

Priory Rehabilitation Services Limited

Heathfield Neuro Rehabilitation Service

Inspection report

Tottingworth Park
Broad Oak
Heathfield
East Sussex
TN21 8UN

Tel: 01435864545
Website: www.priorygroup.com

Date of inspection visit:
03 March 2017
06 March 2017

Date of publication:
19 April 2017

Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

Summary of findings

Overall summary

We inspected Heathfield Neuro Rehabilitation service on the 03 and 06 March 2017. This was an unannounced inspection

Heathfield Neuro Rehabilitation Service provides accommodation with personal and nursing care for up to 24 adults with an acquired brain injury. The service is divided into two units. Boyce unit provides long term nursing care and support for people who live with conditions such as Huntington's Chorea. Holman unit is a new unit for people with an acquired brain injury for specific behavioural rehabilitation. People were living with a range of care and nursing needs, many people needed support with all of their personal care, and some with eating, drinking and mobility. Some people on Holman unit were more independent and needed less support from staff. There were currently eleven people who lived at the service.

People's accommodation and communal areas were provided on the ground floor. This included a gym and an adapted daily living skills kitchen (a kitchen which was height adjustable). Outside there was an enclosed garden and grounds which people could access easily with walking aides and wheel chairs. There was also a hot tub which was used for therapeutic and relaxation techniques.

Heathfield Neuro Rehabilitation Service is owned by Priory Rehabilitation Services Limited.

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.

At a comprehensive inspection in August 2016 the overall rating was Inadequate and the service was placed into special measures by the Care Quality Commission (CQC). Seven breaches of the Health and Social Care Act 2008 (Regulated Activities) 2014 were identified. People's safety and well-being was being compromised in a number of areas. There were not enough suitably qualified or experienced staff at all times to meet people's needs. People were not always treated with dignity or respect due to the lack of training. People had not always been consulted about their care and treatment and were not involved in developing their care plans. Care plans had not been accurately maintained and updated to reflect changes to people's health. The provision of meaningful activities was poor and some people had very little engagement and were at risk of social isolation. Medicines were stored safely, however they were not always administered safely and records of administration were not completed accurately. There was no clear auditing system in place to monitor the quality of the service being delivered. Records were not in good order or always kept up to date. Records were not always stored securely to protect people's confidentiality.

Following the inspection, we received an action plan which set out what actions were to be taken to achieve compliance.

At this inspection many improvements had taken place since the last inspection and the breaches of regulations had been met. The service has been taken out of special measures. At the next inspection we will check to make sure the improvements are embedded and sustained. This is because we will need to see that as more people come to live at the service, the improvements are continued.

A registered manager was 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 and associated Regulations about how the service is run.

People were protected against the risks of unsafe medicines management. The staff were following current and relevant medicines guidance. We found that previous issues with how medicines were managed and recorded had been monitored and improved. However the recording of prescribed creams still needed to be improved to reflect that staff have consistently applied the creams to prevent sore skin developing.

The completion of food and fluid records whilst improved still demonstrated that not all staff were recording correctly the amounts people ate and drank. New charts had been introduced but these were not always completed correctly and therefore did not always reflect the persons' actual intake. This had not ensured that staff always had a correct overview of peoples hydration and nutritional needs.

Care plans reflected people's assessed level of care needs and were based on people's preferences. Care plans had been reviewed and there was acknowledgement from the management team that there was still work to be done to ensure that all reflected peoples personal preferences. There were plans to review the organisational documentation that would streamline peoples care plans to ensure that they were easy for staff to use and access. Staff handovers and communication systems had improved and were informative to care changes. Risk assessments that guided staff to promote people's comfort, nutrition, skin integrity and the prevention of pressure damage were in place and accurate. There were behavioural management plans in place for those people who lived with behaviours that were challenging. Equipment used to prevent pressure damage was set correctly and people identified at risk from pressure damage had the necessary equipment in place to prevent skin damage.

