

Priory Rehabilitation Services Limited

# The Elton Unit - The Priory Highbank Centre

## Inspection report

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Date of inspection visit:  
21 May 2018  
22 May 2018

Date of publication:  
09 October 2018

## Ratings

Overall rating for this service	Good ●
Is the service safe?	Outstanding ☆
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

This was an unannounced inspection that took place on 21 and 22 May 2018. There were 25 people using the service at the time of the inspection. We last inspected the home on 26 February 2015. At that inspection we found the service was meeting all the regulations that we reviewed. We rated the safe section of the report as outstanding and gave the service an overall rating of good.

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

The Elton Unit is a detached single-storey purpose built adult continuing care facility situated five miles away from the Priory Highbank Centre. It provides support specialist treatment, care and support for people who have complex neurological and behavioural needs.

The Elton Unit is situated in a residential area of Bury yet close to open countryside. It is part of the Priory Rehabilitation Services Group and is registered to care for up to 28 adults with an acquired brain injury. The unit is set in well-maintained gardens with adequate parking and clearly defined parking areas for disabled visitors. There were 26 people using the service at the time of our inspection.

The home had a manager registered with the Care Quality Commission (CQC) who was present on the day of the inspection. A registered manager is a person who has registered with 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 and associated regulations about how the service is run.

Staff had received training in safeguarding adults. They could tell us of the action they would take to protect people who used the service from the risk of abuse. They told us they would also be confident to use the whistleblowing procedure in the service to report any poor practice they might observe. They told us they were certain any concerns would be taken seriously by the registered manager. We received positive feedback about the service from the local authority and clinical commissioning group safeguarding leads.

Systems were in place to ensure staff were safely recruited. Staff demonstrated a commitment to providing high quality personalised care for the individuals who lived at the home. People were supported to achieve their rehabilitation goals.

Risk assessments had been developed to minimise the potential risk of harm to people during the delivery of their care. Care records showed they were reviewed and any changes were recorded.

We looked around the building and found it was secure, had been maintained, was clean and hygienic and a safe place for people to live and work in. We found equipment had been serviced and maintained as required. Procedures were in place to deal with any emergency that could affect the provision of care, such

as a failure of the electricity and water supply.

We found medication procedures at the home were safe. Nurses responsible for the administration had the competency and qualifications required. Medicines and controlled drugs were safely kept with appropriate arrangements for storing in place.

Staff told us they received the training and supervision they needed to be able to carry out their roles effectively. Staff received extensive training to allow them to carry out more complex procedures, if they wanted to. Systems were in place to ensure staff received regular support and supervision.

The registered manager had taken appropriate action to apply for restrictions in place in a person's best interests to be legally authorised.

We saw examples of how members of the staff team worked in partnership with other healthcare professionals employed within the organisation and externally to ensure that people received appropriate care and treatment. Relatives we had contact with told us they were very happy with the care and support their relative received.

People were provided with a choice of suitable nutritious food and drink to ensure their health care needs were met. The staff team worked closely with the dietician and speech and language therapist to ensure people's needs were safely met.

Staff we spoke with told us they enjoyed working in the service and felt valued by both colleagues and the registered manager.

We observed the management team and staff demonstrated a caring, compassionate and kind attitude towards people who lived at the home. Relatives we had contact with confirmed this.

Systems were in place to enable people and their family and friends to request support and seek information and advice about welfare benefits and independent advocacy.

Care plans were in place to help ensure staff provided the level of support necessary to manage the identified risks. Care plans were regularly reviewed to address any changes in a person's needs.

An important aspect of people's care was to involve them in the planned programme of activities to enable them to participate in facilities both in the community and at the Elton Unit, despite how complex this may be

The complaints procedure was clearly displayed and relatives told us they would have no problem raising any issues of concern if they needed to.

The service had a longstanding registered manager in place who was said to be visible, knowledgeable, approachable and supportive and was well respected by staff.

Staff spoke positively about working at The Elton Unit and felt that management responded well to the needs of staff and to people who used the service. We found that the managers and staff demonstrated a commitment to continuing to drive forward improvements in the service.

