

Spinal Unit Action Group

The Spinal Unit Action Group

Inspection report

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27 July 2017

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This unannounced inspection of The Spinal Unit took place on 18 February & 27 July 2017.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The Spinal Unit Action Group, known as 'Weld Road' is located in a residential area of Southport. Accommodation is provided for up to 12 people who are physically disabled. The home is fully accessible for people who require wheelchair access. It is fitted with appropriate aids and adaptations to support people in their independence and to assist people to move and transfer safely around the home. The home is in close proximity to Birkdale village and public transport links to Southport and Liverpool are within easy reach. A variety of amenities such as shops, pubs, a bank, and churches are also within a short distance of the home. At the time of our inspection there were seven people living at the home.

The home was last inspected in December 2015. During this inspection, we found two breaches of the Health and Social Care Act 2008 with regards to safe care and treatment and governance of the home.

During this inspection, we found that some improvements had been made in relation to the management of medication at the home. We saw, however, that despite some improvement being made with regard to risk assessments and governance, the provider had not improved enough to have met the breaches from the last inspection. We also found concerns during day one of our inspection relating to the fire safety of the building. We asked the registered manager to take action to address these concerns. When we returned for day two of our inspection the registered manager had taken appropriate action.

During our inspection in December 2015, we found that the provider was in breach of regulation 12 of the Health and Social Care Act relating to safe care and treatment. This was because some risk assessments did not always contain sufficient and up to date information to help keep people safe. Also, some medications were not always being managed appropriately. This was because there was not a procedure in place to record when people took medication as and when it was needed, referred to as PRN medication. In addition, most people required support from staff to apply different types of topical medication (creams) to their skin. There was no accompanying MAR or chart which directed staff where to apply the creams and when. This made it difficult to tell if people had actually had their creams applied or not. Following our last inspection the provider wrote to us advising what action they were going to take, we checked this as part of this inspection. We saw during this inspection that the registered manager had added new documentation with regards to PRN medications and creams, which was easier to follow. We did see however, that the controlled drugs book (CD) s often only had one signature recorded. Controlled drugs are medications with additional safeguarding's placed on them under the misuse of drugs act. We discussed this at the time with the registered manager who assured us that all CD's were to be signed by two staff in future. The provider

was no longer in breach of this part of the regulation. We saw, however, during this inspection that despite some improvements being made, risk assessments relating to people's care and safety were still not robust enough or in place to help support people. The provider was still in breach of this regulation.

During our last inspection in December 2015, we found the provider in breach of regulations relating to the governance of the home. This was because quality assurance audits and checks were not as robust as they should have been. Following our last inspection the provider wrote to us advising what action they were going to take, we checked this as part of this inspection. We saw during this inspection that some action had been taken and some audits had improved, however they were still not robust enough to identify some of the concerns we found during our inspection. The provider remains in breach of this regulation. We also identified that some records were not being kept or recorded for some aspects of service delivery. We also spoke to the registered manager and provider at length regarding some boundary concerns we identified during our inspection, as there appeared no clear guidelines for staff to follow.

During day one of our inspection, we raised some concerns regarding the layout of the home, particularly in relation to how people would evacuate safely in the event of a fire. Personal Emergency Evacuation Plans (PEEPS) in place for people were not specific enough to enable staff and emergency personnel to quickly identify how to support people to evacuate during an emergency. When we returned for day two of our inspection, we saw that the registered manager had contacted the fire department for advice and had updated the personal evacuation plans for everyone at the home.

Everyone we spoke with told us they felt safe at the home. We observed there was enough staff employed by the organisation to help keep people safe. Staff were aware of their responsibilities in relation to safeguarding, including how to raise concerns with their line manager as well as reporting to other organisations such as the Local Authority or CQC. Staff were recruited safely, most staff had been in post for a long time. One staff member had some information missing from their file, so we discussed this at the time of our inspection with the registered manager.

Staff training certificates showed that staff had been trained in all of the organisation's mandatory training. This included additional training which was required to help staff support people with spinal injuries. We saw the certificates and course attendance lists for this training; however the training matrix which recorded all of the training staff had completed required updating.

