

Hamsard 3232 Limited

# Woodlands Neurological Rehabilitation

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

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

Woodlands Neurological Rehabilitation Centre is a residential care home providing personal and nursing care for up to 27 people who require long term care or rehabilitation. There were 24 people using the service at the time of the inspection.

Woodlands Neurological Rehabilitation Centre accommodates people in one adapted building, all facilities are on one level. It is located on the outskirts of York.

People's experience of using this service and what we found

People were encouraged to have maximum choice and control of their lives. Staff supported people in the least restrictive way possible; the policies and systems in the service supported this practice. However, the service had locked doors on day one of the inspection due to risk. Following discussion with the management team this was changed. A further full review of risk, people's capacity, DoLS and best interests was undertaken and the doors to the gardens were unlocked from nine am until early evening.

We recommend this continues to be reviewed to ensure people's liberty is not restricted.

The newly appointed management team had undertaken a full review of the service. Following this, changes had recently been made to the way staff were deployed. This had caused anxiety for some people using the service and some staff. This was being addressed.

We found not all people's care records had not been reviewed or updated as their needs changed. The management team knew there were some shortfalls with people's records and a full review and re-write of care records was taking place by the multi-disciplinary team (The consultant, nursing staff, occupational therapist, physiotherapist, speech and language therapists and psychologist). We were informed on the second day of the inspection this work had been completed.

Medicine management was generally robust. However the use of prescribed thickeners was not recorded and 'as required' medicine protocols required improving. These issues were immediately addressed and were in place for the second day of the inspection.

Staff undertook induction and training to develop or maintain their skills. The management team were aware supervision for staff was not up to date this was addressed, eight staff received supervision before the second day of the inspection.

On day one of the inspection we received mixed feedback about the food and protected mealtimes were not in place, this was re-instated. A new head chef was appointed, they had liaised with people about their preferences and dietary needs and new menus were being created.

People were supported by kind, caring, compassionate staff and their privacy and dignity was maintained.

People's needs were fully assessed prior to their admission into the service. People were cared for by a multi-disciplinary team of staff. People's care records were created and reviewed by the multi-disciplinary team and detailed their goals and aspirations. Wherever possible, people were encouraged to achieve their goals, with the support of staff. Multi-disciplinary team meetings and reviews were held to maximise people's living skills which promoted their independence.

Quality assurance checks and audits were in place and these continued to be strengthened. Priorities for improving the service had been identified by the provider.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 21 December 2018).

#### Why we inspected

The inspection was prompted in part due to concerns about how the service was being managed, concerns about staffing levels, skill mix, safety for people using the service and medicine management. A decision was made for us to inspect and examine those risks.

The inspection was prompted in part by notification of a specific incident. Following which a person using the service had been admitted to hospital and died. This incident is subject to a criminal investigation. As a result, this inspection did not examine the circumstances of the incident.

The information CQC received about the incident indicated concerns about unsafe medicines management. This inspection examined those risks.

We found the provider has taken action to mitigate the risks and this has been effective. We found no evidence during this inspection that people were at risk of harm from this concern.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Woodlands Neurological Rehabilitation

## 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 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 conducted by two adult social care and a pharmacy inspector on the first day and one inspector on the second day of the inspection.

#### Service and service type

Woodlands Neurological Rehabilitation Unit is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. The manager in post had applied to register with CQC and was awaiting their 'Fit Person's' interview. The provider was legally responsible for how the service was run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We looked at all the information we had received since the last inspection, including the notifications we had received (information about important events which the service is required to send us by law). We also considered the concerns raised with us. We used all of this information to help us plan this inspection.

#### During the inspection

We spoke with five people who used the service, one relative and one visitor. We spoke with the Rehabilitation Consultant, Director of Operations, the Manager, Therapy Lead, Clinical Nurse Lead, Business Lead, Therapeutic Activities Facilitator, two nurses, three care staff, a housekeeper and chef. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed three people's care records. We looked at three staff files in relation to recruitment induction, training, supervision and appraisal. We inspected the audits and checks undertaken about the management of the service.

#### After the inspection

We continued to review evidence from the inspection and received further information from the manager. This included staff rotas, training records, updates to people's care records and compliments received about the service. We received an updated action plan from the manager about how issues we had found during the inspection had already been addressed or continued to be addressed.