There were processes in place to monitor the quality of the service provided to ensure people received safe

and effective care.

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

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains Outstanding.	<b>Outstanding</b> ☆
<b>Is the service effective?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service caring?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains Good.	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains Good.	<b>Good</b> ●

# The Elton Unit - The Priory Highbank 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 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 was unannounced and took place on 21 and 22 May 2018. The inspection team consisted of one adult social care inspector and a specialist professional advisor (SPA). The SPA was a specialist nurse who had experience of working with and providing care and treatment to people who have an acquired brain injury.

Prior to the inspection we reviewed the information we held about the service, including notifications the provider had sent to us. Following the inspection, we contacted the local clinical commissioning group (CCG) and local authority commissioning and safeguarding teams. This was to seek their views about the care provided to the people in the unit. We were told they were happy with the care and they had no concerns.

During this inspection we spoke briefly with three people who used the service and had contact with four relatives. We also spoke with the registered manager, the clinical services manager, a registered nurse, the moving and handling champion, the positive behavioural management champion, the activities co-ordinator, the generic therapist, six healthcare assistants including night staff, the maintenance person, the housekeeping supervisor, the cook and the kitchen assistant.

We looked around all areas of the unit, observed care practice and lunch being served and looked at how staff cared for and supported people. We also looked at four people's care records, the medicines management system, three staff recruitment files and records about the management of the service.

# Is the service safe?

## Our findings

At our previous inspection we found that the service was safe. At this inspection we had no concerns about people's safety and the service continued to be outstanding in this area.

We saw access to the unit was via door keypads. This helped to keep people safe by ensuring the risk of entry into the unit by unauthorised persons was reduced.

Relatives commented, "We feel fortunate that our [relative] has found a place where we do not worry about [relatives] care needs not being met to the full" and "[Relative] is a very vulnerable person due to [relative's] brain injury. As a family we feel [relative] is safe there due to the measures in place. Some of which are the Deprivation of Liberty Safeguards (DoLS), key coded doors, bed rails and good caring staff."

We saw that suitable arrangements were in place to help safeguard people from abuse. Staff we spoke with told us they felt safe and comfortable working at the home. They confirmed they had received safeguarding and whistleblowing training and were confident that if they raised any concerns with managers they would be addressed by them.

The registered manager was the designated safeguarding officer for the Elton Unit. All services within the registered provider group had a designated safeguarding officer. We were told that monthly safeguarding meetings were held where senior staff met to discuss issues such as, safeguarding incidents that had occurred and assess any emerging patterns and trends, lessons learnt and training updates.

Prior to our inspection we contacted the local authority and clinical commissioning group (CCG) about the service. They commented, "The Elton Unit continue to engage and participate in all safeguarding activity and training. Our visits to the unit have been positive and we have no concerns at this time" and "May I also advise that the safeguarding lead for Bury CCG and I attend monthly meetings with Highbank Priory to discuss safeguarding concerns and offer support." Managers told us they had commended for their action in responding swiftly to a serious safeguarding concern. The lessons learnt from this case are to be added to the safeguarding policy. Safeguarding information was on display including easy read versions.

Staff we spoke with told us the service had undertaken recruitment checks prior to them starting to work at the service. We looked at three staff files and saw a safe system of recruitment was in place. The recruitment system was robust enough to help protect people from being cared for by unsuitable staff. The staff files contained proof of identity, application forms that documented a full employment history, a medical questionnaire, a job description and at least two professional references.

Checks had been carried out with the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant.

We saw there were procedures in place to confirm that all nursing staff maintained an up to date registration

with the Nursing and Midwifery Council (NMC). This should help ensure people received care and treatment from nursing staff who met national standards and code of conduct.

A relative commented, "All the staff are approachable, care staff, domestic staff, kitchen staff, maintenance staff and management. Overall it is a friendly, caring and happy unit, from our perspective. It appears to be well staffed at all times so the care can be given without compromise."