Staffing deployment ensured people received the support required to ensure their health and social needs were met. There were arrangements for the supervision and appraisal of staff. Staff supervision took place to discuss specific concerns. Staff confirmed that they had regular supervision and yearly appraisals. People we spoke with were complimentary about the caring nature of the staff. People told us care staff were kind and compassionate. Staff were respectful to people and there was plenty of chat and laughter heard.

People were supported to eat and drink in a safe and dignified manner. The meal delivery ensured peoples nutritional and hydration needs had been met and offered a wide range of choice and variety of nutritious food.

The home was clean and well presented. Risks associated with the cleanliness of the environment and equipment had been identified and managed effectively. Emergency procedures were in place in the event of fire or evacuation.

People had access to appropriate healthcare professionals. Staff told us how they would contact the GP if they had concerns about people's health. There was a multi-disciplinary team that met regularly to ensure all aspects of care delivery was considered and was appropriate for the people who lived at Heathfield Neuro Rehabilitation Service.

People were protected, as far as possible, by a safe recruitment system. Each personnel file had a completed application form listing their work history as well as their skills and qualifications. Nurses and health professionals employed by the service all had registration with the nursing midwifery council (NMC) and health and care professional council (HCPC) which were up to date.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Heathfield Neuro Rehabilitation was safe. Whilst meeting the legal requirements that were previously in breach, practices need time to be embedded to ensure consistent good care.

There were systems in place to make sure risks were assessed and measures put in place where possible to reduce or eliminate risks. Medicines were stored and administered safely.

Comprehensive staff recruitment procedures were followed. There were enough staff to meet people's individual needs. Staffing arrangements were flexible to provide additional cover when needed, for example during staff sickness or when people's needs increased.

Staff had received training on safeguarding adults and were confident they could recognise abuse and knew how to report it. Visitors were confident that their loved ones were safe and supported by the staff.

Requires Improvement 

Is the service effective?

Heathfield Neuro Rehabilitation Service was effective and was meeting the legal requirements that were previously in breach.

Mental Capacity Act 2005 (MCA) assessments were completed routinely as required and in line with legal requirements.

People were given choice about what they wanted to eat and drink and were supported to stay healthy.

A multi-disciplinary approach to care ensured people had access to health care professionals as needed.

Staff had undertaken essential training and had formal personal development plans, such as one to one supervision.

Good 

Is the service caring?

Heathfield Neuro Rehabilitation service was caring and was meeting all the legal requirements that were previously in breach.

Good 

Staff knew people well and had good relationships with them. People were treated with respect and their dignity promoted.

People and relatives were positive about the care provided by staff.

People were involved in day to day decisions and given support when needed.

Is the service responsive?

Good ●

Heathfield Neuro rehabilitation Service was responsive and was meeting all the legal requirements that were previously in breach.

There were meaningful activities for people to participate in as groups or individually to meet their social and welfare needs.

People told us that they were able to make everyday choices, and we saw this was promoted during our visit.

Care plans showed the most up-to-date information on people's needs, preferences and risks to their care.

A complaints policy was in place and complaints were handled appropriately. People felt their complaint or concern would be resolved and investigated.

Is the service well-led?

Requires Improvement ●

Heathfield Neuro Rehabilitation Service was well led and was meeting all the legal requirements that were previously in breach. Some areas still needed to be embedded in practice to ensure that improvements were consistently sustained.

A new quality assurance system was in place. However, some areas of care documentation needed oversight to ensure they were completed consistently and information was appropriately recorded.

The registered manager and staff in the service were approachable and supportive.

There had been a number of positive changes made to the day to day running of and there was a clear programme in place for continual improvement.

Heathfield Neuro Rehabilitation Service

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 checked 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 the 3 and 6 March 2017. This visit was unannounced, which meant the provider and staff did not know we were coming.

Two inspectors and a specialist advisor undertook this inspection. The specialist advisor had specific knowledge in acquired brain injury care and treatment.