We saw that supervisions were not always taking place at structured times throughout the year. Some staff had received supervision; others had not received any formal documented supervision. We saw that everyone had received an annual appraisal.

People were supported in line with the principles of the Mental Capacity Act 2005, and we saw this guidance was taken into consideration when care plans were developed. There was no Deprivation of Liberty Safeguards (DoLS) in place at the time of our inspection.

People choose what they ate. There was an evening meal prepared for people if they chose to have it, however other foods were prepared as and when people wanted them. People living at the home had the option of eating either in their own bedrooms or in the communal dining room. There were adapted kitchens on each floor of the home for people to use when they wanted.

People were supported if they chose to attend healthcare appointments. Some people managed their own appointments themselves. If people consented, we saw a log was kept of their appointments, other people did not have this record because they chose to keep their appointments private.

Everyone told us they felt the staff were caring, and we observed kind and caring interactions over both days of our inspection.

Care plans we viewed were mixed in their presentation, some care plans contained examples of good person centred approaches to people's care and fully evidenced people had a choice in how they wished to be care for. Other people's care plans were vague and records showed that they had not been reviewed as often as they should have been. We saw during day two of our inspection that the registered manager was actively reviewing and rewriting care plans to include more personalised information about people's individual likes and preference's.

There was a complaints process in the place; however the complaints policy did not contain sufficient information to support people if they wished to make a complaint. Everyone said they knew how to complain. We saw there had been one complaint, which had been investigated by the registered manager. We have made a recommendation about complaints.

Everyone spoke positively about the registered manager and the provider. The registered manager was clearly 'hands on' within the home and everyone knew them well.

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 always safe.

Some risk assessments did not contain sufficient information with regards to keeping people safe.

Medication processes were managed safely.

Staff were recruited safely. There was some information missing from one staff members file, which we raised with the registered manager.

There were enough staff employed at the home to support people safely.

Staff understood how to raise safeguarding concerns and how to recognise the signs of abuse.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Staff had the necessary training including specialist training to enable them to complete their roles effectively. However, records did not always reflect this training and made it difficult to tell what training had taken place. Also some staff had not received recorded supervisions but said they had informal supervisions with their line manager. There was no records of these taking place.

People's rights and liberties were protected in line with the Mental Capacity Act 2005 and we observed that Staff obtained people's consent before providing care and support.

People were supported to attend routine appointments with a range of health care professionals to maintain their health and wellbeing.

Requires Improvement ●

People had choice regarding meals and preferences. Staff were aware of people's specialist dietary requirements.

Is the service caring?

The service was caring.

Staff adopted a caring approach during interactions which was not task led.

Staff were polite, patient, attentive and caring in their approach; they took time to listen and to respond in a compassionate manner.

People's privacy was respected and their dignity was promoted.

People were involved in their care and day-to-day tasks were led by the person involved to help promote their self-esteem and independence.

Good ●

Is the service responsive?

The service was not always responsive.

Some care plans had been updated and contained a high level of person centred information, however, some required updating which the registered manager was in the process of completing.

Complaints were documented, however they were not well organised. The complaints procedure required some updating to enable it to be more user friendly. Everyone said they knew how to complain. We have made a recommendation about this.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Quality assurance systems (checks) on were in place, however some care plan audits lacked sufficient detail and did not highlight some of the concerns we raised.

The provider did visit the home often and completed their own audit, however it was not effective in addressing shortfalls in service provision.

Team meetings and resident meeting took place regularly .

The ratings from the last inspection were clearly displayed.

Requires Improvement ●

The Spinal Unit Action Group

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 28 February 2017 & 27 July 2017 and was unannounced.

The inspection team on day one of the inspection consisted of an adult social care inspector and an expert by experience with expertise in the care of people with physical disabilities. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. On day two of the inspection the inspection was carried out by two different inspectors and this was a few months later due to circumstances within CQC.

Before our inspection we reviewed the information we held about the home. This included the Provider Information Return (PIR). A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at the intelligence the Care Quality Commission had received about the home.