Staff we spoke with told us they thought there were enough staff available to meet people's needs. They told us all staff regardless of role worked well together as a team and communication between them was very good. The registered manager told us that there was a low turnover of staff and that agency staff were rarely used and if needed regular agency workers who were familiar with the home were used where possible. This meant people who used the service had the opportunity to develop consistent relationships with the staff who supported them, which helped when interpreting people's their nonverbal communication.

We attended the morning handover between night and day staff. The deployment of staff was seen to be organised and efficient. Day staff were divided into five teams. The deployment of staff to people was arranged before the shift started so staff could listen at the handover to updates on the person they were assigned to support that day. Staff could take appropriate notes and then move quickly to support the person. This was to ensure that any change in a person's condition and subsequent alterations to their care plan was properly communicated and understood. Allocation of the deployment of staff showed that skills were matched to meet people's needs, for example, ventilation or tracheotomy training. The handover states that positive comments were to be included in the written record about people.

The care records we looked at showed that risks to people's health and well-being had been identified, such as poor nutrition, choking and the risk of developing pressure ulcers. We saw care plans had been put into place to help reduce or eliminate the identified risks.

We spent time looking at the maintenance and health and safety systems at the service. The maintenance person is committed and enthusiastic about their role. They had been voted by the staff team as 'Employee of the Year'. Staff told us that, "Nothing was too much trouble for [maintenance person]". The maintenance person told us that the registered provider acted swiftly to address any concerns or resources needed for the building. They said, "It's fantastic. Just ask and its done."

We saw that premises checks, for example, gas safety and other health and safety checks, such as hot water temperatures, window restrictors, shower heads were undertaken monthly. This helps to ensure the safety and well-being of everybody living, working and visiting the Elton Unit.

We saw that staff wore three-way lanyards, which clearly identified to others that they had additional responsibility and skills. For example, red for fire, yellow for infection control and green for first aid should additional assistance be needed by staff.

We looked around parts of the building. The bedrooms, dining rooms, communal lounge areas and corridors were clean and there were no unpleasant odours.

Since our last inspection the housekeeping supervisor had been made the new infection protection and control champion. They had received additional training to carry out this role and had started to undertake two weekly audits. The housekeeping supervisor told us that there was a, "Brilliant housekeeping team who worked well together."

We saw that the home had plenty of stocks of personal protective equipment (PPE) for example disposable gloves and aprons. We saw staff wore protective clothing of disposable gloves and aprons when carrying out personal care duties. Alcohol hand-gels and hand-wash sinks with liquid soap and paper towels were available throughout the building. This helps prevent the spread of infection.

The last assessment carried out by the local infection control team rated the home as 96% compliant. The service had received a 5 rating from the national food hygiene rating scheme, which meant they followed safe food storage and preparation practices.

The layout of the building ensured that all areas of the unit were accessible for people whose mobility was limited. Adequate equipment and adaptations were available to promote people's safety, independence and comfort. The car parking areas were well laid out with clear signage and clearly defined parking areas for disabled visitors.

The building had wide corridors which helped to ensure safe movement around the unit. We saw staff moved people around the unit very carefully often in large specialist chairs that were designed to meet people's physical needs. The movement around the corridors was organised in a calm and respectful way.

The service had their own moving and handling champion. They told us that they received the training they needed to train other staff. Because they worked at the Elton Unit they were able to observe other staff members practice when they were using lifting equipment or work to resolve any issues the staff were facing, for example, with a change in equipment.

We looked at the systems in place for safe medicines management. We saw a detailed medication management policy and procedure was in place. We found the systems for the receipt, storage, including controlled drugs, administration and disposal of medicines were safe.

We saw that there was external oversight of the medicines management system from two pharmacy services. We saw minutes that showed regular medicines management meetings were held to discuss the outcome of medicines audits, incidents and errors, updates of the Medicines and Healthcare products Regulatory Agency (MHRA) information. A clinical governance committee report provided legislation updates. The service attended the local intelligence network (LIN) meetings to discuss or be updated around any issues relating to control drugs. These are medicines that could be subject to misuse. Competence checks were carried out on all agency nurses administering medicines to help ensure they could carry out their duties safely.