# 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 remained the same good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- People's needs were met in a timely manner by suitably skilled staff who were deployed to work across the service using a multi-disciplinary team approach. Staff told us, "The service has changed and developed for the better. It is important all staff know about every service user" and, "It can be quite hectic." The management team continued to listen to the staff's feedback and support them.
- People using the service told us, "Staff come timely when I need help. I feel safe here", "There are enough staff" and, "There have been some changes, I am worried about it, there are not enough skilled staff." The management team were speaking with people about their concerns.
- The provider had robust recruitment checks in place to ensure staff were suitable to work in the care industry. Recruitment of staff for some departments was taking place.

### Using medicines safely

- People's medicines were mostly managed safely. People's medicines for epilepsy were administered as prescribed. However, records were not always completed when thickening fluids for people with swallowing problems had been used. This was immediately addressed.
- We identified some issues around PRN protocols and competency checks for medicine administration. On discussion with the manager, they took steps to address these areas during the inspection.
- People were encouraged to manage their own medicines, where possible. Where covert medicines were used relevant documentation was in place to ensure people's rights were protected. People received the support they required with their prescribed medicines to maintain their wellbeing. One person told us, "I get my medication on time."
- Medicines to manage people's behaviour that may challenge the service or others was not overused.
- New medicine management systems were being developed and were being implemented in July 2019 to allow the consultant to prescribe medicines and have this on site to help maintain people's wellbeing.
- Medicine checks and audits were carried out, issues found were addressed.

### Systems and processes to safeguard people from the risk of abuse

- Safeguarding and whistleblowing policies and procedures were in place. Staff had received safeguarding training and told us they would report safeguarding concerns straight away.
- When safeguarding issues occurred action was taken to prevent further re-occurrence and this information was shared with relevant external bodies. The management team and staff co-operated with investigations that occurred.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people's wellbeing were assessed, monitored and reviewed by the multi-disciplinary team. Everyone's care records were currently being reviewed and updated. Information about people's behaviours that may challenge, and how best to manage them was present.
- People using ventilation equipment to support them with breathing always had one to one care and support provided.
- People were encouraged and supported to take positive risks to develop or maintain their independence. The timescale for staff to observe people at risk was reviewed during the inspection to improve the management of risk and maintain people's wellbeing.
- Accidents and incidents were recorded. Investigations into each incident were fully completed by the multi-disciplinary team. Records included detail of actions the provider had taken to reduce the risk of recurrence.
- Opportunities to learn from incidents that occurred was shared with staff to maximise learning.

#### Preventing and controlling infection

- Infection prevention and control practices were in place and staff were provided with personal protective equipment to prevent the spread of healthcare related infections.
- People living at the service were encouraged to undertake cleaning, laundry and cooking to promote their life skills and independence. Staff supported them as necessary to make sure suitable infection control was maintained.



# 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 good. 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

- A full assessment of people's needs was undertaken prior to admission.
- People's care records were being reviewed, monitored and developed by the multi-disciplinary team to ensure people's full and current needs were known and could be met. New documentation had been introduced.
- A new management team including a Consultant and clinical lead nurse had been appointed. They were implementing good practice ideas and supporting improvements to promote better outcomes for people.

Staff support: induction, training, skills and experience

- The management team had undertaken a review of staff deployment, skills, experience and knowledge. Staff were deployed and being trained to develop their skills, so all staff could support people needing ventilation or rehabilitation. Some staff were still learning rehabilitation skills others were worried in case they lost their ventilation skills. Management were aware of the staff's concerns and they were being supported.
- Monitoring of training undertaken in April 2019 showed the percentage of training undertaken in some areas required improving. Action was taken to address this. Updated training information was provided after the inspection which confirmed staff had the skills needed to meet people's needs.
- Induction training was provided for staff. Nurses had to undertake revalidation with the Nursing and Midwifery Council (NMC) to prove they remained fit to practice. The provider supported nurses with this. Agency staff received an induction to the service.
- The management team were aware supervisions and appraisals for staff had not been undertaken in a timely way. Action was taken to address this.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff assessed people's nutrition and hydration needs. People received food in line with their dietary requirements. People were weighed to help monitor their health and wellbeing.
- People gave mixed feedback about the food provided. One person told us, "The food is very good." However, another said "There is a lack of fruit and vegetables and no supper, generally." A head chef was appointed following the inspection, they spoke with people about their meal time experience, food preferences and changes they wanted to the menus.
- The service operated 'protected mealtimes.' However, on the first day of the inspection we saw staff accessing the dining room at mealtime to get their lunch and trays for people. This was discussed with the management team. On the second day of the inspection protected mealtimes were in place.

