not been administered in line with a doctor's prescribing instruction. The incidents had occurred in both parts of the service and mainly involved medicines not being offered to people and/or incorrect doses being given. The reasons for the mistakes varied including nurses in the NRU and senior staff in The Manor being distracted when handling medicines and/or misreading administration instructions.
• The registered manager said the only acceptable situation was no medicines management errors. They had investigated each occasion and had taken action to reduce the likelihood of the same thing happening again. This included providing individual nurses and senior care staff with more training and more supervision. New and eye catching reminders had been introduced to written guidance given to staff about how to administer medicines in the right way. In addition, new and more detailed audits were being completed each day to ensure medicines had been administered in the correct way. Also, a new system had been introduced involving two members of staff working together so they could double-check medicines were being administered correctly.
We recommend the registered provider consult national guidance about the safe administration of medicines.

• During the inspection visit we saw medicines being administered in the right way. Nurses in the Neurological Rehabilitation Unit and senior staff in The Manor carefully checked the medicines each person had been prescribed before administering them. Medicines were given correctly and an accurate record was created showing which medicines had been used.
• Medicines were reliably ordered so there were enough in stock and they were stored securely in clean, temperature-controlled conditions. There was a medicines profile for each person. These contained information about any allergies a person had and any special instructions such as the need to give a medicine before or after meal times.
• There were guidelines for staff to follow when administering variable-dose medicines. These medicines can be used on a discretionary basis when necessary.

Systems and processes to support staff to keep people safe from harm and abuse
• People were safeguarded from situations in which they may be at risk of experiencing abuse. Nurses, rehabilitation professionals, rehabilitation assistants had received training and knew what to do if they were concerned a person was at risk. A person said, "The staff are very kind and I do feel fine with them." A relative said, "I don't worry at all as I know my family member is safe here."
• There were systems and processes to quickly act on any concerns including notifying the local

safeguarding of adults authority and the Care Quality Commission. This helps to ensure the right action is taken to keep people safe.

Assessing risk, safety monitoring and management
• People's safety had been assessed, monitored and managed so they were supported to stay safe while their freedom was respected. A person living in The Manor said, "The staff help me as I want and they mean well."
• People who needed extra help due to having reduced mobility were assisted to transfer in the right way. This included nurses and rehabilitation assistants helping people to transfer by using hoists and supportive handling belts.
• People were helped to keep their skin healthy. When necessary people were provided with special air mattresses. These mattresses reduce pressure on a person's skin making it less likely they will develop pressure ulcers. Also, nurses and rehabilitation assistants used special low-friction slide-sheets when a person needed to be helped to change position in bed. Slide sheets reduce the risk of a person's skin being chaffed.
• People were helped to promote their continence. They were discreetly assisted to use the bathroom whenever they wished. People were supported in the right way to use continence promotion aids and nurses regularly checked to ensure people had not developed a urinary infection.
• Hot water was temperature-controlled and radiators were guarded to reduce the risk of scalds and burns. Windows were fitted with safety latches to prevent them opening too wide so they could be used safely. The accommodation was equipped with a modern fire safety system to detect and contain fire. The fire safety system was being regularly checked to make sure it remained in good working order. Staff had been given guidance and knew how to quickly move people to a safe place in the event of the fire alarm sounding.
• People were enabled in the right way to use the hydrotherapy pool. There was always a member of staff present who was trained and followed guidance about keeping people safe when in water. The pool was tested regularly to ensure water purity was maintained.

Staffing and recruitment
• People considered there to be enough staff on duty. A person said, "There always seems to be lots of staff around and if you need them they're there." A relative said, "The place seems to be full of staff and I've not seen anyone waiting for assistance."
• There were enough nurses and rehabilitation assistants on duty. Records showed shifts were being reliably filled. People were promptly assisted to undertake a range of everyday activities. These included washing and dressing, using the bathroom and receiving care when in bed.
• There were also enough rehabilitation professionals to support people progress their journeys to recovery and greater independence.
• Safe recruitment and selection procedures were in place. Applicants were required to provide a full account of previous jobs they had done. This was so the registered provider could identify what assurances needed to be obtained about applicants' previous good conduct. References from past employers had been obtained as had disclosures from the Disclosure and Barring Service. These disclosures establish if an applicant has a relevant criminal conviction or has been included on a barring list due to professional misconduct. All these checks helped to ensure that only trustworthy and suitable people were employed to work in the service.

Preventing and controlling infection
• There were good standards of hygiene. A person said, "It's pretty clean and the housekeepers are always cleaning here."
• Staff were correctly following guidance about how to prevent and control infection. They wore clean uniforms and used disposable gloves and aprons when providing people with close personal care.

