

Oakleaf Care (Hartwell) Limited

All Hallows Neuro

Rehabilitation 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 responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

All Hallows Neuro Rehabilitation Unit is a care home providing personal care to 5 people with an acquired brain injury at the time of inspection. The service can support up to 29 people.

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

At the last inspection improvements were required to ensure care was person centred, the principles of the Mental Capacity Act were followed, and that the management of the service was effective in identifying and acting upon areas for improvement. At this inspection we found that all required improvements had been made.

People received person centred care and were supported to participate in the planning of their care according to their needs. People's wishes were sought and respected, and people were supported to make decisions according to their ability.

There was a comprehensive quality assurance system in place which was capable of identifying areas for improvement. We saw that areas for improvement identified by the system had been acted upon.

Medicines were stored safely within the home and administered in line with the instructions of the prescriber.

There were sufficient numbers of staff to meet people's needs in a timely manner. Staff were recruited safely.

The service was clean and there were appropriate procedures in place to minimise the risk of the transmission of infection..

Mental Capacity Act all reports were covered in the scope of the inspection –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.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was 'requires improvement' (29 July 2022). At that inspection the service was found to be in breach of Regulation 9: Person Centred Care, Regulation 11: Consent to Care and Treatment, Regulation 12: Safe Care and Treatment and Regulation 17: Good Governance. At this inspection we found improvements had been made in all areas and the service was no longer in breach of any regulations.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 29 July 2022. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, effective, responsive and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

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, which will help inform when we next inspect.

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 ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

All Hallows Neuro 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 Health and Social Care Act 2008.

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

This inspection was carried out by 1 inspector, a specialist advisor in brain injuries and an Expert by Experience. An Expert by Experience made telephone calls to relatives to ask about their experience of the service. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

All Hallows Neuro Rehabilitation Unit 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 professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with 2 people who used the service and 2 relatives. We spoke with nine staff members including the regional manager, service manager and care/clinical staff. We reviewed four care records and two recruitment files. Multiple records relating to the quality, safety and monitoring of the service were reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating remains good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- People using the service had a complex range of rehabilitation needs with specific risks to each individual. These risks had been recognised by the service and were planned for comprehensively in their care records. People were involved in discussions about risks and how these could be managed, for instance how risks could be managed whilst people went on home leave.
- Care plans and risk assessments were reviewed regularly in collaboration with people and their relatives, where appropriate, to ensure any changing needs were identified and planned for.
- People and their relatives told us the service was safe. One person using the service told us they felt safe. One relative said, "[Relative] is definitely safe."
- Appropriate measures were in place to reduce environmental risks, such as the risk of fire or of the presence of Legionella in the water system, this included regular flushes and testing. A member of maintenance staff carried out regular checks on equipment, fire detection and alert systems and the safety of the premises. Any issues were acted upon.

Using medicines safely

- Medicines were managed, administered and stored safely.
- We checked the numbers of tablets available against medicines administration records and these indicated people's medicines were administered appropriately.
- The management team had oversight of this system and identified any discrepancies promptly so these could be acted upon.
- A robust quality assurance system was in place to audit medicines and their administrations. Where shortfalls were identified, we saw evidence these had been addressed.

Staffing and recruitment

- There were enough staff to meet people's needs. One person told us there were enough staff to support them when they needed it and stated that when they rang their call bell, staff were 'straight there'. They also told us that they had a lot of accidents while in hospital but this did not happen now because there were staff available. A relative told us, "There are always plenty of people around. I always find somebody within two minutes."
- There were sufficient numbers of suitably trained staff available to meet people's needs. The service employed a wide range of staff such as care staff, psychologists, doctors, occupational therapists, physiotherapists and nurses to ensure there was the correct expertise to support people through their rehabilitation journey.
- The service used a dependency tool to calculate the number of staff required to meet people's needs. This

was reviewed regularly and the staffing level amended accordingly.

