

Queen Elizabeth's Foundation

# QEF Care and Rehabilitation Centre

## Inspection report

Leatherhead Court  
Woodland Road  
Leatherhead  
KT22 0BN

Tel: 01372841100  
Website: [www.qef.org.uk](http://www.qef.org.uk)

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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?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

QEF Care and Rehabilitation Centre is a rehabilitation centre in Leatherhead providing personal and nursing care to younger and older adults. The service aims to help people regain their independence following an acquired brain injury, stroke, incomplete spinal injury or neurological illness and provides therapy alongside residential care and support. The service can support up to 48 people. At the time of the inspection, 21 people received treatment and support in QEF Care and Rehabilitation Centre.

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

The centre had a large staff and management team and there were substantial changes in the service in the past year. The management team started consolidating the improvement actions identified via audits, as well as internal and external feedback but this work was not yet completed at the point of the inspection. We discussed this with the management who assured us about how they would further strengthen the governance in the service and action any improvements in a timely and effective way. We also saw evidence of actions directly affecting people's safety being already completed. We will check if good practice around quality and safety monitoring was embedded in the service at our next inspection.

People received safe support around their health, physical and emotional needs and medicines. There were enough staff to ensure people could access timely support and therapy during their stay. Staff knew how to protect people from avoidable harm by supporting them to manage risks. Staff also knew what to do if they were concerned people might be at risk of abuse or neglect.

People were supported to keep safe from infections, to host visitors and enjoy going out of the service in a COVID-19 safe way. Staff supported people to access other health services when needed and there was a range of social activities available in the centre. The service was adapted to people's needs which allowed them to freely access all facilities and remain comfortable when re-building their independence or receiving complex care.

People received personalised care with support being provided in a targeted, joined-up way by different health and social care professionals. People and their relatives told us how this enabled them to regain their ability, for example to walk or communicate freely.

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

Staff received ongoing support and training, felt competent to fulfil their roles and commented positively on the overall culture of the service and teamwork. The centre worked in close partnership with the NHS services in the local area and other healthcare professionals and specialists.

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

This service was registered with us on 15 June 2020 and this is the first inspection.

#### Why we inspected

This inspection was based on the date the service was registered by CQC.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### Follow up

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

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.  
Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.  
Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.  
Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.  
Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was not always well-led.  
Details are in our well-led findings below.

Requires Improvement ●

# QEF Care and Rehabilitation Centre

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by two inspectors and an assistant inspector.

#### Service and service type

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

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider was not asked to complete a provider information return prior to this inspection. This is information we require

providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with five people who used the service about their experience of the care provided. We are improving how we hear people's experience and views on services, when they have limited verbal communication. We have trained some CQC team members to use a symbol-based communication tool. We checked that this was a suitable communication method and that people were happy to use it with us. We did this by reading their care and communication plans and speaking to staff or relatives and the person themselves. In this report, we used this communication tool with three people to tell us their experience.

We spoke with 16 members of staff including the registered manager, general manager, health and safety manager, therapy staff, head of nursing care and a registered nurse, deputy head of care, care and rehabilitation support workers, housekeeping staff and volunteers. We reviewed a range of records. This included three people's care records and multiple medicines records. We looked at three staff files in relation to recruitment, staff training and supervision. A variety of records relating to the management of the service, including quality and safety records, as well as policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with five relatives of people using the service. We looked at service improvement action plan, further management and care records and complaints records.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe in the service. One person said, "Yes, I feel safe. [Staff] are very nice." A relative of a person using the service confirmed it was a safe place and commented, "They are very good there."
- Staff knew how to protect people from the risk of abuse and neglect. Staff we spoke with told us how they would recognise signs of abuse or neglect, for example if someone was behaving differently than usual. They confirmed they were confident to report any concerns to their line manager or the police and senior staff could access contact details of the local authority safeguarding team.
- The provider had clear systems and processes to ensure safeguarding concerns were recognised and appropriately reported, and action was taken to protect people from abuse. Safeguarding concerns were reported to the local authority and investigated as required. The management team was open and transparent when working with the local authority safeguarding team.

Assessing risk, safety monitoring and management

- People told us they felt the support they received was safe. One person explained staff knew how to support them with their mobility and personal care needs and their bathroom was equipped in a way which supported them to use it safely.
- People had individual care plans and assessments in place around their specific needs. For example, physiotherapy assessments with pictorial guidance for staff were in place and available for guidance in people's rooms.
- Where people had specific psychological needs, staff explained to us how these were assessed and addressed. For example, guidance was provided to staff where people might experience low mood affecting their safety or might be at risk of choking. Risks to people around their health, as well as continence, personal care or dietary requirements, were also assessed and reviewed.
- The provider ensured staff were allocated to maintain and regularly check equipment, health and safety and fire safety in the service and action was taken to maintain a safe environment for people.