• The laundry was clean and organised. People had been supported to wear clean clothes.
• Equipment such as hoists and medical devices were hygienic. Fixtures, fittings, carpets and furnishings were clean as were mattresses, bed linen, towels, face clothes. In the dining room tablecloths, cutlery and crockery were also clean.

Learning lessons when things go wrong
• Accidents and near misses had been carefully examined to establish what had gone wrong and what needed to be done about it. An example was identifying the locations when people had fallen so the reasons for this could be identified.
• When things had gone wrong suitable action had been taken keep people safe. This included requesting assistance from healthcare professionals. An example was arranging for a person's medicines to be reviewed and changed to reduce the risk of them losing their balance and falling.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
• The registered manager and/or a qualified therapist met each person before they moved into the service. This gave people the chance to ask questions about the service. The assessment also established in detail the rehabilitation and care a person needed to ensure the service could meet their needs. An example was arranging for any special medical devices a person needed to use to be available as soon as they moved into the service.
• In addition, the assessment considered how to respect a person's protected characteristics under the Equality Act 2010. An example was respecting a person's cultural or ethnic heritage. Another example was asking a person if they had a preference about the gender of the nurses and rehabilitation assistants who provided close personal care.

Staff support: induction, training, skills and experience
• New staff received introductory training before they provided people with rehabilitation and care.
• Rehabilitation assistants received refresher training in subjects including the safe use of hoists and how to support people to promote their continence. Nurses had received refresher training in clinical subjects including managing healthcare conditions and wound care. Rehabilitation professionals received specialist training in relating to best-practice developments in the assessment and treatment of physiological and neurological conditions.
• All staff received individual supervision to review their work and to plan for their professional development. Nurses met with the lead nurse who as the clinical lead supervised the delivery of nursing care in the service. Rehabilitation assistants met with the care lead. Rehabilitation professionals met with a senior practitioner from their particular discipline and technicians were supervised by the rehabilitation professional they assisted.
• Nurses had the knowledge and skills to provide nursing care in line with national guidance. This included the correct use of medical devices such as catheters draining urine directly from a person's bladder. Rehabilitation professionals were correctly completing nationally recognised diagnostic tests. The results of the tests were used to develop treatment plans to support people's recovery and promote their independence. Rehabilitation professionals and technicians correctly supported people to safely use a range of specialist equipment including exercise benches and treadmills.
• Rehabilitation assistants knew how to care for each person in ways right for them. An example of this was a rehabilitation assistant promptly assisting a person when they wanted to change their continence promotion aid.
• Checks were completed to ensure nurses and rehabilitation professionals were registered with their respective professional bodies and authorised as being competent to practice their profession.

Supporting people to eat and drink enough with choice in a balanced diet
• People were helped to eat and drink enough. Kitchen staff prepared a range of meals giving people the opportunity to have a balanced diet. There was a choice of dish at each meal. People had been consulted about the meals they wanted to have on the menu. A person said, "The food is very good and there are lots of options. We choose the day before what we want but you can change your mind and they don't mind."
• People were free to dine in the privacy of their bedrooms and those who needed help to eat and drink enough were assisted by rehabilitation assistants.
• People's weights were monitored so significant changes could be noted and referred to healthcare professionals for advice. When a person was at risk of not eating and drinking enough nurses and rehabilitation staff recorded how much the person had to eat and drink to check enough nutrition and hydration was being taken.
• The speech and language therapist had advised nurses and rehabilitation assistants how to support people who were at risk of choking. Kitchen staff, nurses and rehabilitation assistants knew how to follow any advice they were given. This included blending food and thickening drinks to make them easier to swallow.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
• People were supported to receive coordinated care when they used or moved between different services. This included nurses and rehabilitation professionals passing on important information when a person was admitted to hospital or if they moved to a different care setting.
• A family practitioner and a consultant in rehabilitation medicine regularly called to the service to supervise the provision of clinical services.
• People living in The Manor had also been assisted to see dentists, chiropodists and opticians.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes and some hospitals this is usually through the Act's application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the Act and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

• People had been supported to make everyday decisions for themselves whenever possible. Examples of this were people being asked about what drinks they wanted to have and when they wanted to be assisted to rest in their bedroom.
• When people lacked mental capacity the registered manager had ensured that decisions were made in each person's best interests. This included consulting with relatives and healthcare professionals when a significant decision needed to be made about the care and support provided. An example was the registered manager liaising with a person's relatives and healthcare professionals when a person needed to have medicines administered covertly. The person had previously declined to take medicines they needed to maintain their health.
• Some people had given their relatives the power to make decisions on their behalf when they were no

longer able to do so for themselves. This included making important decisions about whether a person should be resuscitated. There were suitable records to describe these arrangements so key staff knew about the decisions that had been made.
• Applications had been made to obtain authorisations when a person lacked mental capacity and was being deprived of their liberty. There were arrangements to ensure any conditions placed on authorisations were implemented. These measures helped to ensure that people only received care that respected their legal rights. At this inspection no conditions were in place.