Before our inspection the provider had completed a Provider Information Return (PIR). This 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 considered information which had been shared with us by the local authority and looked at safeguarding alerts that had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law. We also spoke with the Local Authority and Clinical Commissioning Group (CCG) to ask them about their experiences of the service provided to people.

We observed care in the communal areas and visited people throughout the premises, including the garden, the gym and in their bedrooms. We spoke with people and staff, and observed how people were supported during their lunch. We spent time looking at records, five staff files and other records relating to the management of the home, such as complaints and accident / incident recording and audit documentation. We looked at seven care plans and risk assessments along with other relevant documentation to support our findings. We also 'pathway tracked' people. This is when we looked at people's care documentation in depth and obtained their views on how they found living at Heathfield Neuro Rehabilitation Service. It is an

important part of our inspection, as it allowed us to capture information about a sample of people receiving care. Some people were unable to speak with us. Therefore we used other methods to help us understand their experiences. We used the Short Observational Framework for Inspection (SOFI) during the inspection. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with six people living at the service, two relatives, six rehabilitation care staff, two chefs, a housekeeper, two registered nurses, the registered manager, and members of the administration and management team.

Is the service safe?

Our findings

At our inspection in August 2016 we found that the provider had not taken appropriate steps to ensure that there were measures in place to keep people safe. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We had also found there were not sufficient, experienced staff deployed to keep people safe or assist them to receive appropriate care and support. The service had not assessed the skills of staff deployed in the service on a temporary basis. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

An action plan was submitted by the provider that detailed how they would meet the legal requirements by January 2017. We found that improvements had been made and the provider was meeting all of the requirements of Regulation 12 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us that they felt safe living at Heathfield Neuro Rehabilitation Service. Comments from people included, "I feel that I'm safe and I get all the help I need." Another person told us, "The staff make sure all is well."

Appropriate steps had been taken to ensure that there were measures in place to keep people safe. Medicine records showed that each person had an individualised medicine administration record (MAR), which included a photograph of the person with a list of their known allergies. Records confirmed medicines were received, disposed of, and administered correctly. There was clear advice on how to support people to take their medicines including 'as required' (PRN) medicines, such as paracetamol and anti-convulsion (seizure) medicines. Records had been completed with details of why they had been given and if it was effective in relieving the pain or the seizures. Prescribed skin creams were signed as being given following personal care. However there were some inconsistency to the records viewed and time therefore was needed to embed practices. Prescribed creams were not always signed for when personal care had been given by care staff, for example one persons prescribed cream had not been signed for three days.

People's medicines were securely stored in a clinical room and they were given by registered nurses. Medicines were given safely and staff signed the medicine administration records once taken by people. The clinical room was well organised and all medicines were stored correctly and at the correct temperature. Medicine audits were being undertaken weekly to drive improvement in medicine management. There was a clear audit trail that defined what action was taken following audits such as medicine retraining and competency tests.

Individual risk assessments had been implemented, reviewed and updated to provide sufficient guidance and support for staff to provide safe care. Risk assessments for health related needs were in place, such as skin integrity, nutrition, falls and dependency levels. Care plans demonstrated how people's health and well-being was being protected and promoted. There were detailed plans that told staff how to meet people's needs in a safe way. Care plans contained information about people's skin integrity alongside the risk assessment to identify people's individual risk to pressure ulcers. One person's care plan directed staff

to offer a change of position every two hours as they were at risk from pressure damage. Staff were able to discuss the reasons why this was important and how they as a team worked hard to ensure they maintained this level of care.

There were also clear directions for staff to follow when managing behaviours that challenge in a way that ensured people's and staff safety and well-being. The staff knew people's triggers and of tested ways to de-escalate any behaviours that may challenge, for example, distraction techniques. We saw staff using these techniques with a person and successfully turning a tense situation into a calm one with the person happily discussing the newspaper with a staff member. Staff said that they felt the care plans helped them understand the complex needs of the people they supported and gave them confidence in their care delivery. One member of staff said, "I'm new and I feel the care plans are really good as they guide me to give the right support, many of our residents can't communicate so I rely on the care plans."