- There were robust recruitment procedures in place to ensure that prospective staff had the right character and background for the role. This involved carrying out Disclosure and Barring Service (DBS) and obtaining references from previous employers. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

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 meeting shielding and social distancing rules.
- 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.

Visiting in care homes

The service supported people to have regular visits from family and friends. There were no visiting restrictions in place at the service at the time of visit.

Systems and processes to safeguard people from the risk of abuse

- Staff understood safeguarding, the different types of abuse and their responsibility for protecting people.
- The service identified incidences which were potentially safeguarding concerns and took appropriate action in response to these.

Learning lessons when things go wrong

- The service had learnt from previous shortfalls and had acted upon these. Plans were in place to ensure that the risk of repeat occurrences was reduced.
- Incidents and accidents were recorded. There was a system in place to oversee these on a monthly basis.
- Actions were taken as a result of the analysis of incidents and accidents.

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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

At the last inspection the service was in breach of Regulation 11: Consent to Care and Treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people did not always have maximum choice and control over their lives.

At this inspection we found that improvements had been made and the service is no longer in breach of Regulation 11.

- People had maximum choice and control over their care. People's capacity to make specific decisions was fully assessed and they were supported to make decisions according to their ability. Some people who could not verbally communicate were supported to make decisions in other ways, such as with picture cards or by writing it down.
- One person told us that they were involved in all discussions about their current and future care. They invited us to attend a multi-disciplinary meeting about their rehabilitation progress and goals with them. We observed that the person's wishes, views and personal goals were put at the core of their rehabilitation plan. Everything was explained to them in a way which they could understand. A relative told us, "My [relative] can make choices if directly asked – with yes/no answers. Staff also use photos."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- On admission to the service, a comprehensive assessment of people's needs was carried out. People's needs were assessed both clinically and holistically, taking into account their social and emotional needs as well as their medical needs.
- Care planning and assessment reflected best practice guidance such as that produced by the National Institute of Health and Care Excellence (NICE).

Staff support: induction, training, skills and experience

- Staff were suitably trained for the role. Staff told us they felt well trained and supported. They stated that in the last year the amount and variety of training they received had improved and they had received further training in more specialist subjects. Staff received an induction before they started work at the service.
- Due to the current low occupancy of the service, in order to retain their staff group the service had enrolled staff on further training to develop their skills and experience in anticipation of new admissions to the service.
- Staff told us that they felt well supported by the management team and said that this support had vastly improved since this management team came into post. They said they felt able to share their views and were confident these would be acted upon.

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

- People were supported to maintain good nutrition and hydration. 2 people told us the food was of good quality and they could make choices about what they wanted to eat. A relative told us, "The food is good and there is a good choice."
- The support people required with eating and drinking was clearly set out in their care records. Information about their likes and dislikes was also included, so that staff could support them with options they enjoyed.
- People's risk of malnutrition was assessed, and any actions required to reduce this risk were documented and acted upon. People were provided with specialist cutlery or equipment to enable them to eat independently where possible.

Staff working with other agencies to provide consistent, effective, timely care and supporting people to live healthier lives, access healthcare services and support

- The nature of the service meant that it employed a wide range of professionals such as Speech and Language Therapists (SALT), physiotherapists, psychologists, doctors, occupational therapists and nurses. As a result most expertise could be provided in house, however, where required the service worked well with outside organisations and other agencies to provide timely care. Relatives told us that the service was quick to access expertise outside of the service where needed and kept them informed of this.
- Records were kept of the contact people had with other agencies and the outcome of this contact.

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

- The service was adapted and designed to meet the needs of people a person living at the service for short term rehabilitation following a brain injury.
- Signage was in place to help people find their way around to key areas such as their bedroom, dining rooms, bathrooms and the living room.
- There was step free access everywhere in the service, including to outside areas so people could access these independently according to their abilities.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement At this inspection the rating has changed to 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

At the last inspection the service was in breach of Regulation 9: Person Centred Care of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because care planning was not person centred.