Staffing and recruitment

- People told us they felt there were enough staff on duty and when they called for help, staff attended to them in a timely way. One person showed us the emergency button they had at hand and said staff were good at answering their calls and came into their room quickly to offer support.
- There was a large staff team on duty on the day of the inspection, which comprised of the care and rehabilitation support workers, therapists employed by the service and nurses. Staff told us there were enough of them to provide safe support. One member of staff said, "Generally we have enough staff." The care and therapy team was also supported by management, ancillary services and volunteers. We saw people accessed therapy sessions and day to day care and there was always staff around to offer help.

- The provider found it challenging to recruit new staff and continued to take robust action to fill the vacant staffing positions. The centre was supported by a team of agency support workers but the management aimed to reduce that in favour of more stable, permanent staffing team with less use of temporary staff in the future. As efforts were made to ensure consistency to support effective care impact to people was minimised. One member of agency staff confirmed this, "I know the people because I only come here."
- New staff members were recruited safely. The provider reviewed their references, proof of right to work in the UK and professional registration details where applicable. New staff were also required to undergo a Disclosure and Barring Services (DBS) check. DBS checks help employers in health and social care make safer recruitment decisions.

#### Using medicines safely

- People received safe support with their medicines provided by nursing staff. People told us their medicines were given on time and we observed the nurse followed good and safe practice when supporting people. Staff were trained and competency assessed for administration of medicines and recorded when they administered medicines.
- Staff had clear guidance around timings the medicines should be taken, special instructions such as what food people should avoid or what allergies they had. There were clear instructions around topical medicines such as creams and ointments, and controlled drugs were managed appropriately. Where people were taking antipsychotic medicines, this was reviewed regularly by a healthcare professional.
- The provider had safe systems for ordering, receipt and disposal of medicines and a clear auditing process which enabled them to identify any discrepancies and spot potential errors in a timely way to protect people. Where people were prescribed high risk medicines, for example blood thinners, there was appropriate guidance available to staff.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.
- We were assured the provider was meeting shielding and social distancing rules.
- We were assured that the provider was using PPE effectively and safely.

#### Learning lessons when things go wrong

- The provider learnt lessons when things went wrong. For example, the recruitment processes were reviewed to improve clarity of the job descriptions and interview process and more support was provided to new staff in induction. This was to improve the chances of them staying with the service and being suitable for their roles in the long term.
- Where a concern was raised, the provider was receptive to the feedback of the local authority safeguarding team and identified improvements around their care recording systems. This led to a range of actions around review of the electronic and paper-based systems to streamline records and improve care for people.



# 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.

This is the first inspection for this newly registered service. This key question has been rated 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; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The staff team worked closely with NHS partners to enable people to access care and rehabilitation services after their personal circumstances changed substantially, for example following an illness and subsequent hospital treatment. Staff ensured they worked closely with NHS around planning people's move into the service and supporting them to move on once they completed their rehabilitation. This ensured people's care was continued and tailored to their individual needs and aims, and improved outcomes to people.
- People's needs were assessed prior to them moving into the centre to ensure the staff team could support them safely. Following that, staff assessed their specific needs within the first 48 hours after admission. For example, individual needs around nursing care, communication, eating and drinking, mobility or psychological needs were looked into in more detail. The recommendations from the healthcare professionals were included in people's care and therapy plans and regularly reviewed within the multidisciplinary team which met in the service three times a week.
- The centre also supported NHS services in ensuring people affected by COVID-19 and related complications to their health could access ongoing care and rehabilitation with a view to them regaining their independence. The provider supported healthcare services to provide COVID-19 safe specialist care and treatment which enabled people to access timely support despite the pressures the pandemic placed on the healthcare system.
- People told us they could see other healthcare professionals when needed. One person said, "I can see [doctor] when I want." The centre had regular support of a rehabilitation consultant, GP and psychiatrist, as well as an in house multidisciplinary team consisting of physiotherapists, occupational therapists, psychologist, speech and language therapists and nurses. Staff also referred people to other specialist health services when needed.

Staff support: induction, training, skills and experience

- Staff told us they received training and felt competent in their roles. People confirmed staff knew how to support them safely. One staff member said, "[Management] provide a lot of support and training. I can say if we need anything." New staff members completed an induction programme which comprised knowledge-based courses and gaining practical experience when supporting people. Agency staff also received an induction to the service.
- Staff were provided with online and face to face mandatory training and additional specialist training around individual people's care needs. The healthcare professionals working in the service were supported

around their continuous professional development and registrations. Where needed, external specialist clinical support was provided to staff.