At our last inspection people's food and fluid records were inaccurate and not effective in monitoring the risk of dehydration and weight loss. Whilst new food and fluid charts had been introduced they were not always completed correctly or in a timely manner. Two people who were unable to drink independently had not had any fluids documented as drunk or offered in over 12 hours. This was an area identified as requiring improvement.

We observed people being supported to move with lifting equipment. Staff were mindful of the person's safety and well-being. Staff offered verbal support and reassurance when assisting people to move and people told us they felt safe whilst being moved by staff. One person said, "The staff have to use a machine to move me because I can't move on my own, but they do it well, no problems." People's care documentation and risk assessments reflected the lifting equipment and size of sling to be used. People had their own personal sling which reduced the risk of cross infection.

A system was in place to record accidents/incidents with actions taken to prevent them as far as possible. Accidents were recorded with information about what had happened, such as any unwitnessed injuries from involuntary limb movements (due to their illness) whilst in bed or in a chair. The information recorded included action taken to prevent a further accident, such as increased checks and padded bed rails. Audits were carried out for the accident/incident forms to ensure sufficient information was recorded. Accidents were reported to the local authority in line with safeguarding policies. The risks associated with the use of bedrails had been assessed and complied with safety guidelines as recommended by The Health and Safety Executive.

The emergency equipment for use in a medical emergency such as suction machines (used to assist in removing excess saliva and mucus to aid breathing and swallowing) and oxygen cylinders were checked regularly and ready to use in an emergency. Personal emergency evacuation plans were in place with the necessary information for staff to follow in the event of an emergency.

Since the last inspection there had been a recruitment drive to secure rehabilitation assistants, physiotherapist, occupational therapists and registered nurses. The recruitment drive had been successful and the multi-disciplinary team was nearly complete. The registered manager oversaw the rotas to ensure that the skill mix was matched to people's individual needs.

There were sufficient numbers of suitably qualified, competent, skilled and experienced persons deployed to keep people safe. A formal needs assessment with relation to staffing had been completed for each individual. This was then calculated to provide a staffing ratio that was deemed appropriate to meet people's collective needs.

People told us there were enough staff to respond to their needs although there were some comments regarding the changing faces of staff. We were informed that the management kept people and staff informed of the staffing situation at resident and staff meetings. The registered manager said, "There had been a high use of agency staff as we've had a high level of staff turnover but this is minimal now and we have new staff in post who bring new ideas and new attitudes. This has helped to improve the culture and many staff have also stepped up into their roles and now act as great role models for new staff. Staff told us, "Staffing levels are good, totally sufficient, it can be busy but we manage really well."

There was additional staff in the home to respond to domestic, catering, entertainment, administration, rehabilitation and receptionist duties. The manager confirmed staffing arrangements were flexible and extra staffing was available to respond to any changes in people's needs. We found the staffing arrangements ensured people had their individual needs attended to.

Staff received training on safeguarding adults and understood clearly their individual responsibilities. Staff and records confirmed that staff received regular training and recent safeguarding activity in the home had led to greater staff awareness. Staff had recently had a group supervision session on safeguarding people. Staff were able to give us examples of poor or potentially abusive care they may come across working with people at risk. They talked about the steps they would take to respond to allegations or suspicions of abuse. Staff were confident any abuse or poor care practice would be quickly identified and addressed immediately by the senior staff in the home. They knew where the home's policies and procedures were and the contact number for the local authority to report abuse or to gain any advice.

