Ramsay Health Care UK Operations Limited

Jacobs Neurological Centre

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

The inspection took place on 14 March 2016 and was unannounced.

Jacobs Neurological Centre is owned and operated by Ramsay Health Care UK Operations Limited, which is a subsidiary of Ramsay Health Care (UK) Limited. The centre provides accommodation and treatment for up to 60 people, aged 18 years or older, with complex long term neurological conditions, brain or spinal injuries. The care provided includes nursing care, personal care, medical treatment and diagnostic procedures. The staff at Jacobs Neuro Centre assist people's recovery wherever possible and specialise in slow stream rehabilitation. Some people had lived there for many years and others were more recent admissions working towards returning to their own homes. There were 59 people accommodated at the home at the time of this inspection.

We last inspected the service on 11 November 2013 and found the service was meeting the required standards at that time.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

People felt safe living at the Jacobs Neurological Centre. Staff knew how to keep people safe and risks to people's safety and well-being were identified and managed. The home was calm and people's needs were met in a timely manner. The registered manager operated robust recruitment processes which helped to ensure that staff employed to support people were fit to do so. There were suitable arrangements for the safe storage, management and disposal of people's medicines.

Staff had the skills and knowledge necessary to provide people with safe and effective care and support. Staff received supervision from the management team which made them feel supported and valued. People were encouraged and enabled to make their own decisions as much as possible and family members provided support where it was appropriate for them to do so. People received the assistance they needed to eat and drink sufficient quantities. People's health needs were well catered for and appropriate referrals were made to health professionals when needed.

All the people we spoke with were complimentary about the care and kindness shown to people by the staff team. Staff members were knowledgeable about individual `s needs and preferences and people or their families and representatives were involved in the planning of their care. Visitors were encouraged at any time of the day and staff respected and promoted people's privacy.

There were arrangements for a range of activities and stimulation within the home and trips were arranged to external attractions. The provider had made arrangements to receive feedback from people who used the

service, their relatives, external stakeholders and staff members about the services provided. People and their relatives were confident to raise anything that concerned them with staff or management and were confident that they would be listened to.

There was an effective management structure in place that meant that relatives and staff were able to speak with a member of the senior management team if they had a concern. The provider had arrangements in place to regularly monitor health and safety and the quality of the care and support provided for people who used the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

This service was safe.

People were supported by staff who had been safely recruited.

Support staff had been provided with training to meet the needs of the people who used the service.

Staff knew how to recognise and report abuse.

People's medicines were managed safely.

Is the service effective?

Good

The service was effective.

People received support from staff who were appropriately trained and supported to perform their roles.

Staff sought people's consent before providing all aspects of care and support.

People were supported to eat and drink according to their specific needs and individual requirements.

People were supported to access a range of health care professionals to help ensure that their general health was being maintained.

Is the service caring?

Good

The service was caring.

People were treated with warmth, kindness and respect.

Staff had a good understanding of people's needs and wishes and responded accordingly.

People's dignity and privacy was promoted.

Is the service responsive?

Good

The service was responsive.

People were involved in planning their care where they were able or people's relatives were involved where appropriate.

People were supported to engage in a range of activities.

People's concerns were taken seriously.

Is the service well-led?

Good

The service was well led.

The home was well run and people had confidence in the staff and the management team.

The provider had made robust arrangements to monitor and manage the quality of the service.

There were arrangements to ensure that comments or complaints people had were listened to and acted upon appropriately.

Jacobs Neurological Centre

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 met 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 under the Care Act 2014.

This inspection took place on 14 March 2016 and was unannounced. The inspection team consisted of two inspectors.

Before our inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law. Before the inspection, the provider 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.

During the inspection we observed staff support people who used the service, we spoke with five people who used the service, eight staff members (including two agency care staff), the matron and the registered manager. We spoke with five relatives during the inspection visit and contacted another five relatives by telephone subsequent to the inspection visit to obtain their feedback on how people were supported by the service to live their lives. We received feedback from representatives of the local authority commissioning body and health and community services and a consultant in rehabilitation medicine. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed care records relating to four people who used the service and other documents central to people's health and well-being. These included staff recruitment and training records, medication records and quality audits.

Good

Is the service safe?