- The management supported staff with reflective practice sessions. The provider enabled therapy staff to participate in seven sessions around specific neurorehabilitation topics in 2021 and nurses had access to specific nursing skill training, for example around epilepsy, medicines or brain injury.

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

- People told us they had access to drinks and meals and were happy with the support provided. One person said, "The food is nice here." Another person confirmed they were provided with a drink when they wanted one. We observed people were given a choice of drinks and could pre-order their main meals. They were supported by staff to eat and drink where needed.

- People's nutritional and hydration needs were assessed within their care plans. There were clear plans including information around any swallowing difficulties, clinical needs affecting nutrition and hydration, allergies and dietary preferences. This information was easily accessible for staff, so they could support people safely.

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

- The centre was adapted to the needs of people who required rehabilitation and support due to physical needs. One person commented on the building, "It's easy (to move around) and lovely." For example, the centre had wide, well-lit corridors and all areas of the service were wheelchair accessible, including lifts, reception area and handwashing facilities.

- People told us they found their rooms to be comfortable and functional. One person allowed us to see their wet room which was equipped with moving and handling aids enabling them to work on regaining their independence as safely as possible. People had access to a range of equipment aiding their needs and support from qualified therapists to ensure appropriate aids were used and this was done safely.

- Some people chose to personalise their rooms and were supported to do so, for example by decorating them with personal photos and other objects of sentimental value which were meaningful to them. People could also access assistive technology, for example large emergency call buttons or electronic devices with access to the internet to communicate with family or to follow their interests.

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

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. 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 told us they were supported to make their own choices and they felt staff respected their decisions. We saw staff asking people what they wanted when providing support.

- People who lacked capacity to consent for care and treatment to be provided in the centre had individual mental capacity assessments completed and DoLS authorisations were applied for, where needed. The therapy team kept good oversight of people's DoLS authorisations and took action to inform the local

authority if people's capacity changed. For example, one person regained their capacity whilst in the centre and this was addressed appropriately so they were not unnecessarily restricted, and they were supported to make their own decision and voice their choice.

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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; Respecting and promoting people's privacy, dignity and independence

- People told us staff were caring and kind to them. We observed staff addressing people in a friendly and encouraging way and showing appreciation of their talents and achievements. For example, one person was praised for their work on an art project and staff spoke about another person's progress with regaining their abilities in a very positive way.
- Staff were aware of their responsibility to respect people and treat them with dignity. This included staff who did not directly provide people with care. For example, one housekeeping staff member said, "It's important to be respectful." Another member of staff explained they would always knock on a person's door and ask if they could come in to clean their room before entering. A relative said of the way staff supported their family member, "They are very patient and accommodating with him."
- People were supported to regain their independence and to remain comfortable. People's care plans clearly identified what tasks they could complete for themselves and what their objectives were. For example, one person's care plan stated to always encourage them to mobilise on their own before supporting them and detailed different levels of support to be provided with different transfers.
- Another person's care plan detailed how to support them to ensure they remained pain-free. Where people could present with some behavioural support needs, this was addressed in their care plans in a respectful way. For example, one person's care plan guided staff to ensure they communicated with the person clearly throughout care to reduce their anxiety.

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

- People told us they felt involved in their care. One person said, "Yes, very much so. They listen if I want something."
- People's care plans included information on how the care plan was discussed with them and if they were happy with it. People also had schedules in place to ensure they knew what care and therapy would be provided and felt in control. One person showed us their schedule with a smile on their face and told us that was how they knew what support they would receive, and they were happy with it.
- Where people could not fully voice their wishes and opinions, their relatives were consulted on their care plans. One relative said, "[Staff] do talk to me about things. I can say [person] needs this or that and they will incorporate this into their daily schedule."

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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 in a personalised way and their individual objectives were set with them for their rehabilitation and care. Care plans included information on people's health, their interests, life story and other preferences around day to day activities.
- People's spiritual, religious and cultural needs were explored, and support was provided to engage in relevant virtual services where appropriate.
- Each person had an individualised schedule of therapy sessions and activities which were aligned with their personal objectives and reviewed with the involvement of the multidisciplinary care and therapy team to make any changes depending on individual needs.

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 received support from staff to improve their speech and ability to communicate. Staff assessed their individual needs and provided them with suitable communication aids and speech and language therapy, where required. The therapy team was supported by volunteers to ensure people had as much help as possible to improve their communication. People could access individualised communication books or cards and the team regularly evaluated what worked best for them.
- People told us staff took time to communicate with them and they felt they were well understood. People's care plans included information for staff on what support worked for the individual. For example, one person was hard of hearing and partially blind and their care plan guided staff to talk louder and ensure the distance between them and the person was not too far to enable them to hear properly. We observed staff followed this guidance and the person told us staff knew their needs and how to meet them, for example by reading written communication to them.