People were protected, as far as possible, by a safe recruitment practice. Records included application forms, identification, references and a full employment history. Each member of staff had a disclosure and barring checks (DBS) these checks identify if prospective staff had a criminal record or were barred from working with children or adults, completed by the provider. Interviews were undertaken and two staff completed these using an interview proforma. There were systems in place to ensure staff working as registered nurses had a current registration with nursing midwifery council (NMC) which confirms their right to practice as a registered nurse. Health professionals such as occupational therapists and physiotherapists were checked against the health and care professional council (HCPC) to confirm their fitness to practice.

Is the service effective?

Our findings

At our inspection in August 2016 we found that the provider had not taken appropriate steps to ensure that staff were trained or supported to have the skills, knowledge and qualifications necessary to give people the right support. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

An action plan was submitted by the provider that detailed how they would meet the legal requirements by January 2017. We found that improvements had been made and the provider was meeting the requirements of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

One person said, "You can't fault the staff, everything they do is well done." One relative said "The staff were competent they knew exactly what they were doing when mum came here for palliative care." Another said "They appear to be well trained and knowledgeable there are no concerns. I am extremely pleased with the care, they are efficient and personable and kind." People felt that the care and support provided was focussed on them and provided an individual approach. Visiting professionals told us staff had relevant skills and listened and responded to advice given. People were complimentary about the food and how they were provided with choice and variety.

Since the last inspection training had progressed. This had ensured people received effective support because staff had the skills, knowledge and qualifications necessary to give people the right care. The provider had an oversight of what training had been completed across the service and of when training was due to be completed or renewed because there was an online training schedule to monitor this. Competency checks were in place to embed the learning from the on-line training. Staff told us that practical sessions on the floor took place by senior staff to ensure that they were doing things in the right way.

Service specific training, such as end of life care, acquired brain injury (ABI), Percutaneous endoscopic gastrostomy (PEG) care (a means of giving food when oral intake is not adequate or safe), catheterisation and catheter care and nutrition had been undertaken and updated to ensure best practice was followed by all staff. Comments from staff included, "The training is really interesting and helpful, I have learnt a lot."

Staff supervision was up to date for all staff. Supervision helps staff identify gaps in their knowledge, which was supported if necessary by additional training. There was a supervision programme in place for 2017 which demonstrated that staff received regular supervision. Staff told us they had previously felt unsupported due to staff and service changes and a lack of leadership, but with the new registered manager and clear leadership, they felt supported and motivated. Staff had been consulted about changes to their role and had received appropriate supervision and support to carry out their role.

People commented they felt able to make their own decisions and those decisions were respected by staff. The staff we spoke with understood the principles of the Mental Capacity Act (MCA) and gave us examples of how they would follow appropriate procedures in practice. The consultant psychiatrist employed by the

service undertook a mental capacity assessment for people within the service and this was then regularly reviewed. Staff were aware any decisions made for people who lacked capacity had to be in their best interests. There was evidence in individual files that best interest meetings had been held and enduring power of attorney consulted. The consultant psychiatrist was very well informed and provided training for staff in respect of the MCA. The documentation to support decisions made on behalf of people was clear and stated the steps taken to reach a decision about a person's capacity. Staff told us of how people's capacity could change on a daily basis and were how they changed care delivery to support those changes. One staff member said, "Everyday people can change their minds, we know that this is their right and we manage it to ensure that their decision making is in their best interest."

The CQC is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS). During the inspection, we saw that the registered manager had sought appropriate advice in respect of these changes in legislation and how they may affect the service. The management team knew how to make an application for consideration to deprive a person of their liberty and had submitted applications where they were deemed necessary.

People's health and well-being was monitored on a day to day basis. Staff understood the importance of monitoring people for any signs of deterioration or if they required medical attention. One member of staff told us, "We know people well and can pick up quickly changes to their health, Our clinical psychiatrist knows people inside out, and is really involved in their care." People had regular access to healthcare professionals and GP's visited the home when required.