We looked at the care records for three people living at the home, three staff personnel files and records relevant to the quality monitoring of the service. We looked round the home, including people's bedrooms, the kitchen, bathrooms, garden and the lounge areas. We spoke to three staff, the registered manager and the provider by telephone.

Is the service safe?

Our findings

During our last inspection in December 2015, we found the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to safe care and treatment. This was because procedures relating to the management of medications were not always safe, and risks which affected the health and well-being of people who lived at the home were not always assessed appropriately. Following this inspection, the provider sent us an action plan which set out how they were going to address these concerns and we checked this as part of this inspection.

We saw that procedures relating to medications had improved. There were processes in place to ensure that the application of topical medications, (creams) were administered and recorded appropriately. This was an improvement since our last inspection. We also saw that people who had medications to be given 'as and when' required, (PRN) now had a separate plan in place stating which medication was PRN and what it was to be used for. This meant staff had guidance on how and when to administer this medication. We saw that some medications were stored in people's bedrooms at their own request. Everyone at the home had full capacity regarding their medications and knew what they were supposed to take and when they were supposed to take it. Medication audits were being completed every month however they were more of tick list rather than an audit. This part of the regulation had improved.

We saw during our last inspection, that risk assessments were not always completed as required. Some people did not have adequate risk assessments in place to help keep them safe. At this inspection, we found that some improvements had been made in relation to the layout of people's risk assessments which made them easier for staff to follow, however we still had concerns with regards to the assessment of risk in general.

For example, on day one of our inspection we raised concerns with the registered manager because one person's moving and handling risk assessment was not detailed enough. This was because the process for supporting the person to transfer was complex due to their medical needs, and this was not taken into consideration in the risk assessment we viewed. We did see, however, on day two of our inspection that the registered manager had redone this person's moving and handling assessment making specific reference to what staff must do to support the person. This included highly detailed information such as to where staff should stand when supporting the person to transfer and how they should place their hands on the person to make them feel safe and secure.

During day two of our inspection we saw that some other risk assessments were not in place for people where we would expect to see them. For example, we saw that one person suffered from autonomic dysreflexia. Autonomic dysreflexia (AD) is a potentially life-threatening medical emergency that affects people with spinal cord injuries. There was some information in the person's care file around this. The care plans stated that staff needed to be 'aware' of what to do if this happened. However, there was no specific risk assessment in place stating what signs the staff needed to be aware of, and what steps they needed to take during the incident and afterwards. This meant that new staff might not be aware of how to support the person safely.

We saw that the staff underwent high-level clinical training to help support people with bowel management. We saw this was identified in people's care plans if they required bowel management procedure and the procedure was clearly explained. However there was no specific risk assessments individualised for each person on how to keep them safe during this procedure and what risks could be present for each person. This meant that staff might not be aware of each person's particular risk and could cause injury. This risk was minimised because staff knew people well and only performed this once they were fully trained. We highlighted at the time of our inspection that robust risk assessments would also need to be in place.

We saw that some people were at risk of pressure sores. There was no risk assessment in place around pressure sore management for each person, including what steps the staff needed to take and the referral process if the staff did notice redness or change to the person's skin texture. People who lived at the home had capacity to tell staff if they needed to rest, and again staff did know people very well, so the risk of people suffering serious harm was low, but there was no documented evidence to support this. Some improvements are still needed in this area.

This was still a breach of regulation, 12 (2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Risks to people's health and safety were not always assessed and mitigated.

People we spoke with told us they felt safe. Comments included "There are always staff about," and "I never feel lonely."

On day one of our inspection we spent time looking around the home. We saw that some maintenance work was being carried out in some parts of the home, and the ground floor activities room was being used as a temporary bedroom. We spoke to the registered manager about this, as we saw that the PEEPs (personal emergency evacuation plans) for these people had not been updated to reflect the change in their accommodation, so we were unsure how they would be safely evacuated in the event of a fire. There was also trailing wires on the floor where people had televisions plugged in which would need to be included on the PEEP as they could cause a potential hazard. The registered manager called the fire service for advice regarding this during day one of our inspection. On the second day of our inspection, we saw that the registered manager had updated the PEEPs for everyone at the home. Also the maintenance work had finished, there was a new lift installed, and a new fire alarm system had been installed.