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

- People told us they could socialise with others in the centre. We also observed positive interactions between people and staff. One person told us about their friends who lived in the centre and how they planned to spend some time together to catch up later that afternoon.
- Staff supported people to access activities which were meeting their interests and were meaningful for them. For example, music therapy sessions were organised to support people's expression, emotional

wellbeing and same time help them to improve their physical abilities by playing an instrument if they wished to do so.

- People also participated in art sessions, were encouraged to go for a walk in the garden and enabled to enjoy safe visits out of the centre. People could host visitors in a COVID-19 safe way, either in their bedrooms, in the garden or in the visiting pod.
- The centre ran Choices project around activities which enabled people to develop their skills. For example, there were gardening sessions, entertainment or support provided to use the training kitchen to regain their day to day skills. Staff organised events such as a barbecue or afternoon tea where people could socialise with others.

Improving care quality in response to complaints or concerns

- People told us they could raise any complaints with staff. People's relatives confirmed this was welcomed by the service. One relative said, "They do listen to any concerns that I raise."
- The provider enabled people to raise complaints and acted on their feedback. There was information on how to complain provided to people and their families at the point of admission to the centre.
- The management team monitored and addressed any complaints raised with the service. They took a range of actions depending on the issues raised. For example, some complaints were promptly resolved via a phone call or a meeting, others required an investigation or a referral to another professional or local authority safeguarding team.

# 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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders continued to work on improvements to this new service and its governance which were yet to be embedded to consistently support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There was a need for more consistent management oversight around the completion of actions within set timescales and we discussed this with the general manager. The provider already recruited all senior staff and the new general manager was in the process of reviewing the overarching action plan for the service with the input from all teams. We will check if the changes were embedded into practice at our next inspection.
- Staff commented, although urgent actions directly affecting people's safety were always completed promptly, other improvements were not always appropriately overseen or were addressed without delay. This was partly due to staff being divided into three separate teams with different line management. This could have led to people not reaching their rehabilitation goals as quickly as planned if, for example, therapy recommendations were not followed consistently. The risk to people was mitigated by the fact the service did not operate to full capacity and there was ongoing input from care and therapy teams as well as healthcare professionals to modify the support when required.
- The provider and the management team in the service completed a range of quality and safety audits and checks. For example, health and safety checks, multidisciplinary reviews of people's needs, medicines audits and training compliance checks were completed.
- However, not all actions identified for completion were always consolidated into the service improvement plan and completed as promptly as possible. For example, the actions identified in July 2021 via a health and safety audit were not fully completed or incorporated into the service action plan in September 2021 at the time of the inspection.
- Although there was evidence some improvements were made around the fire safety action plan or improving communication between care and therapy and nursing teams, other actions were not yet completed, or improvements were not embedded into practice. For example, induction plans and records for new and agency staff were improved as one of the identified actions, but there was no evidence of this being followed through and signed off as complete yet.
- The provider informed CQC around significant events in the service as per regulatory requirements. There were also appropriate registration applications submitted in regard to the recent change in the management.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering

their equality characteristics

- People, their relatives and staff told us despite the challenges caused by the pandemic, they felt the service was enabling people to achieve their outcomes and regain their abilities. One relative said, "The progress [person] has made with has been fantastic. [Physiotherapist] sees them several times a week. In hospital, they said they might never walk again. [Person] has gone from being bed-ridden to walking again."
- Staff told us the service operated in an inclusive way and they felt the teamwork and culture were positive. One member of staff said, "The team are amazing here and we have achieved a lot together."
- Staff told us they felt involved in the service and listened to by their line managers. One member of staff said, "If we have ideas, they listen." Another staff member said, "The managers are good. If you need help, they will do it." The general manager had made improvements to meeting planning and structure to enable staff to voice their feedback and ideas. Records of the recent meeting confirmed staff were also recognised for their good practice.
- The management team regularly communicated with people and their relatives around changes to the service, for example in relation to the national guidance on COVID-19. The general manager made suitable plans to enable socially distanced family meetings to re-start as soon as possible and ensured people were asked about their experience of the service. People's success stories were celebrated by the provider and the staff team.

Working in partnership with others; 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 centre worked in close partnership with other NHS services in the local area, including Clinical Commissioning Groups and hospitals. The provider had an ongoing working relationship with a consultant in rehabilitation and GP who visited the service regularly to provide their input into people's care and rehabilitation.
- The management of the service ensured any complaints or concerns were addressed in an open and transparent way. People and their relatives were updated on outcomes of any investigations or accidents and incidents that happened in the service where appropriate. The provider also had clear systems in place to work transparently with other healthcare professionals and social services.