Adapting service, design, decoration to meet people's needs
• There was a passenger lift giving step-free access around the accommodation. There were wide doorways, bannister rails in hallways, supportive frames around toilets and an accessible call bell system. There were special baths to enable access by people who experienced reduced mobility.
• Each person had their own bedroom they had been encouraged to personalise by decorating and furnishing them as they wished. Most bedrooms had a private bathroom.
• There was enough communal space. Signs on communal doors and bedroom doors helped people to find their way around.
• The accommodation was well decorated and the grounds were neatly maintained.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that people were supported and treated with dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity;
• People were positive about the care and rehabilitation they received. A person staying in the NRU said, "It's early days yet for me but I find the staff to be polite and friendly." A relative said, "I can't speak too highly about the staff here as they're excellent – they really are."
• Staff had received training and guidance about promoting equality and respecting diversity. People could attend a religious service if they wished to meet their spiritual needs in this way. The chef was able to prepare special foods if a person had particular cultural requirements.

Promoting people's privacy, dignity and independence
• People received rehabilitation and care promoting their dignity. They had been assisted to wear neat and clean clothes. They had also been supported to wash and comb their hair.
• People's right to privacy was respected and promoted. Staff recognised the importance of not intruding into people's private space. People could use their bedroom in private whenever they wished. When providing close personal nurses and rehabilitation assistants closed the door and covered up people as much as possible. Communal bathrooms and toilets had working locks on the doors.
• People were supported to be as independent as they wished. A person living in The Manor said, "The staff leave me to my own devices and don't take over."
• Private information was kept confidential. Staff had been provided with training about managing confidential information in the right way. Most care records were electronic and access to these was password-protected so only authorised staff could see them. Written records containing private information were stored securely when not in use.

Supporting people to express their views and be involved in making decisions about their care
• People were supported to be actively involved in making decisions about things that were important to them as far as possible. An example was a rehabilitation assistant showing a person two items of clothing they often liked to wear so they could choose between them.
• Most people had family, friends, solicitors or care managers (social workers) who could support them to express their preferences. In addition, there was an advocate who was independent of the service. The advocate regularly called to the service and assisted people to weigh up information, make decisions and communicate their wishes.

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

• People received personalised rehabilitation and care responding to their changing needs and wishes. People staying in the NRU with mental capacity had contributed to developing a number of treatment plans unique to them. These plans described how they wished to be supported to progress their recovery by working towards a series of achievable goals. These goals included physical tasks such as walking and psychological tasks including using memory and organising thoughts. The treatment plans were regularly reviewed with each person. This enabled achievements to be celebrated and goals to be revised and extended.

• People who did not have mental capacity were supported to review their rehabilitation by relatives and/or healthcare professionals.

• People living in The Manor had care plans describing the care they needed and wished to receive. They had been invited to review the care they received and when necessary relatives and/or healthcare professionals had supported them to say what they wanted

• A person living in The Manor said, "I'm good here, the staff know me and they help me how I want."

• Some people needed to receive some of their rehabilitation and care in their bedroom. Nurses and rehabilitation assistants regularly called to each person to make sure they were comfortable and had everything they needed.

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

• People were supported to enjoy occupational and recreational activities meaningful to them. There was an activities coordinator who invited people to enjoy small group events including armchair exercises, parlour-games and crafts. They also engaged people on an individual basis helping them to deal with correspondence and providing nail and hand-care.

• There were outside entertainers who called regularly to the service to play music and to show domestic animals. The service had its own wheelchair-adapted transport and there were trips out to places of interest.

• People had been supported to keep in touch with their families. With each person's agreement the registered manager, lead nurse and care lead contacted family members to let them know about any important developments in the rehabilitation and care being provided. A relative of a person staying in the NRU said, "The staff have emphasised my family member's recovery is their journey and mine."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to

follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with adaptive needs or sensory loss and in some circumstances to their carers.