People were supported to maintain good health and received on-going healthcare support. People said that they could see the GP when they wanted which was a great reassurance and were supported in attending hospital appointments. One person told us, "One day I felt unwell and I was a bit frightened and I told them and they rang for a doctor and came and told me that they had phoned which relaxed me and then the doctor came a bit later." Relatives confirmed health care support was sourced appropriately and they were kept informed of any health changes. Records and discussion with staff confirmed that staff liaised effectively with a wide variety of health care professionals who were accessed regularly. This included opticians and chiropodists.

Each person had a multi-disciplinary care record which included information when dieticians, speech and language therapist (SaLT) and other healthcare professionals provided guidance and support. The provider had an occupational therapist working full time, a full time SaLT, part time psychiatrist and full time physiotherapist. This enabled a multi professional approach to providing the care delivery people needed. Input was also sourced from the falls prevention team and tissue viability nurse as required. People felt confident their healthcare needs were effectively managed and monitored. One person told us, "They understand me and know my health problems." The staff worked hard to communicate effectively and co-ordinate a multi-disciplinary approach to care. Staff demonstrated professionalism and a commitment to providing the best care possible working in conjunction with all additional health care professionals available.

People were supported to have enough to eat and drink to maintain their health and well-being. People told us the food was good and we saw that the menu offered choices of well-balanced nutritional food at mealtimes. The kitchen team were highly motivated and proud of the service they delivered. The chefs assisted in delivering the meals to each unit to ensure that there was enough food and that everyone had a meal that they wanted.

People's dietary needs and preferences were recorded. People told us that their favourite foods were always

available. Diabetic, vegan, soft or pureed and other special diets were available when required.

We observed the mid-day meal and evening meal service. The food was well presented by the chefs and looked attractive. Fruit was offered at meal and drink times. We were also told that snacks were available during the evening and night if someone felt hungry. One staff member said, "The kitchen is always open we can access bread, cheese and soups."

The service provided care and support to people with swallowing difficulties, for example following a stroke and for those who lived with Huntington's Chorea. The soft diet was prepared and served in divided plates so as to maximise the appearance and segregate the tastes. For people assessed with a swallowing difficulty, the use of thickened fluids when drinking was required to minimise the risk of choking. The service had a SaLT who joined the team in August 2016. Their input was valuable at MDT meetings and to train staff. Guidance was readily available in people's care plans about any special dietary requirements such as a soft diet. One person's care plan had a report which identified they required a 'soft, moist diet'. We saw that this was followed in practice. They also told us, "The chef uses full fat milk, cream for soups and add cream to sauces, they can also make protein and milk shakes if we ask."

Is the service caring?

Our findings

At our inspection in August 2016, we found that people were not always treated with dignity and respect and their independence was not always promoted. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

An action plan was submitted by the provider which detailed how they would meet the legal requirements by January 2017. We found that improvements had been made, the provider was meeting the requirements of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection people were treated with kindness and compassion in their day-to-day care. People stated they were satisfied with the care and support they received and were fond of the care staff. One person said, "Nice staff and my room is very nice," and another person said, "They're all nice and they look after us well." A visitor said, "The staff have been very kind, friendly and homely." Our observations confirmed that staff were caring in their attitude to the people they supported.

People were cared for, supported and listened to and this had a positive effect on people's individual needs and well-being. People who found it difficult to initiate contact were given individual time and one to one attention throughout the day. People spoke positively of care staff, "Nice staff, they are kind, and respectful."

Staff treated people with respect, kindness and compassion and maintained their dignity. People's dignity was promoted. People's preferences for personal care were recorded and followed. We looked at a sample of notes, which included documentation on when people received oral hygiene, bath and showers. People confirmed that they had regular baths and showers offered and received care in a way that they wanted. One person said, "They know how I want my care given." Care plans detailed how staff were to manage people's continence. This included providing assistance taking people to the toilet on waking or prompting to use the bathroom throughout the day. Throughout our inspection we observed that people were prompted and offered the opportunity to visit the bathroom. People who were not independently mobile were taken regularly to bathrooms. People told us they were treated with dignity and respect, "Staff are kind and caring, "I find them all quite caring and helpful" and "Polite and kind."