To help promote person centred support a two-hour window was in place for the administration of medicines to work around people's needs, for example, if they were asleep. Part of the recruitment of nurse's process was a test to ensure they could carry out drug calculations correctly to help ensure errors were not made. Medication workbooks around the 7 rights were also in place.

We looked to see what systems were in place in the event of an emergency. We saw personal emergency evacuation plans (PEEPs) had been developed for all the people who used the service. These were kept in people's individual care files and in the 'fire file' to ensure they were easily accessible in the event of an emergency. We saw the emergency resuscitation equipment, that included a heart defibrillator, was in a designated prominent position. We also saw the procedures that were in place for dealing with any emergencies that could arise, such as utility failures and other emergencies that could affect the provision of care.

Inspection of records showed that a fire risk assessment was in place and regular in-house fire safety checks had been carried out to check that the fire alarm, emergency lighting and fire extinguishers were in good working order and the fire exits were kept clear.

## Is the service effective?

### Our findings

At our previous inspection we found the service was effective. At this inspection we had no concerns and the service continued to be good in this area.

Preadmission assessments to The Elton Unit were always carried out by the registered manager so that the service could be sure they could safely and effectively meet a person's needs. The needs of the established group were also considered to help limit any disruption to other people who used the service.

Staff told us they experienced positive working relationships. A staff member said of the staff team, "They are always there to help you to solve a problem. You're not on your own, everyone is willing to help. They are like my other family."

The healthcare assistants we spoke with told us they had received the necessary training to enabled them to do their jobs effectively and safely. Staff told us that they had learnt new skills and their confidence had improved since they had worked at the home. Staff told us that they had received a thorough induction which included, "Watching and learning."

The records showed the staff undertook a two-week induction programme on commencement of their employment. Induction training included, safeguarding, whistleblowing, the Mental Capacity Act and confidentiality, health and safety awareness and fire safety, infection control. Staff also received two days of training on manual handling and positive behavioural management. Some staff had also received extensive training relevant to their role, such as care of tracheotomies. Staff confirmed their training was well organised and that they were encouraged to undertake additional specialist training, if they wanted to.

We saw that there was a yearly training planner in place which covered a wide range of topics, including safeguarding adults and children, manual handling, brain injury and the Mental Capacity Act (MCA), nutrition and dysphagia, the respiratory pathway, emergency first aid, mechanical vent refresher and breakaway techniques.

We asked the registered manager to tell us what they understood about the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA is essentially a person-centred safeguard to protect the human rights of people. It provides a legal framework to empower and protect people who may lack capacity to make certain decisions for themselves. DoLS are part of the MCA. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. The safeguards should ensure that a person is deprived of their liberty in a safe and correct way.

The registered manager was also aware of the procedures to follow in the event of a person being deprived of their liberty. The Care Quality Commission is required by law to monitor the operation of the DoLS and to report on what we find. Records we looked at provided evidence that the registered manager had followed the correct procedures to ensure any restrictions, to which a person was unable to consent, were legally

authorised under the DoLS. This should help ensure people were not subject to restrictions which were unlawfully placed on them.

We spent time talking with the champion for positive behavioural management. They had oversight of practice in relation to behaviours that challenged people themselves and other around them. Any concern raised would be discussed by the multidisciplinary team to make decisions about the least restrictive option made in the person's best interest. A 'best interest' meeting is where professionals, and family if relevant, decide the best course of action to take to ensure the best outcome for the person who used the service.

They told us the service was using a restraint in respect of one person who was exceptionally resistant to personal care. This was put into place in the person's best interests to help reduce the distress caused by the numbers of staff that needed to be involved in personal care without the restraint and reduce the likelihood of injury. Helping a person to find ways to communicate with others also helped to reduce the likelihood of challenging behaviour.

People who use the service were supported by a wide range of professionals based mainly at the Highbank Centre five miles away. The service support people with a wide range of complex neurological conditions which include, tracheostomy, challenging behaviours, postural management and dysphagia.