Adapting service, design, decoration to meet people's needs

- The home was purpose built and spacious. Rooms were en-suite, and some had ceiling hoists to aid people's transfers.
- Improvements to the home were planned, for example re-siting a bathroom on west wing and the creation of a new nurse's station and improvements to the garden.
- A range of facilities and communal areas were provided, for example a therapy kitchen, rehabilitation gym and hydrotherapy pool, quiet lounges and a conservatory.
- People's rooms were spacious and laid out to aid their rehabilitation and promote their independence.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- The Consultant had implemented systems to improve communication with external health care professionals. Information Technology had been implemented to ensure requests for tests to be undertaken, test results or information from people's external GP's or consultants could be accessed immediately. This benefitted all parties.
- People were supported by a multi-disciplinary team of health care professionals relevant to their changing needs. Staff were aware of people's needs, risk's, goals and achievements.
- Staff worked with other agencies. For example, domiciliary care staff were working with people to learn about their needs prior to them being discharged home so they understood the care and support that was required.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 take 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 when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

- People's capacity was assessed. Where necessary, DoLS applications had been submitted.
- People confirmed staff asked for their views and sought their consent before providing their care and support.
- Where people did not have capacity to consent to their care and support this was provided in people's best interests following discussion with people's family and the multi-disciplinary team.
- On day one of the inspection the front and back doors of the service were locked. Discussions were held with the management team about this to make sure people could go outside. A pond in the grounds was an identified risk. A further full review of risk, people's capacity, DoLS and best interests was undertaken and the doors to the gardens were unlocked from nine am until early evening.

We recommend this continues to be reviewed to ensure people's liberty is not restricted.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question remained the same good. 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

- The service promoted a person-centred culture. Staff built positive relationships with people and communicated with kindness and compassion, listening and acting on what people said. Staff talked with people about things that mattered to them.
- People confirmed staff were caring and kind. People told us, "I get on well with the staff" and "The care is excellent." A relative told us, "It is brilliant here. Staff are fantastic. [Name] has made great progress. I never thought they would live, let alone walk. This is a credit to the excellent care they have received."
- Staff were passionate about supporting people. Staff told us, "It is lovely to see rehabilitation taking place it is very satisfying" and "People are really well cared for. We give people the support they deserve."
- People were encouraged to maintain their relationships with family and friends and visitors were made welcome.
- People's equality, diversity and human rights were respected by staff. Care and support were delivered in a non-discriminatory way; people were supported to follow their faith and live their life as they chose. A pastoral befriender visiting people told us, "Staff provide holistic support to all, it is a great place staff do a great job."

Supporting people to express their views and be involved in making decisions about their care

- People made decisions about their care and support and staff from the multi-disciplinary team provided support and encouragement, as required.
- The communication needs of people were described in their care records. Staff understood how people communicated for example through technology, speech or body language.
- Information was provided in a format that met people's needs. Staff took time to speak with people and re-phrased questions to help them understand before acting upon what they said.
- People were encouraged to express their views about their care and support and set goals to achieve, where possible. A member of staff told us, "People have moved on as their needs changed and they become more independent."
- Staff showed consideration for people's individual needs, and provided reassurance, comfort and support to people who became anxious or upset.
- Residents Forum Meetings were held. Advocates were available to help people raise their views.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was protected. Personal care was delivered in bedrooms or bathrooms

behind closed doors and people dressed according to their wishes. One person told us, "There are no problems with privacy and dignity." A dignity champion was in place to promote this at the service.

- People were supported and encouraged to achieve their rehabilitation goals, improve their well-being, physical and mental health. Staff supported people to take part in therapies and activities to achieve this. For example, a shop called 'Woodies Corner' was operated by people living at the service to help build their skills and confidence.
- People's care records contained information about tasks they could undertake themselves and goals they aspired to achieve. Staff provided encouragement and support to promote people's independence where possible. One person told us, "Everyone is fantastic. The physiotherapists are brilliant, we talked about aiming to set goals right from the start to help me achieve a better life."
- Information related to people who used the service was stored securely to ensure the integrity of confidential information.

# 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 remained the same good. 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's care needs were assessed prior to their admission to the service Relatives and relevant health care professionals were asked for their input to this process. Once admitted people received individualised care and support from the multi-disciplinary team. Information about people's likes, dislikes and preferences were recorded and staff acted upon this.
- We found some care records required updating or reviewing. The management team had identified this already. All the issues we found were fully dealt with by day two of the inspection.
- Guidance for staff about how to manage people's behaviours that may challenge the service or others was provided.
- The multi-disciplinary team supported people to make decisions about their care and support. Therapy schedules were created for people in line with their needs.
- People were generally satisfied with the care they received. However, one person told us, "The care is not as good as it used to be." Another person said, "I have achieved so much because I have been here." Staff gave mixed feedback due to the changes that had occurred. A member of staff told us, "I don't feel people are missing out on care. They are always supported to get medical assistance."