At this inspection we found improvements had been made and the service is no longer in breach of Regulation 9.

- Significant work had been carried out to ensure that people's care planning reflected their individuality, preferences, goals and wishes. People were now put at the forefront of their care planning and they, and their relatives where appropriate, were fully involved in putting together their rehabilitation plans.
- Discussions with staff and observations clearly demonstrated that they knew people well and as individuals. This enabled them to provide more personalised care.
- People and their relatives told us that the staff knew them well and that they participated in the planning of their care. One relative said, "The staff know my [relative] well. There is a good relationship between them." Another relative said, "I'm involved in care decisions. Staff contact me and I am invited to a meeting next week. The service requests my feedback."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People were supported to communicate their wishes and needs in different ways according to their abilities. This included verbal and non verbal communication. For people who used non verbal communication, we saw staff communicated with them via picture cards or written words. We observed how one person was able to request staff support with the use of their picture cards which they had with them at all times.

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 were supported to spend time with their relatives and those important to them as frequently as

they wished. Some people had daily visits and others were supported to have daily video calls to ensure that they could maintain those relationships.

- The staff member conducting activities at the service had recently left, however, provision for activities had been factored into the current staffing level. During the inspection we saw people engaged in various tasks, some with staff support and some without. There were a range of regular organised trips to the community which people could join if they wished.
- The support people required to remain engaged and stimulated was recorded in their care records. As people were at the service for rehabilitation, we could see how people had progressed from requiring staff support to leave the service to being able to access the community independently or go home for weekends.

Improving care quality in response to complaints or concerns

- Records showed complaints were investigated and responded to appropriately.
- There was an appropriate complaints policy in place and relatives told us they understood how to complain and felt their feedback would be acted upon.

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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 and managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements;

At our last inspection we found that the service was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because there were ineffective management, governance and oversight processes in place.

At this inspection we found improvements had been made and the service is no longer in breach of Regulation 17.

- Since our previous inspection, a new management team had come into post. The management team had also received support from the provider to improve practices and reach compliance with regulations.
- There were now robust and detailed quality assurance processes in place to monitor the quality of the service and identify any areas for improvement. We could see this had been effective and that all shortfalls identified had been acted upon.
- Senior staff were honest and transparent about the issues the service had faced and how these were addressed. One senior staff member told us about how the different areas of the service had previously been working very separately, for example, physiotherapy and nursing, and that this meant care wasn't delivered in a joined-up way. Since the last inspection, staff from different departments had moved downstairs so they were accessible to both people using the service and staff providing other types of care.
- Staff were very positive about the changes that had been made since the new management team came into post. They said that they were supported to deliver higher quality care and that people were benefitting from this with more progress being made in their rehabilitation.
- People's relatives made positive comments about the management of the service. One said, "The people responsible for [relative's] care are approachable and easy to get hold of. I would be comfortable in approaching them with any concerns or complaints. I have none so far." Another relative told us, "I've spoken to the manager. They are definitely approachable. I can have face to face conversations or speak to them on the phone. I would be comfortable in approaching them with any concerns."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives had the opportunity to attend regular meetings to give their views and

participate in discussions about the future of the service. It was clear from the minutes of these meetings that people's views were sought and acted upon. For example, meetings had been held about changes made to a quiet room in the service.

- People and their relatives were given the opportunity to regularly participate in a survey of their views. We saw that the responses to the last survey were positive.
- Staff were also involved in the ongoing improvement of the service. Staff were regularly asked for their views during team meetings and told us they felt able to voice their views freely.

Continuous learning and improving care

- The service had acted upon shortfalls previously identified and made the required improvements.
- The provider was committed to continuous improvement and ensured appropriate measures were in place to maintain the quality of the service going forward. An action plan remained in place detailing what future plans the service had.

Working in partnership with others

- The service had positive working relationships with outside organisations such as external healthcare professionals.