Our findings

People gave us positive feedback about their move to the Jacobs Neurological Centre. People said they were well cared and their needs were met. One person said, "When my 1:1 carer is not here I feel safe and settled, if I press my buzzer someone in red is quick to come, I have never felt compromised or vulnerable to anything." One person's relative said, "I am very satisfied with the care my [relative] gets, obviously it is not home from home but on the whole it is very good and they are safe." Another relative told us, "I will tell the staff when I leave because I am here all day so they tend to not check so often, but when I leave they are straight round to [Person] chatting, helping them where needed and keeping them settled. When I am home in the evening I feel as if I am getting my life back as I worry less now [person] is here."

Staff understood their responsibilities for safeguarding the people who used the service and we confirmed that they had received training to keep their knowledge up to date. The registered manager demonstrated a clear understanding of their responsibilities in relation to safeguarding adults and had worked with other agencies and healthcare professionals in an open and transparent way when concerns had been raised.

To ensure people's safety a range of risks assessments had been completed for every person. These included assessments in respect of the likelihood of people developing pressure ulcers, respiratory infections, the risk of falls, risks associated with poor nutrition and hydration, the use of bed rails and moving and handling procedures. Where people had limited mobility and relied upon staff to support them to transfer from one place to another, moving and handling care plans were developed. These provided staff with clear guidance about the equipment to be used, the correct slings to be used with mechanical hoists and the number of staff that were required to support with each transfer. Where people required a pressure mattress to help prevent them developing pressure ulcers care plans included detail of the mattress used and the person's weight so that it was clear what setting the mattress should be on.

Safe and effective recruitment practices were followed to help ensure that staff were of good character, physically and mentally fit for the role and sufficiently experienced, skilled and qualified to meet the needs of people who used the service. All people who used the service and the relatives we spoke with told us that the staff employed to work at the home were of a high calibre. We spoke with a staff member who had been recently recruited. They confirmed that the recruitment process was robust and that they had not been able to start work until the registered manager had received a copy of their criminal record check (CRB) and satisfactory references. This helped to ensure that staff members employed to support people were fit to do so.

People told us that call bells were answered promptly. People and relatives said that when staff assisted them this was done in an unhurried manner. A person told us, "There are always two carers when I need help with my ablutions, always available, always prompt and never slacking in any way." Our observations confirmed that call bells were responded to swiftly and that staff were patient and worked with people at their pace.

Staff told us there were enough staff available to meet the needs of people who used the service and said

that this was an area that had greatly improved in recent times. The service did employ agency staff when needed to cover for sickness or annual leave. We were told that usually the same agency staff members were provided which meant that people who used the service benefitted from consistency of care.

People and their relatives we spoke with were very clear that the service they received from permanent staff was far superior to that received from some of the agency care staff. One relative told us, "They treat [person] as a person and have time for them. They don't rush." However, they went on to say that they could not always say this in relation to agency staff. We shared these views with the management team who confirmed to us that agency staff received a thorough induction and were clearly informed about what standard of care that was expected from them. The management team undertook to conduct investigations into this area.

Staff and management told us that an additional staff member was rostered on duty to 'back fill' when training sessions were scheduled or when a new person was admitted to the home. This showed that staffing numbers were deployed in response to the day to day needs of the people.

There were suitable arrangements for the safe storage, management and disposal of people's medicines. People were unable to look after and administer their own medicines therefore all medicines were managed by the nursing team. Staff told us they had received medicines training and had their competency to safely administer medicines checked regularly. Records we viewed confirmed this. Each person had a medicine administration record (MAR) in their name with associated photograph to ensure staff could identify that person correctly prior to administering their medicines. There were no gaps in recording in the MAR however; we noted that one nurse signed the MAR prior to giving a person their medicine. This was not in line with good practice guidance because it was possible that the person may refuse their medicine.

Where required, stocks of medicines were checked each time they were administered, we noted that records were kept of the checks and signed by two nurses. We were not able to check all medicines against the MAR to satisfy ourselves that the stock held agreed with records because the number of tablets held had not been carried forward onto the new charts. We discussed this with the management team who agreed that this was not good practice and not what they expected to happen. They told us of the actions they would take immediately to rectify this and monitor practice going forward. People's care plans included guidelines to support staff to administer medicines via PEG feeding tubes. Where people were prescribed medicines that were administered 'as and when needed', we found that protocols were in place that set out the criteria for administering the medicine. All medicines were kept safely in the locked clinical rooms on each floor. Records indicated that medicines were stored at the correct temperature and suitable arrangements were in place for the safe disposal of unwanted medicines. A supply of oxygen in cylinders was maintained in case of any medical emergency. These arrangements helped to ensure that people received their medicines safely.