People's need for privacy was promoted and their privacy respected. For example, staff ensured that people's dignity was protected when assisting them. We also saw that people's personal care was of a good standard and undertaken in a way that expressed their personality. People were supported to wear make-up and jewellery, and wear clothes of their choosing. When prompting people to eat or drink, staff talked in a quiet manner ensuring that other people did not hear. Relationships between staff and people receiving support consistently demonstrated dignity and respect.

Throughout the inspection, people were called by their preferred name. We observed staff knocking on people's doors and waiting before entering. We observed one person calling staff as they wanted to go to their room. This was attended to immediately, with appropriate support used by staff and good interactions

between the person and staff. Staff were patient and responsive to people's mood changes and dealt with situations well by using diversional verbal tactics and a kind word. We observed staff displaying patience and empathy with people that had behaviours that challenged themselves and other people. Staff approached people in a calm and professional approach, managing to de-escalate situations with humour and compassion.

People could have visitors when they wanted. People were supported to have as much contact with family and friends as they wanted to. Where possible, people were supported to go and visit their families, relatives and friends. Visitors told us that staff were committed, kind and patient." They also said staff worked hard.

Is the service responsive?

Our findings

At the last inspection in August 2016, the provider was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because care delivery was not always responsive to people's individual needs. We also found that care plans did not always show the most up-to-date information on people's needs, preferences and risks to their care.

The Provider submitted an action plan detailing how they would meet their legal requirements by January 2017. Improvements had been made and the provider was meeting the requirements of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they were happy with the standard of care provided and that it met their individual needs, our observations identified that staff were responsive to individual needs on a day to day basis.

At our last inspection we had found communication and social well-being was an area of concern as a large amount of people were isolated in their bedrooms and in the lounge areas with little interaction from staff. New care plans to reflect peoples' social needs and the methods to meet these needs had been introduced. Plans were constantly being developed as new health professionals such as occupational therapists joined the team.

Staff used visual and verbal techniques to engage with people whose health needs prevented them from being able to engage verbally. This included staff reading to people, showing them pictures and ensuring that music was on or that the television was switched to a channel they enjoyed for example sport.

Activities were more reflective of people's individual interests and hobbies. Across the whole service people were supported and encouraged to keep occupied with support from staff. There was a range of meaningful activities available which included one to one and groups, to reduce the risk of social isolation. Staff told us that as seasons change, trips out and garden activities will be arranged. A staff member said "Trips out happen and people really enjoy them." During the inspection we saw that group exercises and quiz sessions were held.

We visited people in their bedrooms and in communal areas throughout the home and observed staff engaged with people to prevent isolation. The daily notes by staff noted people's reactions and mood during interactions and this was then reviewed.

People's care plans included risk assessments for skin damage, incontinence, falls, personal safety and mobility and nutrition. Since the last inspection some care plans had been rewritten by the lead consultant psychiatrist with input from other health professionals employed by the service such as the physiotherapist and the occupational therapist. Care plans to reflect the increased involuntary movements and the treatment changes, such as being safer in bed with buffers for protection were clearly documented with a rationale for the decision documented. Nutritional plans had been reviewed by registered nurses along with expert advice from the SaLT. Each person had an individual care plan tailored to meet their specific needs

and they had been regularly reviewed to reflect changing needs. The management team acknowledged that improvements were on-going and the test of the documentation changes and staff learning will be when new people move to Heathfield Neuro Rehabilitation Service.