We saw that all firefighting equipment had been checked and that people's PEEP's now explained each person's level of dependency and what support they would require to ensure they were evacuated safely. We spot checked some of the other certificates for portable appliance testing (PAT), electric, gas, and legionella. These were all in date.

Staff records demonstrated the registered manager had robust systems in place to ensure staff recruited were suitable for working with vulnerable people. The registered manager retained comprehensive records relating to each staff member. Full pre-employment checks were carried out prior to a member of staff commencing work. This included keeping a record of the interview process for each person and ensuring each person had two references on file prior to them commencing work. We saw that one member of staff had one reference missing from their file, so we highlighted this with the registered manager who said they would look into it.

The manager also requested a Disclosure and Barring Service (DBS) certificate for each member of staff prior to them commencing work. A valid DBS check is a check for all staff employed to care and support people within health and social care settings. This enables the manager to assess their suitability for working with vulnerable adults.

All of the staff we spoke with said there were enough of them to deliver safe care and that they never felt rushed or pressured. Our observation around the home on the two days of our inspection found there was enough staff to keep people safe. One person told us, "We never have to wait long"- this was in relation to assistance from staff.

Is the service effective?

Our findings

People told us that they felt the staff had the necessary skills to support them, comments included; "The staff are very well trained" and "They are trained and specialised in looking after people with spinal injuries; pressure sores are picked up on immediately". We looked at the training and support arrangements in place for staff. There was evidence in staff files to show that staff had received the necessary training to do their job roles effectively but the provider's training matrix did not reflect this. Staff files contained evidence that staff had received training in safeguarding, moving and assisting people and medication management. We saw some records which showed that staff also accessed specialist training from the Spinal Unit which included spinal injury specific treatment such as neurogenic bowel function care. The registered manager told us that staff were not permitted to undertake certain tasks such as bowel evacuation procedures until they had been employed for six months to ensure the people feel comfortable with the staff member undertaking this type of invasive procedure. The provider's training programme helped to ensure that staff had the necessary skills and knowledge to support people safely, even though there were gaps in the training matrix that made it difficult to tell if staff had received training as required.

Records also showed that staff had received an annual appraisal but that formal supervision was not completed as a recorded document every few weeks in line with the provider's policy. For example, staff knew the manager had an open door policy so they could discuss their concerns, however there was no documented records or dates of any supervisions taking place. Yet staff said they had had received them.

Breach of 17 (2) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Records concerning the running of the service were not always accurately maintained and kept up to date.

We looked at the induction process for new staff. Staff told us they received an induction when they started work which involved fire safety training and shadowing a member of the care team as they got to know the needs of people at the home.

The Mental Capacity Act 2005 (MCA) 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 take 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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The DoLS provide a legal framework to protect people who need to be deprived of their liberty in their own best interests.

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 were being met.

At the time of our inspection, every person living at the home had capacity in relation to their care and support needs and was able to make choices and decisions around daily life. The manager told us that people liked to self-direct their care and as a service they promoted people's autonomy as much as possible. We saw that people were involved in consultation regarding their care and had signed their care plans if they were physically able to do so. People living at the home regularly went out in the local community and care plans documented this. Assistance to access the community was also offered when needed. The details of people's lasting power of attorney were recorded within the care files. This ensured that the named person had legal rights to make important decisions on their behalf

People we spoke with were happy with the food and all agreed there was plenty of choice at mealtimes. The service supported people's independence and choice in relation to food and nutrition. People told us that the chef 'Will cook things on request'. The chef described person centred meal planning which involved shopping for individual food items to accommodate people's preferences. The chef had an awareness of people's allergies, including people with nut allergies and diabetes and ensured these were catered for.