The provider had made arrangements to help ensure that people's safety was promoted. Checks of the fire alarm systems, fire-fighting equipment, fire doors, hot and cold water temperature checks and the call bell system were regularly undertaken. All equipment used to support people to transfer had been serviced and contracts were set up for six monthly checks. People's care plans detailed the assistance that individual's required in the event of a fire. For example, one person would require full assistance in their wheelchair or fire sheet located under their bed. On another person's care plan it was stated that evacuation should be by using their mattress in the event of a fire.

Good

Is the service effective?

Our findings

People and their relatives said they felt that the staff employed by Jacobs Neurological Centre were well trained and supported. People told us that they preferred to have their care from permanently recruited staff as opposed to agency staff members because it was felt that the permanent staff had a greater understanding of their needs. One person told us, "They look after me very well, the staff are absolutely fantastic with no shadow of a doubt." Another person said, "Jacobs ones are great, so attentive and supportive they obviously are well supported and trained. But the others [agency] are not always so and we have to instruct them at times." A third person said, "Just great, all of them I think are really superbly trained, they must be to do so well in such a tough job." One person's relative said, "They [permanent staff] seem to be well trained. They have a set pattern of how they go about their day, which doesn't change much and shows me that they have received a lot of training."

We received feedback from a range of professionals involved with the care and support of the people who used the service. A health professional who specialised in rehabilitation medicine told us that the staff team at the Jacobs Neurological Centre had provided, "Very high and consistent standards of care to some of the most severely injured and disabled patients treated by the NHS." They went on to say, "The staff are very open to working collaboratively with our centre to institute appropriate care plans for managing patients with spinal cord injuries." An NHS continuing health care assessor told us, "The Jacob Centre is highly respected by our team, they manage complex cases. I have known the service provider for four years and have not heard any complaints from the service users or their families."

Staff told us the induction training was thorough and included basic core areas such as fire safety, moving and handling, safeguarding and infection control. New staff members had a six month probationary period to complete and attended regular supervision meetings with senior staff. This gave them support and the opportunity to discuss the progress they were making in their new role. Staff told us that new staff members first had their competencies checked in such areas as communication and personal hygiene and then moved onto such areas as caring for people who used equipment to help them breathe and trachea care. Staff told us that the individual timescales for moving on to more complex areas of care varied for different staff because some staff were more confident than others.

Staff told us that there was a great deal of training provided routinely. For example to support staff to care for people who were not able to take food, fluids or medicines orally and who received their nutrition and medication via percutaneous endoscopic gastrostomy (PEG). Nursing staff and therapists employed by the service were supported to keep up to date with their professional practice.

Staff told us that they met with their line managers for formal 1:1 supervision. The management team told us that, due to a recent shortage of nursing staff, some care staff supervision had not been as frequent as it had been in the past. However, they told us that the situation had been resolved and that they were working to get back on schedule. All staff we spoke with said that they were able to access support when they needed it. One person said, "We are having our opinions heard more often now, there are more meetings and it is more relaxed, and we have more support."

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).

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. All permanently recruited staff had completed relevant training and understood their role in protecting people's rights in accordance with this legislation. The registered manager demonstrated a good understanding of when it was necessary to apply for an authority to deprive somebody of their liberty in order to keep them safe. They had an awareness of what steps needed to be followed to protect people's best interests and how to ensure that any restrictions placed on a person's liberty was lawful. At the time of the inspection nine applications had been authorised by the local authority in relation to people who lived at the Jacobs Neurological Centre and eight further applications were pending authorisation.

Staff involved people in making decisions and choices regarding their care where this was possible. For example, where to spend their time and what to have to eat and when. Many people who used the service did not have the capacity to verbalise their choices and decisions. We noted that their care plans contained mental capacity assessments, details about how best interest decisions had been made, who had been involved in the process and where a power of attorney instruction was in place. We were told that most people who used the service had relatives to help them make decisions however; where this was not the case an external advocacy service had been involved.

People made positive comments regarding the food provision and those people that were able to told us that alternatives were always available. People said the food was pleasant and their individual dietary needs were met. For example, one person said, "I can't eat cheese and they have not once offered it to me. Every time they have omelette they make me a separate one without cheese."