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 a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed, and information was provided to people in a format that met their needs.
- Staff were aware how people communicated. They displayed patience and gave people time to communicate and respond. People who required Information Technology to communicate had this in place for example, eye operated speech devices.

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

- One to one and group activities were provided which included outings and shopping trips. People's interests and hobbies were recorded, and this information was used to help people engage in things they liked to do. People did not attend rehabilitation classes at weekends which allowed them to rest and receive visitors.
- Communal areas were provided for people to use.

- Staff encouraged people to maintain and develop their contact and relationships with family and friends to avoid social isolation.

#### Improving care quality in response to complaints or concerns

- There was a complaints policy and procedure in place which people were aware of. People were supported to raise issues. The management team now monitored 'niggles' along with complaints, to learn from issues and improve the service.
- Several concerns about how staff were deployed and how the service was being managed had been raised. The management team had reviewed the changes made to the service, created action plans and used this information to look at lessons that could be learnt to improve communication between all parties.
- People told us they were able to raise issues and complaints. One person was unsure if their concerns had been heard we passed this information to the manager with their consent.

#### End of life care and support

- People's wishes for end of life care were recorded, this included their spiritual needs and preferences, where people wished to share this information.
- An end of life care champion was in place and this service was provided. Staff confirmed people would be kept comfortable and pain free and support provided to relatives at this difficult time.

# 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 remained rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Since our last inspection changes to the management team had occurred. The provider had appointed a new manager, consultant and clinical nurse lead. The management team demonstrated a good understanding of regulatory requirements. They were all on call to provide help and advice to staff at any time.
- They had undertaken a review of staffing and how staff were deployed. Changes had been made to run the service as one home rather than two separate units. This change had occurred recently, and staff were still getting used to this way of working.
- The service did not have a manager registered with CQC, which is a condition of their registration. The manager at the service had submitted their application to register with CQC which had been validated.
- The management team had undertaken a review to see if the service could be improved to support people requiring ongoing care and rehabilitation better. The assessment of the delivery of this service and how it could be improved was continuing. The consultant told us, "It is all about the people who use this service and what is best for them."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a systematic review of all areas of the service being undertaken to improve the care and service provided and promote good outcomes for people.
- Person-centred care and support was at the heart of the service. Staff were passionate about ensuring people's needs were met and making sure they were empowered.
- Changes to the deployment of staff had affected the morale of some staff and people living at the service. The majority of staff and people we spoke with were positive about these changes.
- Staff confirmed the management team were approachable. One member of staff told us, "The manager is approachable, and their door is always open, they take time to explain things and listen."
- The management team were aware of changes needed to be made. For example, reviewing and updating people's care records with the multi-disciplinary team and implementing an in-house medicine management system.
- Surveys were sent to people on discharge, their friends and family to gain their views.

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 provider and manager understood their legal responsibilities including the duty of candour, which sets out how providers should explain and apologise when things have gone wrong.
- The management team were open and transparent and shared information with us when issues were raised that we needed to investigate.
- Notifications were submitted to CQC as required by law.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff meetings were held to allow staff to engage with the management team and raise their views. The management team considered and acted upon the staff's feedback.
- People and relatives had opportunity to provide their views to the management team and staff on a one to one basis. Resident forum meetings were held.
- Surveys were developed and were going to be sent to, staff and health care professionals.
- The diversity of people using the service and staff was celebrated and protected.

Working in partnership with others

- The management team worked across the provider group to share best practice ideas and worked with local health care professionals and organisations. Good practice guidance and legislation was followed.
- The consultant had worked with other services to gain access to computerised record systems which allow immediate communication and access to people's care records electronically. This had improved the care that provided for people.
- Where staff performance issues had occurred, referrals had been made to relevant bodies for example, the Nursing and Midwifery Council, (NMC) and police, so that corrective action could be taken.

Continuous learning and improving care

- The provider's quality audits system had been reviewed and were in use to help drive improvements at the service in a timely way. Action plans were created so that the management team could assess progress being made.
- The management team acted upon known shortfalls in the service, for example medicine management. Extensive discussion and work had been undertaken to implement systems to improve medicine management for people living at the service. New medicine management systems were being implemented in July 2019 to ensure medicines were available in a timely way.
- The working time of therapists had been reviewed and changed to make sure people benefitted from this input when getting up this increased the rehabilitation provided for people at the service.