Fresh fruit and vegetables were observed as freely available during our visit. There was flexibility around meal times and people decided themselves when they wanted to eat. People living at the home had the option of eating either in their own bedrooms or in the communal dining room.

An accessible refreshment bay was available for people to make their own drinks if physically able to do so.

We saw that people living at the home were supported to maintain their physical and mental health in conjunction with a range of healthcare professionals. This included access to general medical services in the local community and specialist services as required. People told us that staff liaised with relevant professionals including district nurses in relation to their pressure sores, although this was not always documented in care records or risk assessments. Care plans did not always keep a record of professional visits because people chose to manage these themselves and keep this information private.

The layout and the décor of the home met the needs of the people who lived at the home. The dining area had tables to accommodate wheelchairs and a passenger lift to promote people's independence. The garden was accessible by a level ramp and people were able to access the greenhouse. The home had a well-adapted kitchen for people who were wheelchair users.

Is the service caring?

Our findings

Everyone told us that the staff treated them with kindness and respect. Some of the comments that people shared with us included, "Staff are more caring here than in hospital" ; "The staff will have a chat with you whilst doing their work, they are always very busy" and "The manager has raised the flower beds to allow me to undertake my hobbies and interests whilst in my chair".

Additionally we asked people if the staff treated them with dignity and discretion, one person said, "With regards to my personal care, I am always treated with dignity and respect, they always ensure the door is closed fully and the blinds are drawn". Our conversation with staff and our observations throughout the duration of the two days confirmed that staff and people who lived at the Spinal Unit had very positive relationships. One person told us how one of the managers had taken them to one of their family member's house so they could join in an event with their family. Another person told us how staff had helped them with their physiotherapy exercises and said they had greatly benefited from this.

People told us that resident meetings were held and they always had the chance to have their say, one person said, "Resident meetings allow us to voice our opinion of something if we are not too happy about how the home is run etc".

We asked people if they were involved in their care plans. Most people we spoke with said that they did not feel that they needed to be involved, as the staff 'knew what they were doing.' We asked the registered manager about this and they told us that as most people cannot sign their own names due to their injuries, so they were going to start using a 'finger print' method of signing. This will ensure that care plans are discussed in some level of detail with the people who live at the home to ensure they agree with their content.

We saw that there was advocacy information displayed around the home. This ensured people were being signposted to third party organisations for support if needed. There was no one making use of advocacy services at the time of our inspection.

People's confidential information was stored securely in a lockable cabinet. There was no confidential information on display around the home.

Is the service responsive?

Our findings

People said that they were happy with the care staff provided and felt that staff went out of their way to help them. We looked at people's care plans and saw that the amount of personalised information they provided varied from person to person. Between the dates of our inspection however it was evident that the registered manager had undertaken some additional work on people's care plans to ensure they contained person centred information about people's choices and preferences in relation to their care. For example, one care file documented that the person liked to use an electric toothbrush and an electric razor. Another person's care plan stated 'ask (person) how they want this doing' when describing the person's personal care routine. Care plans contained functional assessments which outlined people's dependency needs and tasks which they were able to do without support such as using the computer. This ensured that people's individuality, choice and freedom was respected and promoted.

People told us that activities were person centred. One person said if they "Wished to go to the shops on a day that wasn't set for activities, the staff would look to always try and accommodate". People living at the home had fundraised for a bus which was available for their use. The home was adapted to ensure people could undertake their hobbies in the garden. People's bedrooms reflected their individual personalities which helped to ensure people felt at home.

There was evidence contained within care files that people had been consulted with, with regards to the delivery of their care however people's care plans were not always reviewed on a formal basis regularly. People we spoke with stated that staff knew what care they needed and did not feel they needed to be involved in care planning or care plan reviews. We looked at people's daily records and saw that these records provided an over view of the support people had received each day from staff.

The registered manager told us that people living at the home were generally happy and there had been no recent complaints. The service prided itself on its relaxed 'home from home' environment. Prior to our inspection, we had contact with a third party agency who provided a report which detailed that the service had been responsive following a complaint from a person's family. The service had taken appropriate steps to manage this complaint.