People were assisted to eat their lunch in a kind and sensitive manner. We observed staff assist people at a pace that they were comfortable with and we heard them communicate with people whilst they provided assistance. For example, a person commented that a staff member had their hair and eyebrows done and they engaged in a chat about that. The staff member ensured the person had a drink regularly and constantly checked they were ready for the next mouthful. The person said to the staff member that they thought there was celery in their soup and said that they didn't like celery. The staff member responded by checking and removing the celery, the person continued to eat the rest of their meal happily.

People had individual dietary guidelines in place. For example one person required a soft textured diet and we saw instructions for staff to follow to make sure the person was sat upright and concentrating throughout their meal time. The guidelines stated that the person should be offered small spoonful's of food and given plenty of time between. Staff were also instructed to make sure they only provided food which could be broken down with a fork and to use plenty of sauce or gravy to moisten it.

Care records indicated that some people were at risk of choking. We found that external professionals such as speech and language therapists (SALT) and dieticians had been involved in planning the diets for people in this instance. We saw that a person was at risk of weight loss. The person's weight was routinely monitored and they had been assessed by the dietician and as a result a high energy supplement had been

added to their plan to help meet energy levels and promote a healthy weight range.

The registered manager described how weekly multi-disciplinary team (MDT) meetings were held to discuss each person's health and rehabilitation status. Records confirmed which professionals had been involved in these meetings and when the reviews had taken place. MDT action sheets were completed to record clinical, nursing and therapy decisions made. The therapy team consisted of physiotherapists, speech and language therapist, occupational therapists, therapy assistants and activities staff. The level of therapy support each person received was determined during the assessment process and was dependent upon the funding arrangements in place.

People were supported to access such services as opticians, dentists and chiropodists as and when needed. The service worked closely with external professionals including community and hospital social workers and lead nurses for complex neurological disorders in order to support people's health needs.

Good

Is the service caring?

Our findings

People told us that the staff team were kind and caring and were clear that all staff, agency or permanent staff treated them as individuals. People said that they felt they were listened to, and that their opinion mattered. One person told us, "When I first came here I didn't understand or accept what had happened to me, and I didn't want to be touched. The staff at Jacobs though have helped me to overcome those embarrassments and I find it easier now to accept personal care." Another person told us, "I am very happy here, they are the best I could hope for and a God send after the hospital." Relatives confirmed to us that the staff team were kind and caring towards people. One person said, "I visit here a lot, I have never heard staff being unkind or sharp with anyone, they are always respectful and gentle even if they don't see me standing here."

Staff spoke to people appropriately and treated them in a respectful manner. Staff asked people for consent before providing care, explained what they wanted to do, and waited for a response before proceeding. For example, one person's clothing had become disarranged whilst they had been seated at the dining table and this had the effect of compromising their dignity. A staff member swiftly spotted this and discretely covered the person. We saw another person sat in a wheelchair quietly crying. A staff member noted this and gently wiped the person's tears away and gently chatted with the person whilst stroking their hand and providing them with re-assurance.

Staff provided specific interventions when necessary and we noted that there was a pleasant and friendly atmosphere in the home. People responded to staff with confidence and smiled and looked relaxed with the staff team. Staff members took time to talk with people as they passed; they used people's names and waited for a reply or acknowledgement.

Nursing and care staff knew the people they were looking after well and we observed them to address people appropriately. Staff members were able to give examples of people's verbal and non-verbal communication and how they were able to interpret whether a person was content, anxious, happy or sad.

People's care plans included information to support staff to be able to alleviate people's distress or discomfort. For example one care plan stated, "I will scratch myself very badly if I'm in distress or discomfort." There was a checklist for staff to prompt them to check various things in order to calm the person. These included checking if the person was too hot, too cold, in pain, hungry, thirsty or uncomfortable. The care plan then stated that staff should await confirmation that they had identified the correct cause of the person's discomfort by such means as multiple blinks from them.

A person's wedding anniversary was shortly after their admission to the Jacobs Neurological Centre. The person's partner indicated to staff that they wanted to celebrate the event following the difficult time that the couple had experienced and the uncertainty of the person's future. The staff team had supported the couple to hold a party at the home for family and friends.