Relatives commented, "The staff know that I wish to know about [relative's] health and they keep me informed of any concerns they may have and how they are dealing with them. Any problems with [relatives] health are picked up very quickly and action taken without delay, sometimes picking up on the fact '[Relative] just doesn't seem them self ', which is difficult when they are minimally conscious and non-responsive. We feel [relative] remains so well only because of this observation and speedy intervention, not allowing any infections to get a good hold, as we realise [relative's] vulnerability", "As a family we are always kept informed about [relative] and their environment" and "The nurses know [family member] very well and I trust the nurses."

We spent time talking with the on-site generic therapist. They gave us examples of the ways that they worked with other healthcare professionals and healthcare assistants to improve the health and comfort of people. This included the example given by the relative below and ensuring equipment was comfortable such as ensuring head rests were appropriately set and long footplates were in place. They also tried where possible to get people to use the thumbs up sign to help them communicate more effectively with others. To achieve this required perseverance by the person and staff as progress was slow.

A relative commented, "Due to [relative's] brain injury [relative's] hands are permanently clenched. The healing of [relative's] hands was and is gained via a two-pronged approach. The medical involvement by doctors and tissue viability nurses and the staff at the unit who are constantly trying to create and promote healing by hand splints, hand covers, physio and exercises to help with [relative's] toning. They never stop trying."

The generic therapist also told us that some people had sleep systems in place to support posture management and help prevent further deterioration of the individuals condition. An external healthcare professional was also able provide Botox treatment to help lessen muscle stiffness. We were given an example of were a local football team that a person supported was making a pair of special football socks for the person's comfort. Other specialist equipment had been purchased such as a specialist harness and plus size bed. Where a person who chewed sheets was at risk of choking ligature sheets had been purchased to help reduce the risk.

We checked to see if people were provided with a choice of suitable and nutritious food to ensure their health care needs were met. We spoke with the chef and kitchen assistant who told us they worked closely with the dietician and speech and language therapist who was based at the provider's other service nearby. This was to ensure the texture, variety and content of the meals provided was appropriate for the people who used the service. In the kitchen and serving area there was a chart that clearly defined the dietary requirements and special diets of each person who used the service.

We observed support being given at the lunchtime meal. Staff were seen to be patient and encouraging people to eat all their meal, which took considerable time. Although people could not speak it was very clear from the smiles and facial expressions that they recognised and understood what the staff member was saying and doing. Sufficient staff were available in the dining room to ensure there was enough assistance for people.

We saw that food and drink were brought to people very carefully and placed on secure surfaces so they could comfortably and safely reach it. Adapted crockery and cutlery was in use to help maximise people's safety, independence and dignity. The atmosphere in the room was calm and relaxed. The food served looked appetising and there was plenty of it. Drinks were regularly offered to people who used the service.

A relative told us about the Breakfast Club which their relative enjoyed as a treat. The breakfast included a continental breakfast and luxury pastries.

## Is the service caring?

### Our findings

At our previous inspection we found the service was caring. At this inspection we had no concerns and the service continued to be good in this area.

It was recognised by the service that because of people's needs that the service users voice was minimal. However, staff were sensitive to people's individual needs and had keen observation skills. Staff knew people well so could interpret their non verbal communication, facial expression and gestures. This enabled people to express themselves and help reduced agitation caused by the frustration of not being understood. The registered manager said that thought was given to matching staff with people if they had a good relationship and the staff member had similar interests to the person.

Relatives commented, "Whenever we visit we always witness a caring, responsive and proactive well-run unit. Knowing [relative] is being well cared for has eased the pain of what happened to [relative]. The staff there feel more like family and a positive relationship has built up over the years" and "We visit regularly, about four times a week, at varying times of day and always feel very welcome. It is very much a home from home and from the outset we were advised to treat it as his home."

The atmosphere was calm, friendly and relaxed and people appeared well looked after. Night staff told us there was no pressure to get people up unless they wanted to. Relatives commented, "The routine is important for the care of all the residents and this is very much adhered to. We have never visited and found him soiled or wet or looking neglected. The residents' welfare is obviously paramount. The residents are all treated as individuals, without exception, and the unit is well managed both locally and from Highbank."