• People had information presented to them in a user-friendly way. Treatment plans and care plans were written without too much jargon making them easier to read. We saw both rehabilitation professionals and rehabilitation assistants helping people to consider information in their plans. An example was a person in the NRU who was asked about the progress they considered themselves to have made towards achieving one of their rehabilitation goals.
• Special provision had been made for a person who had English as a second language. Cards explaining key parts of the person's care in their first language were used by rehabilitation assistants to explain the assistance they needed to provide.
• There was a written menu and rehabilitation assistants chatted with people at meal times helping them decide which meal they wanted to have.
• Important documents presented information in an accessible way. There were leaflets explaining how to contact support groups for people with brain injuries. There was also a leaflet explaining how a free legal advice service could be contacted to help with issues such as the receipt of benefits and claiming compensation.

Improving care quality in response to complaints or concerns
• The complaints procedure was written in an user-friendly way using larger print and graphics to make it easier to read. It explained how complaints could be raised and how they would be investigated.
• There was a management procedure for the registered manager to follow when resolving complaints. This included establishing what had gone wrong and what the complainant wanted to be done about it. The registered manager said no complaint would be closed until the complainant was satisfied with the outcome.
• At this inspection the registered provider was in the process of resolving a complaint from a relative. Records showed the concerns had been investigated by the registered manager but not resolved to the complainant's satisfaction. In line with the registered provider's procedure an independent investigator had been appointed to review the evidence and make recommendations about resolving the complaint.

End of life care and support
• The service did not provide end of life care. The registered manager said this was explained to people before they moved in.
• The registered manager said if someone needed end of life care they would be supported in a timely way to move to another service equipped to enable them to have a dignified death.

Good

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care, supported learning and innovation and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care
• Quality checks had been completed in the right way and action had been taken when problems had occurred in the running of the service. An example was the steps taken to reduce the risk of further errors being made in the administration of medicines. Other checks had ensured the provision of safe rehabilitation and care, preventing avoidable accidents and obtaining consent to care to ensure the provision of lawful care.
• People and their relatives considered the service to be well run. A relative of a person staying in the NRU said, "I think the service is very well run indeed and am just grateful it's here. I don't know what I would have done without it."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
• People had been invited to comment on their experience of living in the service. The advocate met with people individually and in small groups to receive feedback about their experience of staying/living in the service. The advocate also met regularly with the registered manager and senior colleagues to inform them about the feedback received. Action had been taken to implement suggested improvements including plans to set up a shop so people could purchase confectionary and toiletries.
• Relatives were invited to give feedback about their experience of using the service when contributing to the review of their family members' rehabilitation and care plans.
• Health and social care professionals were also invited to comment on the service by submitting written suggestions or by speaking with the registered manager. The three social care professionals who spoke with us before the inspection visit said they enjoyed good communication with the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
• Staff had been supported to understand their responsibilities to meet regulatory requirements. They had been provided with up-to-date written policies and procedures to help them to consistently provide people with the right assistance. This included updated information from the Department of Health about the correct use of use of equipment, medical devices and medicines.
• There was a member of the management team on call during out of office hours to give advice and assistance to support staff.
• There were handover meetings between shifts to update staff about developments in the care and support each person needed. Staff also attended regular staff meetings to further develop their ability to work

together as a team.
• Staff said there was an explicit 'no tolerance approach' to any member of staff who did not treat people in the right way. They were confident the registered manager would quickly address any 'whistle-blowing' concerns about a person not receiving safe care and treatment.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong
• The registered manager had established a culture in the service emphasising the importance of providing people with person-centred care. A relative of a person staying in the NRU said, "I'm completely confident the residents come first here. The place is organised around people and their recovery. It's relaxed and at the same time it's busy as people are here to recover, want to recover and want to work to achieve it."
• The registered manager understood the duty of candour requirement. This requires the service to be honest with people and their representatives when things have not gone well. They had consulted guidance published by the Care Quality Commission and there was a system to identify incidents to which the duty of candour applied. This helped to ensure that people with an interest in the service and outside bodies could reliably be given the information they needed.
• It is a legal requirement that a service's latest Care Quality Commission inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. The registered provider had conspicuously displayed their rating both in the service and on their website.
• Services providing health and social care to people are required to inform the Care Quality Commission of important events that happen in the service. This is so that we can check that appropriate action has been taken. The registered manager had submitted notifications to Care Quality Commission in an appropriate and timely manner in line with our guidelines.

Working in partnership with others
• The service worked in partnership with other agencies to enable people to receive 'joined-up' support. The registered manager subscribed to professional publications relating to best practice initiatives in providing people with nursing, rehabilitation and care.
• The registered manager had agreed to take part in a research project by the Healthcare Safety Investigation Branch on how to learn from mistakes in the administration of medicines and inform potential improvements in practice.