Relatives and friends of people who used the service were encouraged to visit at any time and we noted

from the visitor's book that there was a regular flow of visitors into the home. People said they were free to have visitors when they liked, and also that they were able to go out and about. One person said that they regularly had coffee with their partner and that they were taken out and around in their car when they wanted. They also said about visits, "My [Partner] visits whenever they like, they haven't tried to at 2am yet, but I'm sure if they did it would be okay."

Some people who used the service did not have the capacity to make decisions about their care and support or to communicate clearly and had no relatives to do so on their behalf. The management team reported that an external advocacy service had been involved to provide people with support in this instance and we noted that information about advocacy services was available around the home for people to access at will.

We saw that people's rooms, whilst they needed considerable amount of equipment to support them with their mobility and health needs, were personalised and cheerful.

Private and confidential records relating to people's care and support were securely maintained in a lockable office. Staff were able to demonstrate that they were aware of the need to protect people's private and personal information and told us that they had signed a confidentiality agreement. This helped ensure that people's personal information was treated confidentially and respected.

Good

Is the service responsive?

Our findings

People who used the service and their relatives were positive about the care and support provided at the Jacobs Neurological Centre. A person's relative told us "[Person] has been here approximately six years, we are very happy with their care and know precisely who to go to if any issues arise. We would go to [Staff] with any issues, they are the 'go to' person and would definitely address any concerns we had." Another relative praised the staff for how well they knew and understood people who used the service. They told us, "[Person] cannot express themselves and becomes very frustrated at times. Staff recognise this and move them to a quiet area or find a way to calm the atmosphere where [person] is."

The management team told us that they undertook robust assessments prior to people moving into the Jacobs Neurological Centre. People who used the service had very complex needs and the management team met with family members more than once before admission in order to develop a good understanding of the person and their needs. The management told us they also met with families approximately four weeks after admission, together with members of the therapy team and other specialist staff such as speech and language therapists. This was to discuss how people were settling in and to explore if any changes had to be made to the initial needs assessment.

People's care plans were detailed and addressed all of their physical, social and psychological needs. Care plans were regularly reviewed. Relatives told us that they had been encouraged to be involved in developing people's care plans as appropriate and where agreement had been made for them to be involved. Staff told us that people were supported to contribute to their care plans as much as they were able.

People's personal preferences were taken into account regarding their care. For example one person's care plan stated, "At night [Person] prefers to have the lights out and the toilet light left on. [Person] may choose to watch TV and listen to music, before settling for the night." Another person's care plan stated that staff needed to give them time to express themselves and when the person was in a low mood they liked to stay silent and not to be disturbed.

People were admitted to the Jacobs Neurological Centre with complex physical and psychological conditions that negatively impacted on their quality of life and potentially limited their life expectancy. However, we found that with appropriate care and support many people were able to enjoy a good quality of life. For example, a person had been admitted with a severe traumatic brain injury. The person had made significant progress with support from their family, friends and the Multi-Disciplinary Team. They had emerged from a low awareness condition and were now able to make their own decisions, using assistive technology to help them communicate. The person had been successfully weaned off a tracheostomy and was now developing their swallow function and progressing with food tasters initially. Their social calendar was stimulating and included regular shopping, cinema, concerts, home visits and spa days and they had also been able to attend family weddings.

Care plans had been developed to provide appropriate support to prepare people for discharge to their own home. The care plan included such areas as communication with the community occupational therapist

regarding the person's physiotherapy on discharge from the home and another to provide educational support for family and privately arranged care staff ready for the person to go home.

When staff came on duty they attended a handover from the previous staff team. This was to ensure they had up to date information to enable them to provide the care required by each person and were made aware of any changes.

There was a variety of activities available that were designed to provide stimulation and engagement for people. These included in house activities such as a talking local newspaper, staff read newspapers to people, movie groups, music groups, quizzes, pampering of hair and nails and a breakfast club with the occupational therapist assisting people to engage with skills such as making a cup of tea and social chats. There were also external trips organised monthly to such venues as Harry Potter World, Wembley stadium tour and ice skating.

Pets as Therapy (PAT) dogs visited the home on the day of this inspection. We noted that the dogs brought a lot of joy to people and some people who had been lethargic or disinterested previously were seen to visibly pick up when the dogs visited. One person who had been recently admitted into the home told staff that they missed their cat. The staff team arranged for the person to be able to have their cat brought in to see them regularly which they told us was hugely important for them.