All the staff we spoke with demonstrated a commitment to providing high quality support and care to help people who used the service meet their optimum physical potential. Staff members said, "Nobody is left out", "Every person is different and we never give up [looking for ways to support them]", "We're here for [people who lived at the home] and take a pride in what we do" and "I am very happy here. It's very welcoming, there is a very good team. It's a special place."

Most people's bedrooms were highly personalised and reflected interests they enjoyed or had enjoyed before their injury, for example, their favourite football team, band or film star. The maintenance team were in the process of decorating a young person's bedroom to make it more age appropriate. Staff had worked with the person and their family in relation to colours and decoration to create a 'man pad'. Digital television was also to be added to enable them to watch more of the programmes they liked. The person and their relative had been involved in choosing the colour scheme for the room. Some people had technology in their rooms such as an eye gaze communication system, lights and water features and a pad system that vibrated music from the persons stereo.

We saw that the service was promoting and reinforcing the use of 'Positive Words' at handovers to help reduce negative perceptions of people due to their high level of need and draw attention to positive qualities. The positive behavioural management champion told us about 'Soft Words' which encourages

staff to be personally aware of their own behaviours and body language when interacting with people. It also considers the need to be respectful and polite, maximise opportunities to give people choice, the need to be flexible and give clear explanations to people if you should decline a request.

We were told about a person who originated from another country and had no known family. An interpreter had supported staff to communicate with the person and address the impact of their condition in a way the person could understand.

The service provided an independent advocacy service who came into the home to help support people. There was also a family liaison officer who was available to offer support and advice to families about anything at all that concerned them.

It was recognised that some families had to travel long distances to visit their relatives. There was a flat available at another of the registered providers services a few miles away from The Elton Unit.

## Is the service responsive?

### Our findings

At our previous inspection we found the service was responsive. At this inspection we had no concerns and the service continued to be good in this area.

A key strength of the service is providing people with significant nursing support needs to participate in activities.

A relative commented, "We feel [relative] is treated with respect in a very caring manner. Notice is taken of what [relative] would and would not have liked before [relatives] injury and the staff try to stimulate [relative] bearing this in mind. There is always something planned to entertain the residents and keep them aware of events. All the staff participate and must be congratulated for the efforts they put in to achieve this."

Staff said, "It's brilliant here, especially the activities for people."

It was clear when we arrived at the service that 'Royal Wedding' celebrations had taken place over the weekend. We were told that people had attended if they wanted to. The service was decorated with flags and cardboard cut outs of members of the Royal Family. The service was also preparing for the World Cup and a pet therapy session was also planned.

The activities co-ordinator and the generic therapist told us they worked together well. They told us that with support of the staff team they were always problem solving and finding solutions to improve people's quality of life and comfort.

There was a well-resourced activities room for people to use and a minibus available for activities outside the home. During our inspection it was a warm sunny day so people took part in a music and movement session outside with sun cream and umbrellas for shade. People were supported and encouraged by staff to join in.

We were given numerous examples of how staff supported people to access community activities such as going to the cinema, fishing trips, attending weddings and to celebrate a special birthday in the pub the person used to go to before their injury. The activity organiser and the generic therapist told us about the detailed planning that needed to be undertaken for these events to take place smoothly and reduce any anxiety for the person concerned. This included ensuring that places were accessible for large specialist wheelchairs and the transportation of equipment, for example, the person's ventilator. On the fishing trip a fish was caught.

One person enjoyed watching football but at times they could not see the TV screen because of necessary positional changes to protect their skin integrity. The service had installed a projector so that the TV screen could be projected on to the wall or ceiling they were facing so they could continue to watch the game uninterrupted.

Religious festivals were celebrated. We were given an example of ways to include everyone at Easter. Those people who could enjoy chocolate Easter eggs had them and those that could not were given chocolate smelling bath and shower gels instead.