The service had a complaints procedure in place for both tenancy and care issues. However, the complaint policy did not fully support people to complain freely as there was no confidential means of raising issues or concerns. For example, the policy stated that someone should raise the concern with the manger, but did not say who the manager was or how they could contact them. We checked the complaints log, and saw it was more pieces of paper in a box rather than a log which could be monitored.

We recommend the provider seeks guidance with regards to complaints and takes action to update its practices to ensure it's in line with best practice guidelines.

The service had received many 'thank you' cards, which were visible around the home which demonstrated that people had complimented the staff team on the care they provided.

Is the service well-led?

Our findings

During our last inspection in December 2015, we found the provider to be in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 with regard to the governance of the home. This was because audits designed to check the quality and safety of the service were not always taking place and were not always effective. During this inspection we saw that the provider had implemented some minor changes to their auditing systems, however, the system had not identified some of the concerns we highlighted at this visit in respect of risk assessments and record keeping. We saw no action plans drawn up from the audits undertaken to show what improvements would be made or any record kept of their progress. We found therefore that the provider was still in breach of this regulation at this inspection.

We asked about provider oversight at the home. We saw that the provider visited the home to check the quality and safety of the service. This visit consisted of a completion of a form by the provider each time they visited the home in respect of the environment and staffing. There were no action plans formulated as a result of the provider's visit in relation to any issues or areas for improvement they had identified. The registered manager did complete a 'walk around' every day and checked that there were no repairs outstanding. A medication audit was also completed every month. However this was more of tick list document of what was in stock rather than a robust system of audit that asked appropriate questions to ensure that medicines were given safely. We discussed our concerns with the registered manager about and the quality assurance systems in place. They agreed that paperwork needed to improve at the home. They also discussed some ideas they had for improving the service, which included 'buddying up' with another manager to share ideas and best practice.

This is a breach of regulation 17 (2) (c) (f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Systems in place for assessing, monitoring and improving the service were not always effective.

There was a registered manager at the home who had worked there for over 25 years.

The registered manager was clearly very 'hands on' in their approach, but did admit this sometimes took them away from completing the paperwork that they knew was also important. The people who lived at the home all reported that the staff were all very good at their jobs and that the management were approachable and 'hands-on'. People spoken with suggested that the management were accessible and took an active role in the daily lives of all the people using the service.

People told us that they were asked to give feedback about the service but this is not always on a regular basis. Comments included "People come around about every 12 months and ask has anything changed since our last visit". The registered manager told us that there was limited engagement from people in response to surveys and questionnaires. There was evidence of resident meetings taking place so people had a forum to contribute to the service delivery. There was also a suggestion box in place.

We had received most of the notifications the provider is required to send to us by law. However, on our initial inspection visit, the lift was not working which prevented people from living upstairs in their regular bedrooms which resulted in people being moved to the basement. The provider had not notified us of this. We discussed this with them at the time of our inspection, and they agreed it was an oversight on their behalf.

The service promoted and encouraged staff to develop personal relationships with people living at the home. This had the potential to blur professional boundaries and may impact upon people's ability to raise concerns about their care or service delivery. We discussed this at length at time of inspection, as we felt some information could be taken out of context and confuse people. The registered manager and provider have agreed to meet with other people involved with the service, and to look at their policies and associated information to ensure that there is a way the philosophy and mission of the service remains open and friendly but that there are clearer guidelines to support staff and people who live at the home.

Team meetings and resident meetings took place every month and we were able to view minutes of these.

From April 2015 it is a legal requirement for providers to display their CQC (Care Quality Commission) rating. 'The ratings are designed to improve transparency by providing people who use services, and the public, with a clear statement about the quality and safety of care provided'. The ratings tell the public whether a service is outstanding, good, requires improvement or inadequate. The rating from the previous inspection for The Spinal Unit was displayed for people to see.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not ensured the risks to people's health, safety and welfare were appropriately assessed and managed.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Up to date records were not always being kept and well organised. Some auditing systems were not robust enough to highlight concerns