A charitable group had been formed to raise funds for equipment and activities to improve the lives of people who used the service and the sister service located adjacent to the Jacobs Neurological Centre. The group had helped to recruit and organise volunteers to work with staff to support people to live their lives to the best of their abilities. The group had successfully raised funds that had been used in areas such as developing the gardens and purchasing wheelchair accessible garden furniture. The activity staff we spoke with during our inspection confirmed that a great deal of work had been done in conjunction with the Friends of Sawbridgeworth Neuro Centres to benefit the people who used the service.

A person who used the service told us they had never had any complaints to make about the service provision but if they did have then they would be confident to tell any of the staff. People's relatives told us that they thought the management team were responsive and they had no cause to raise any concerns but would be confident to do so. One person and their relative gave us an example where they had cause to raise a concern about the care delivered by an agency staff member. They told us that they had immediately reported an incident and the matter had been investigated and the agency carer was immediately sent home. This showed us that the management was responsive to concerns that were raised with them.

Good

Is the service well-led?

Our findings

People who used the service, relatives, staff members and representatives from the local authority told us they thought that the home was well-led. Staff told us that the management team were supportive and that the registered manager demonstrated strong, visible leadership. Relatives told us that they were aware of who the management team were and knew where they could find them if they wished to. One relative praised the registered manager and the matron for the care and concern that had been shown towards them during a period of poor health.

The registered manager was responsible for two Ramsay Healthcare Neurological services on the same site and had an effective management structure in place that ensured they were continuously aware of anything that occurred in either service. Staff and visitors confirmed that the matron was always available should they have any concerns.

The provider had a range of systems in place to assess the quality of the service provided in the home. There was a rolling programme of regular audits which covered such areas as records, medicines management, infection prevention and control and therapy records. Infection control audits were completed by the lead infection control nurse and the management of medicines was regularly audited by the group pharmacist. All audits resulted in a red-amber-green rating and an action plan to address any shortfalls. There were measures in place to ensure all audits were completed in a timely manner and that the identified improvements were made.

The management team had developed a checklist to be read out at handovers between shifts so that important instructions and expectations would be brought to staff members' attention. Examples of matters to be addressed by this means included communication, people's mouth care, staff breaks, parking, punctuality, infection control and lessons learnt.

We saw notes of a 'Jacobs Centre relatives and residents committee' meeting held in January 2016. The meeting notes confirmed that issues raised at a previous meeting had been actioned. For example, people had asked for a date and location to be announced for unclaimed clothing to be made available for people and their relatives to claim any items belonging to them. The minutes showed that this had happened. The minutes also showed that a suggestion had been made for a post and information holder to be introduced into people's rooms. The minutes showed that this had been trialled for suitability and then rolled out across the home. This showed that suggestions put forward by people who used the service and their relatives were given serious consideration and acted upon.

There were opportunities for people who used the service and their representatives to share their views about the quality of the service provided. An action plan had been developed in response to the most recent satisfaction survey undertaken in late 2015. People had indicated that a team move around meant they were no longer familiar with the night staff team that provided their care and not all people were aware of who their keyworker was. In order to address this concern actions had been put in place for night managers to ensure that night staff introduced themselves to each person they worked with and to build a working

rapport after the team move around. Additionally the night team were to work with the activities team and hold some evening activities to help develop familiarity in a social environment. A letter was sent to all people and their relatives introducing who their keyworker was and what their role was. These actions had been reviewed to assess how effective they had been and feedback from people and relatives indicated that improvements had been seen and further work was planned.

The registered manager described how monthly governance meetings were held involving a neurological consultant, the GP, occupational therapists, physio therapists, speech and language therapists, team leaders, activities staff and members of the management team. These meetings helped ensure that people's needs were safely met in the most appropriate way.

We saw minutes of heads of department meetings that took place monthly. Where issues had been raised there were clear actions to be taken by identified people with a target date for completion. Issues covered in these meetings included staff supervision, quality and governance, health and safety audits, forthcoming local authority quality monitoring visits, recruitment and incident sharing. For example, actions from a previous meeting included that correct sling types and sizes must be recorded in individual care plans to be completed by Feb. This had been confirmed as completed at the February 2016 meeting. All care plans that we viewed as part of this inspection process detailed the make and type of the hoist required and the size and type of the sling to be used.

Providers of health and social care are required to inform the Care Quality Commission, (CQC), of certain events that happen in or affect the service. The registered manager had informed the CQC of significant events in a timely way which meant we could check that appropriate action had been taken.