The care records we looked at showed that detailed assessments were undertaken prior to the person being admitted to the unit, to ensure their needs could be met. The assessments were undertaken by the relevant people from the team of professionals employed by the provider. The team of professionals included, in addition to the registered nurses and healthcare assistants, physiotherapists, neuro psychologist, occupational therapists, speech and language therapists and a dietician. The team was led by a consultant physician who specialised in the care of people with an acquired brain injury.

A person was in the process of returning home. A gradual handover arrangement was in place with the new provider to enable the new staff to get to know the person well.

A relative commented, "If we have any concerns, which is very rare, they are speedily addressed." We saw people were provided with clear information about the procedure in place for handling complaints. The complaints procedure was also in an 'easy read' format. This may help people who use the service to understand how to make a complaint and to know when and who will investigate it for them.

There was an opportunity available for people to provide feedback about the care and support they received at the Tea and Chat sessions held with the registered manager.

## Is the service well-led?

### Our findings

At our previous inspection we found the service was well led. At this inspection we had no concerns and the service continued to be good in this area.

The home had a manager registered with the Care Quality Commission (CQC) who was present on the day of the inspection. A registered manager is a person who has registered with 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 and associated regulations about how the service is run.

The registered manager was supported by the director of clinical services. Both had worked for the service for many years as had some of the nurses. They said they worked well together and this helped to ensure continuity for the service.

We checked our records before the inspection and saw that accidents or incidents that CQC needed to be informed about had been notified to us by the manager. This meant we could see if appropriate action had been taken by management to ensure people were kept safe. The last inspection report for the service was on display both at the home and on the company website.

Our contact with relatives and conversations with staff showed that people felt included and consulted with. Staff spoke highly of the registered manager. They said, "[Registered manager] is why I am still here. [Registered manager] is fair, firm and treats everyone the same. If you have done something well [registered manager] tells you" and "[Registered manager] is amazing."

We asked the registered manager about the key achievements in the service since the last inspection. We were told that following 'What would your career look like?' consultation with staff the service had introduced a career progression scheme to equip health care staff with additional skills and competencies if they wanted too. Staff spoke positively about this system and being provided with additional skills had increased their ability to support people and increased their confidence. They told us they had worked hard to help ensure people who used the service were able to access ordinary community based activities, despite the obstacles people's equipment in terms of access to facilities and rural settings. We were given many examples of how the staff team had worked together to achieve this by problem solving and attention to planning.

We saw that there was a recognition scheme for staff know as PRIDE awards. There were nine award categories, five which covered the registered providers 'our behaviours', putting people first, being supportive, acting with integrity, being positive and striving for excellence.

Since our last inspection the service had also gained a Gold Investors in People Award from this national organisation. This recognises excellence in the provider's management effectiveness and the involvement and empowerment of employees. It also recognises the support provided to the employees in their personal and professional development. The staff team were preparing to take part in 'the global challenge'. This is

an annual event that helps to promote staff wellbeing. Quality staff development benefits the quality and safety of care provided to people who use the service.

To keep staff informed the service produced a weekly bulletin, which covered a wide range of subjects. These included recruitment, human resources (HR) and training updates, Bright Sparks ideas for improvement, amended policies and procedures, safety notices and performance outcomes. Staff also had access to an employee assistance programme that gave help and support to staff if needed on, stress management, health, nutrition and fitness, counselling and information.

We were told staff representative meetings were held where staff could raise any matters of concern. It was explained that the issues raised were not just concerned with staff working conditions but were about providing even better care provision for the people who used the service. The service promoted 'working well initiatives'.

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help registered providers to assess the safety and quality of their services. This ensured they provided people with a good service and met appropriate quality standards and legal obligations. We saw there was a system of audits in place and departmental meetings were held regularly to discuss any trends and patterns highlighted in them in the outcome of them.

We were told that a senior staff member, independent of the unit, undertook an unannounced 'quality walk round' every two weeks. This was done to check on issues such as the cleanliness and decorative order of the unit, health and safety issues, staff presentation, people's experience of the quality of the meals, the care provided and the attitude of the staff. We were also told that an unannounced 'out of hours' visit was undertaken monthly by the registered manager.