Holman Unit was designed to be a specialised rehabilitation unit for Acquired Brain Injuries and the accommodation had been extensively refurbished to accommodate this specialism. The plans were now to use this facility to meet individual specific behavioural needs alongside their physical needs. The occupational therapist worked alongside the physiotherapist to devise specific individualised care plans with achievable goals. These goals were set with each person and monitored to ensure they were achievable. There were comfortable communal lounges which were spacious enough for people to access in wheelchairs and encourage independence. En-suite bathrooms were spacious and equipped with specialised equipment to promote and encourage independence with support from the occupational therapist and the care staff. An adapted daily living skills kitchen was also available and people were actively encouraged with support to make tea and coffee. There was also a gym which had various exercise equipment to strengthen muscles and improve balance and dexterity.

A complaints procedure was in place and displayed in the reception area and communal areas of the home. These were also provided to people in an accessible format such as large print and pictorial. Complaints received were logged and documentation confirmed complaints were investigated and feedback was given to the complainant.

Is the service well-led?

Our findings

At our inspection in August 2016, there were concerns identified within the quality assurance process, such as audits not being acted upon to drive improvement and identify shortfalls in care. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

An action plan was submitted by the provider which detailed how they would meet the legal requirements by January 2017. We found that improvements had been made and the provider was meeting the requirements of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was now a registered manager in post. The management structure, staff retention and recruitment at Heathfield Neuro Rehabilitation Service had been consistent since the registered manager took up the role and this had impacted positively on the action plan delivery. We found that the breaches of Regulation of the Health and Social Care Act 2014 identified in August 2016 had been met and the action plan fulfilled.

There was a quality assurance system in place to drive continuous improvement within the service. Audits were carried out in line with policies and procedures. Areas of concern had been identified and changes made so that quality of care was not compromised. However, some areas of care documentation needed oversight to ensure they were completed consistently and information was appropriately recorded, such as food and fluid charts. Some fluid records for people unable to drink independently had not been completed for 12 hours. Other records were not totalled correctly and gave incorrect information. The registered manager said it was an area that they wanted to continuously improve. The documentation for prescribed creams did not show that they were being given consistently as some had days where creams were not signed as being applied. Social care plans for people who were unable to attend activities due to their health needs still needed to demonstrate how staff ensured their social and well being needs were being met. Staff were able to tell us of things they tried but this was not reflected in their care documents. All care plans were up to date and reflective of people's needs. Where recommendations to improve practice had been suggested, from people, staff and visitors, they had been actioned. For example the laundry service and menu choices.

Effective management and leadership was demonstrated in the home. The registered manager took an active role with the running of the home and had good knowledge of the staff and the people who lived there. They told us that the philosophy and culture of the service was to make Heathfield Neuro Rehabilitation Service 'People's home' as well as promoting independence. They also told us, "It's important that we make it comfortable, homely and safe. We believe in our vision statement and want to succeed." There were clear lines of responsibility and accountability within the management structure. The culture of the service was described as open, honest and friendly by people and staff. The registered manager said their door was always open if staff wanted to have a chat with them. One member of staff said; "It's a different place now, open and transparent, easy to talk to." Staff were happy to challenge poor practice if they saw it and would contact the registered manager or other senior staff immediately if they had any concerns.

Everyone knew the registered manager and referred to her when describing their experiences of life at the service. One staff member said, "The manager is always around the place, very knowledgeable and honest, runs a good place." Staff said they worked as a team, "It's a really nice atmosphere to work in." We asked staff what they would change if they could, all said, "Nothing," and "I really can't think of anything, except perhaps a bigger dining room and easier access to the garden."

The registered manager told us one of the organisational core values was to have an open and transparent service. The provider was supporting staff, visitors and the people who lived at Heathfield Neuro Rehabilitation Service was to share their thoughts, concerns and ideas with them in order to enhance their service. Friends and relatives meetings had taken place and surveys were to be conducted to encourage people to be involved and raise ideas that could be implemented into practice. People and their visitors told us that they would like to be involved and welcomed the opportunity to share their views. One visitor said, "I think they really want our input."

Staff meetings had been held regularly over the past six months, and staff felt informed about changes and plans for the home. One staff member said, "It's really great to be involved."

The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations.