Queen Elizabeth's Foundation

Queen Elizabeth's Foundation Brain Injury Centre

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

Queen Elizabeth's Foundation Brain Injury Centre is a residential facility providing rehabilitation services for people with acquired brain injury and neurological conditions. People had a range of communication needs and required different communication tools such as use of an i-pad. Different therapies such as physiotherapy and speech and language therapy are available for people to access at the service to support their rehabilitation. The service is registered to accommodate up to 28 people. Accommodation is organised across a range of buildings that include independent living facilities to supported living for the more dependent person. At the time of this inspection there were 16 people living at the service.

The service was run by a registered manager, who was present on the day of the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

At the last inspection on 16 and 19 November 2016 we told the provider to take action to make improvements in safe guarding and notifying CQC of incidents and allegations of abuse and this action has been completed. We told the provider to take action to improve staffing numbers and to ensure that risks were identified and managed. These actions have been completed. We also told the provider to take action to review and update the statement of purpose and to ensure that robust systems are in place to monitor and improve the safety and care to people. These actions have now been completed.

At the last inspection this provider was placed into special measures by CQC. This inspection found that there was enough improvement had been made by the provider and registered manager to take the provider out of special measures.

Staff did not always have written information about risks to people and how to manage these. Personal emergency and evacuation plans (PEEPS) were in place and the environment was risk assessed. Staff knew what to do in an emergency.

Some people did not always receive a personalised service. For people who had nursing needs, care plans were not in place. There was inconsistent monitoring of people's nursing needs.

People's medicines were administered, stored and disposed of safely. Staff were trained in the safe administration of medicines and kept relevant records that were accurate. For 'as required' medicines, guidelines were not in place for some people.
We recommend that for people who are prescribed PRN medicines, guidelines are in place to enable staff to know when and how to administer in line with current guidance.

Incident and accident reporting had improved, but was inconsistent. The registered manager had identified this was an area for improvement and a plan was in place.

Some people's human rights were not always protected. Where people lacked capacity to make some decisions about their care, there were not always mental capacity assessments or best interest decisions. Although there were some mental capacity assessments in place for some decisions. Staff were heard to ask peoples consent before they provided care.

Where people's liberty may be restricted to keep them safe, the provider had followed the requirements of the Deprivation of Liberty Safeguards (DoLS) to ensure the person's rights were protected.

People were protected from avoidable harm. Staff received training in safeguarding adults and were able to demonstrate that they knew the procedures to follow should they have any concerns.

There were sufficient staff to keep people safe. There were robust recruitment practises in place to ensure that staff were safe to work with people.

People had mixed views about the food. However, they had sufficient to eat and drink. People were seen to be offered choice of what they would like to eat and drink.

People were supported to maintain their health and well-being. People had regular access to health and social care professionals.

Staff were trained and had sufficient skills and knowledge to support people effectively. There was a training programme in place and training to meet people's needs. Staff received supervision.

Positive and caring relationships had been established. Staff interacted with people in a kind and caring manner.

People, their relatives and other professionals were involved in planning peoples care. People's choices and views were respected by staff. People's privacy and dignity was respected.

People said they wanted more activities. Although some improvements had been made in this area, the registered manager told us that they were still working on and was in the process of recruiting two recreational staff.

Staff knew people's preferences and wishes and they were adhered to.

The service listened to people, staff and relative's views. The management welcomed feedback from people and acted upon this if necessary.

There were not always robust procedures in place to monitor, evaluate and improve the quality of care provided. The provider had identified this for an area of improvement and has

The registered manager understood the requirements of CQC and sent appropriate notifications.

The management promoted an open and positive culture. The staff were motivated.

Staff told us they felt supported by the registered manager. Relatives told us they felt that the management was approachable and responsive.

We found two breaches in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You

can see what action we told the provider to take at the back of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Risks to people were not always assessed and managed. There was guidance in place for staff about what to do in emergencies.

Medicines were administered safely, stored and disposed of safely. Guidelines in place for 'as required' medicines were not in place or were out of date.

Staff understood and recognised what abuse was and knew how to report it if this was required.

There were enough staff to meet the needs of people. All staff underwent complete recruitment checks to make sure that they were suitable before they started work.

Is the service effective?

Requires Improvement

The service was not always effective.

Mental Capacity assessments were not always completed for some care decision for some people where they lacked capacity. Applications had been submitted to the local authority where people who were unable to consent were being deprived of their liberty.

People's views of the food were varied. People had choice of food and drink. People's weight, food and fluid intake was not always monitored.

Staff had the knowledge and skills to support people. Staff received supervision.

Staff supported people to attend healthcare and social care appointments to maintain their health and wellbeing.

Is the service caring?

Good

The service was caring.

People were well cared for. They were treated with care, dignity and respect and had their privacy protected.

Staff interacted with people in a respectful, caring way and used individual communication methods to interact with people.

People, relatives and appropriate health professionals were involved in their plan of care.

Is the service responsive?

Requires Improvement

Some people did not receive a personalised service.

For people who had nursing needs, care plans were not in place. There were inconsistencies in monitoring people's health needs.

Staff knew people's preferences and their needs.

People wanted more activities; this was an area the registered manager was working on. Some improvement had been made.

People, relatives and staff felt there were regular opportunities to give feedback about the service.

Is the service well-led?

Requires Improvement

The service was not always well led.

There were not robust systems in place to monitor the quality of care provided. Some improvements had been made; the provider was working to improve this.

Record keeping was inconsistent.

The registered manager promoted an open and positive culture.

Relatives and staff said that they felt supported and listened to in the home.

Queen Elizabeth's Foundation Brain Injury 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 took place on the 18 May 2016 and was unannounced. The inspection team consisted of four inspectors who had experience in nursing and rehabilitation needs.

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.

Before the inspection, we reviewed all the information we held about the provider. This included information sent to us by the provider in the form of notifications and safeguarding adult referrals made to the local authority. A notification is information about important events which the provider is required to tell us about by law. We contacted the local authority commissioning, quality assurance and safeguarding team to ask them for their views on the service and if they had any concerns.

We used a number of different methods to help us understand the experiences of people who used the service. We spoke with four people, five staff members, the chef, the lead psychologist, the registered manager and two relatives. We spent time observing care and support provided throughout the day of inspection, at lunch and tea time and in the communal areas.

We reviewed a variety of documents which included six people's care and support plans, risk assessments, medicine records. We also viewed six weeks of duty rotas, maintenance records, health and safety records, recruitment and training records, menus and quality assurance records. We also looked at a range of the provider's policy documents. We asked the registered manager to send us some additional information following our visit, which they did.

We last inspected the service on 16 and 19 November 2015, where concerns were identified and breaches in the Health and Social Care Act 2008 Regulations Regulated Activities (2014). We took enforcement action against breaches in Regulation 12, 17 and 18 and issued warning notices. We also found breaches in Regulation 12, 13 and 18 and requirement actions were set.

Requires Improvement

Is the service safe?

Our findings

At our previous inspection we found breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to safe care and treatment as risks to people and the environment had not always been assessed and risks managed. The provider submitted an action plan in November 2015 to state they had met the legal requirements and we saw that, whilst improvements had been made, there was still more work needed to make sure that risks to people were managed well.

People said that they felt safe, free from harm and would speak to staff if they were worried or unhappy about anything. We saw that many people nodded and smiled as staff approached them and we did not observe anyone showing fear or distress with any of the staff. One person said, "They care for me properly." One relative said "In general we are happy with safety with regular checks being made throughout the day."

Despite people telling us they felt safe risks were not consistently managed. Risk assessments were not always in place when a risk had been identified. One person's risk assessment indicated that they were at risk of low mood. However the actions to manage the risks were not completed. Some people were identified as being at risk of pressure sores and malnutrition. However, the risk assessment tools used to manage these were not always completed fully and there was no information detailed on how to manage the risks. For example, it was noted in one person's records that they had reddening of the skin but there was no pressure relieving risk assessment in place. This meant that staff did not always have the information they needed to support people to manage and reduce the risks to people. Despite this, no harm had actually occurred to people.

As risks were not always assessed this is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Incident and accident reporting was also inconsistent. The registered manager told us that there had been an improvement in reporting of accidents and incidents since the last inspection. We reviewed documentation which confirmed this to be the case. However, we found three people who had more than one body chart in place. The body charts provided information that people had sustained a number of minor injuries that had not been reported. As a result no action had been taken to consider the causes or to minimise the risks of this occurring again. The registered manager took action immediately to review the information and told us that they had identified that a robust reporting procedure needed to be put into place and the provider was beginning to work on this.

Some people were at risk of choking. Speech and Language Therapists (SaLT) had completed risk assessments to manage food and fluid for people. Staff knew these risks to people and how to manage them. There were moving and handling risk assessments in place for people who required equipment and staff to support them move and transfer. These risks were reviewed regularly and people were involved in the assessment.

There was guidance for staff in how to support people safely that had some behaviour which challenged.

Staff told us they knew how to support people.

The registered manager had ensured that all the fire risk assessments were up to date and reviewed and there was an environmental risk assessment in place. This meant that people were safe in the building and risks to people from fire were identified and minimised.

The service had a plan which told staff what to do if there was an emergency and how to continue to provide a service to people. People had personal emergency evacuation plans in place (PEEP) which guided staff on how to safely support a person if there was an emergency. Staff confirmed to us what they would do in an emergency. Staff knew what to do in the event of accidents and injuries occurring to people. For example, staff said that if a person had sustained an injury they would make sure that the person was safe and comfortable, use first aid if trained and seek a nurse and other medical attention.

At our previous inspection it had been identified that some of the bathrooms required repair and there were cleanliness issues in others. Bathrooms had been repaired; re-decorated and new flooring and equipment was re- placed.

There were procedures in place for the safe administration, storage and disposal of prescribed medicines. We observed staff administer people their medicines. Staff did not sign the MAR (medicine administration record) until the medicine had been taken by the person. We looked at people' MARs and confirmed this had happened and there were no gaps in people's records. Staff had knowledge of the medicines that they were administering and explained to the person what the medicine was for.

However for people that were prescribed an as required medicine (PRN), such as some pain relief or medicine to help control symptoms of anxiety there were not always guidelines in place. For some people there were guidelines that were two years old and required a review, whilst other people did not have guidelines in place for their medicine. As the guidelines were either not updated or not in place in some instances, there was a risk that people were not always receiving their medicines when they needed it.

We recommend that for people who are prescribed PRN medicines, guidelines are in place to enable staff to know when and how to administer in line with current guidance.

Medicines were stored safely. Where medicine needed to be kept cool, they were stored in fridges, which were not used for any other purpose. The temperature of the fridges and the rooms in which they were housed was monitored daily to ensure the safety of the medicines.

Staff were able to describe different types of abuse and what might indicate abuse was taking place. Staff told us they knew the organisations to report abuse to. One staff member said, "Abuse can be physical, emotional, financial, and institutional. You have to report it straight away to senior and make sure they follow up with the person in charge."

There was information about safeguarding leads at the service, and contact details for the local authority safeguarding team were on display in the dining room. Staff said they knew about the whistleblowing policy and where to find it if they needed to. We saw evidence from training records that all staff had received safeguarding training; staff confirmed this was true.

The registered manager reported allegations of abuse to the local authority and notified CQC. When necessary the registered manager put actions in place to minimise the risks of abuse from occurring.

At our previous inspection we found breaches of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to not having sufficient staffing. The provider submitted an action plan in November 2015 to state they had met the legal requirements and we saw that improvements had been made in this area.

People told us there were now enough staff to meet their needs. The registered manager told us that there should be 14 staff working with people on the day of our inspection. This consisted of one nurse, one senior rehabilitation assistant and 12 rehabilitation assistants. We reviewed rotas and these confirmed that the staffing levels were maintained over a two month period.

Staff also said that staffing levels at the service had improved since our last inspection. One said, "Last year we were short of staff and shifts were not always covered. Things have improved since January 2016. I have not been on a shift since when we have been short staffed."

One person required one to one care to meet their needs, whilst one other person required very close supervision. We saw that this happened on the day of our inspection. Call bells were answered promptly. People did not have to wait for staff to meet their needs.

The registered manager told us that they did not use a formal tool to assess the changing care needs of people which calculated staffing levels, sometimes called a dependency tool. However the registered manager said that they were currently reviewing different tools to see which one would be best suited to the needs of the people living at the service.

There were safe recruitment practises in place. Staff recruitment records contained information to show us the provider took the necessary steps to ensure they employed people who were suitable to work at the home. Staff files included a recent photograph, written references, checks on eligibility to work in the UK and a Disclosure and Barring Service (DBS) check. The DBS checks identify if prospective staff had a criminal record or were barred from working with children or vulnerable people.

Requires Improvement

Is the service effective?

Our findings

Some people's rights were not always protected because the registered manager did not always act in accordance with the Mental Capacity Act 2005. 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.

Mental capacity assessments and best interest meetings had occurred for decisions regarding managing people's finances and whether people could decide where to live upon discharge from the service.

However, it was not always evidenced or documented that people had consented to their care. For some people who lacked capacity to make decisions regarding their care, mental capacity assessments and best interest decisions had not always been completed. For example, for those people who lacked capacity regarding their consent to care and use of moving and handling equipment.

People's next of kin often consented to the care on the persons behalf. Next of kin does not give people the legal right to make choices about people's care. One person had an 'assessment of capacity to consent to their rehabilitation programme, medication, bedrails and sharing information'. This had been signed by their representative despite nothing being on file that indicated the person lacked capacity to sign and consent themselves. The form stated that the person was able to consent to all aspects of their care. Their support plan also confirmed this and stated 'I have full mental capacity. I am actively involved in any discussions, reviews and meetings.' The person has the ability to sign documents.

The registered manager told us that since the last inspection, a plan was in place for the lead psychologist to review where appropriate, people's capacity to consent to care and other decisions relating to their care. Mental capacity training was to be rolled out to all staff by the end of June 2016. Staff were aware of people's rights to consent or to refuse care. One staff member told us "Everyone has rights. They can choose what they want. We have to get consent from them for everything. If someone lacks capacity we have multi team meeting and still involve them." We heard staff ask peoples consent when offering care throughout the day.

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 are called the Deprivation of Liberty Safeguards (DoLS). Some people's freedom had been restricted to keep them safe. Where people lacked capacity to understand why they needed to be kept safe the registered manager had made the necessary DoLS applications to the relevant authorities to ensure that their liberty was being deprived in the least restrictive way possible.

At our previous inspection we found breaches of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to the registered manager had not ensured that staff had

received the appropriate training and support to do care for people effectively. The provider submitted an action plan in November 2015 to state they had met the legal requirements and we saw that improvements had been made in this area.

People told us that they thought that the staff had the right skills to do the job. One person said, "They know how to use the hoist properly."

Staff told us that they felt that had the right training to support and care for people effectively and that training had recently improved. One staff member said, "I have been here about eight weeks. I did four shadow shifts after my two week induction. I did the Care Certificate. It was brilliant as I felt totally equipped to do my job. They have staff meetings and also keep you informed by email."

New staff that started at the service completed an induction programme and the Care Certificate. This is a certificate that sets out standards and competencies for care workers. Induction also consisted of attending mandatory training and new staff shadowing other staff members, to observe the care and support given to people prior to them caring for people on their own.

Staff were attending workshops run by the head of psychology on individual needs such as how to support a person when they show signs of distress and agitation. This meant that staff were given the information to support people at these times. The nurses told us that they had more clinical skills training, such as catheter care and percutaneous endoscopic gastrostomy (PEG) care. A PEG is used when people have significant swallowing problems to receive their food directly into their stomachs.

The registered manager told us that all staff received supervision regularly and staff had received it recently. Staff confirmed that supervision had been occurring. Prior to the inspection the registered manager had identified that a tool to record supervisions would enable greater management oversight to ensure that supervisions were being carried out. This was currently being developed.

The registered manager told us that about 80% of staff had recently completed their appraisal. Records confirmed that this was the case. This ensured that staff have their competencies assessed and a plan developed to improve their skills and knowledge.

People had mixed views about the food. Some people told us that the food had improved; one person said, "My mums roast dinner is the best but the food here is quite good." Whilst one person said that they disliked the food and they were unable to have a cooked breakfast. We asked the kitchen staff about this and we were told, "We never do cooked; we leave eggs and yoghurt for care staff to do. They can do scrambled eggs". The registered manager told us that the food and meal preparation was to be reviewed.

We observed a lunch time and part of the evening meal. At lunch time people were eating different meals; one person had shepherd's pie, another person pizza and salad and someone else had cauliflower cheese. Tables were at various heights to enable people's different wheelchairs to fit under and adapted crockery and cutlery were being used by people. The evening meal atmosphere was calm and relaxed. People were seen enjoying the food and each other's company. Staff assisted people when required and offered encouragement and support.

The chef manager was knowledgeable about the dietary needs of people. For example, they told us of one person, "X is now on a normal diet. When they first came here he was on a fork mashable diet but has improved his skills so much now only has food items cut into small pieces to ease swallowing. He knows what he likes and dislikes. Gives thumbs up sign to show happy." The chef manager told us that eating and

swallowing guidelines were produced by the SaLT employed at the service and shared with kitchen staff in order that everyone had information to meet people's needs. The chef manager then showed us people's guidelines. The contents corresponded with the information the chef manager had told us about people. We saw staff supported the person at lunch time in line with the guidance.

The support people received to meet their dietary and nutritional needs varied depending on where people were in their rehabilitation programme. Some people required minimal assistance. For example, one person was supported by relatives to purchase and cook their own meals in their room which had a kitchenette area specifically for the persons use. For people that required the use of a percutaneous endoscopic gastrostomy (PEG) for their fluid and nutrition, (these are used when people have significant swallowing problems to receive their food directly into their stomachs) there were guidelines which detailed how to support the person how to use the PEG safely.

For people who were identified as a risk of weight loss, malnutrition or dehydration, record keeping of food, fluid and weight charts were not always completed. Despite this, people were not losing weight.

People were supported to maintain their health and wellbeing. When there was an identified need, people had access to a range of health professionals on site, such as occupational therapy, physiotherapy, SaLT and psychology. A GP visited the service twice weekly and they are supported by a consultant in rehabilitation medicine who visits weekly. Care plans contained up to date guidance from visiting professionals and evidence that people had access to other health care professionals such as psychiatrist, chiropodists and opticians.

At the previous inspection we were told that the current building was not fit for purpose and a new site and purpose built home had been planned for. The registered manager advised that there had been some delays to this process therefore the provider has released funds to enable the service to re-decorate and re-carpet certain areas. The registered manager told us that the flooring in the corridors and entrance was to be replaced and the front entrance and corridors were being decorated on the day of inspection.

Good

Is the service caring?

Our findings

People and relatives said that staff were caring. One person said that the "Healthcare assistants are good." Another said "If I'm upset they (the staff) spend time with me." One relative said "(The) care staff do an amazing job." Another relative said "The staff have always been very careful to speak to all clients directly as individuals and take time to speak to relatives."

Staff were caring and had developed positive relationships with people. We observed staff interact positively with people in communal areas. Companionable, relaxed relationships were evident during the day. One person was being supported to walk from their bedroom to the lounge as part of their rehabilitation programme. The staff member was encouraging and supporting the person by saying, "You are doing well, one step at a time. Slowly does it." The person was smiling and indicating they were happy with the interaction.

Staff said that they had time to sit and talk with people. One relative told us, "If we need support or to talk, the support is there from the staff, they always have time to talk to you." One staff member told us, I'm always polite and respectful to people but talk to people in different ways depending on what they like and their personality. All staff have their own relationship with people."

People appeared relaxed and content. The overall atmosphere was relaxed. Staff popped into people's rooms regularly to ensure they had everything they needed and chatted to people who sat in communal areas. Staff stopped and chatted to people when they passed in the corridors or walked past people's rooms.

Staff knew people's preferences, likes and dislikes well. One relative said, "Staff know my relatives needs well." For one person who was visibly upset, the staff member went into their room to check they were okay and asked the person if they wanted them to stay or if they wanted to be in their own. The staff member then left the room as the person asked them to leave. We checked the person's care plan which stated that they preferred to be on their own when they were upset.

People and relatives told us that they were involved in planning people's care. One relative told us that their relative had progressed in their rehabilitation and was now living in the room with a kitchen to enable them to make their own food. The relative said that this was openly discussed with the person and them, and they were involved in planning the transition and care they now receive in the flat.

People said that they were able to make choices about their daily care needs. For example, one person told us that they could choose what time they went to bed and got up in the morning. They also said they were offered a choice of clothes in the morning.

People had a variety of communication needs; we saw staff communicate with people how they wanted to be communicated with. For example, two people used i-pads, we saw staff use them.

Staff understood the importance of respecting people's rights. One staff member told us, "This is their space, their home even if only for two weeks or two months. We have to respect their wishes. We offer advice and encouragement."

People's privacy and dignity were respected. We saw staff knock on people's bedroom doors and waited for an answer before going in. Staff spoke to people using their preferred names. Peoples' support plans included information to promote their privacy and dignity. For example, with regard to bathing one person's plan stated 'I require assistance from one member of staff to wash in the shower and dry my back after. I need staff to wait in the shower room with me for supervision. Please wait outside the curtain and I will call you when I need assistance.'

There were no restrictions on when people could visit their relatives. Relatives told us that they were free to visit at any time. There was accommodation available for relatives should they wish to spend the night.

People's bedrooms were individually decorated and contain pictures and photographs of things that people were interested in and had chosen themselves.

Requires Improvement

Is the service responsive?

Our findings

Some people did not always receive a personalised service. One person told us that they did not know if they had a care plan in place, however they had been involved in a review of their care that week. Relatives told us that people were progressing with their rehabilitation programme and that they felt that people were involved in their care.

For people who had nursing needs such as catheter care, pressure areas and wound care, there were no nursing care plans for in place for people. One person had several small wounds and there was no care plan in place to provide information to nurses as to how to treat the wounds.

People had charts in place to monitor certain health needs, such as turning charts and monitoring food and fluid. However they were inconsistently completed. For example, one person had been identified as a risk of dehydration and was advised by an external professional to increase their fluid input. However this was not being recorded. Fluid output was being recorded. Nurses could not ensure if the person was receiving the required daily amount of fluid. For another person who required turning every three hours, there were no entries for three nights in a one week. We asked the nurse in charge and they told us that "A member of staff is with the person the whole time but there should not be an excuse for the form not being filled out." Despite this, no harm had occurred to anyone.

When presented with this information the registered manager took immediate action and requested that the nurses completed the necessary care plans and monitoring charts for people who had nursing needs. We asked the registered manager to send us some information, including policies, and some nursing care plans after the inspection, which they did.

Staff told us that they obtained information regarding people's needs from the handover form. We saw that the handover forms contained comprehensive information about people's needs and risks. However they were very nursing needs focused.

Peoples care needs were assessed and pre-admission assessments completed, however the documentation was not always available to staff. Some people's care plans contained the assessments, whilst two people who were newly admitted to the service, this information was not available for staff. The registered manager had told us it was on their computer system and was sent to us on the day of inspection.

Care plans were often difficult to follow as there was more than one document available. For example, for one person there were three care plans available, each containing new pieces of information. Whilst another person's care plan contained documentation that went back several years and became confusing as to which document was relevant to their current care.

Care plans contained information such as people's histories, likes and dislikes and people's support needs regarding personal care, detail on injury and medical history, mobility and communication needs. However this was inconsistent. For example, one person's care plan did not include information regarding their

psychological or social needs despite them having a profound disability. Another person's care plan contained only very brief information regarding their past life and likes and dislikes. This was a recording issue.

The above evidence demonstrated a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

It was evident that people and their relatives were involved in planning their care. People told us that they were involved in reviews of their care and this was detailed in their care plans and review documents. One relative told us "We have regular quarterly full MDT meetings and are in touch at least weekly with the centre/ client's key worker. Any queries we have are answered well with any appropriate action taken in a timely manner."

One relative told us that they were involved with their relative in planning a move to a room that has a kitchenette to progress their rehabilitation. Another relative said about their family member, "They are always asked if they want to do something and is made fully aware of what will be happening."

People did not always receive a responsive service. One person told us that they felt that they were not being listened too as they had requested various approaches to meet their support needs, but this had not occurred. Their care plan stated that due to their past life, they would benefit from a structured and busy timetable however this had not been implemented. The registered manager has told us that since the inspection, the person has moved to a different service.

A member of staff explained how they provided a responsive service to people, "This morning X did not want to get up when we went to their room. So we asked when they wanted to and went back later at the time they requested. People have support plans that tell us what they want but we still ask and do what they say. People have timetables but they still have choice to say no."

People were progressing in their rehabilitation programmes. One person's skills and abilities had progressed and this meant that they were in the process of moving on to a more independent setting. Another person had recently moved into a more independent flat on site to continue to progress their independent living skills.

People were requesting more activities. One person showed us their timetable; they had no planned events on a Thursday or of an evening or weekend. The person stated that they would end up listening to music in their room. The registered manager told us that activities had improved. Board games and indoor activities had been purchased recently. We saw staff playing games with people in the communal areas. The person was asked which game they would like to play.

The registered manager told us that they had identified that they needed to improve activities for people. She said they were in the process of recruiting two recreational workers to work seven days a week to improve opportunities and access to activities at evenings and weekends.

On the day of the inspection, six people were out visiting an art gallery in London, whilst others were taking part in their rehabilitation therapies and one person was at the gym.

People we spoke to said that they felt listened too by the staff and registered manager. One person said that they did not feel listened too, as their requests for various food and activities had not been fulfilled.

Relatives told us that they felt comfortable and able to complain and had their concerns addressed. The registered manager told us that there had been no complaints since the previous inspection. However they told us that some concerns raised by family members had been recorded as incidents. We reviewed the incidents and could see that action had been taken to resolve the complaint and the relatives were satisfied. The registered manager told us that the complaints procedure was currently under review by the provider.

At a recent staff and residents meeting, people asked if they could start a 'client newsletter.' The newsletter was written by people, published monthly and included examples of what had been put in place since the last newsletter. For example, people had requested that waterproof wheelchair ponchos were available for people on rainy outings. The newsletter reported that three had been bought. The registered manager had set up a 'You said we did' notice board. This demonstrated that the registered manager has listened and taken action to resolve things. The notice board stated that people have requested a café to be set up in the service. The registered manager has obtained quotes and works will begin in the Summer 2016.

Requires Improvement

Is the service well-led?

Our findings

People and relatives told us that the registered manager was visible in the service and was approachable. One person said, "She helped set up my ipad." Another said that she visited them "Now and again." One relative said "Within the last few months we have noticed a significant change with the new management team now in place. They are now often proactive when they need to be."

Since the last inspection, there has been a new registered manager in post. They began as a manager in January 2016 and became registered with CQC in April 2016.

The registered manager told us they and the provider have worked hard to support staff to make improvements for people. She said, "Morale is 70% there, staff are a lot happier."

Staff told us that communication had improved and that they were seeing changes for the better. One staff member said,"Communication has got better, management have made a lot of effort. They plan meetings when they have something to tell us and follow up on what they've said they'll do." Staff said that they felt more settled and that the management structure was better. One said, "It's a nice place to work. The manager looks after people."

At our previous inspection we found breaches of Regulation 12 CQC (Registration) Regulations 2009 in relation not updating the statement of purpose and provided CQC with written details in changes of service. The provider submitted an action plan in November 2015 to state they had met the legal requirements and we saw that improvements had been made in this area.

The registered manager had ensured that the statement of purpose had been updated and that appropriate and timely notifications had been submitted to CQC when required.

At our previous inspection we found breaches of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation not having robust systems in place to monitor the quality and the safety of their service. The provider submitted an action plan in November 2015 to state they had met the legal requirements and we saw that improvements had been made in this area, but there was still some work to be done.

The registered manager told us that the process for assessing and monitoring the quality of care was currently under review at the provider level. However, improvements with monitoring and improving the quality of care had occurred.

Monthly care plan audits were occurring. However this was monitoring what documents were in place rather than the content. Which meant this was a missed opportunity to evaluate what information was available to staff in knowing how to support people. The management team had oversight of the frequency of care plan and risk assessment reviews.

Audits had been undertaken regarding health and safety and the environment. The audits had identified areas of improvement and an action plan was in place which detailed who was responsible for completing the action and a date by when.

The registered manager had over sight of reported incidents and accidents and could monitor and assess for trends and where necessary put management plans in place. However, this was an area identified by them as a further area for improvement. Recording keeping of health monitoring charts and risk assessments was inconsistent.

The local authority and clinical commissioning group completed an unannounced visit to the service in February 2016. It was noted that only good practice recommendations were made and had been acted upon.

Staff told us that they felt more involved in the running of the service. One staff member said, "We were all complaining about activities, people were saying they didn't get to go out enough. Management have listened and advertised for recreation staff. People have already started going out more and it will get better when they start. I feel management will make things better."

The provider and management team had an action plan in place for the service to drive up the quality of care. The plan detailed how and who is leading on the piece of work, the document was reviewed weekly by the heads of departments in the service and the registered manager. The registered manager and provider have support from an interim transformation director. Their role is to support and guide the provider to strategically review and design processes to enable safe and effective care is given. The registered manager stated that they felt supported by them and the provider.

The registered manager was open and transparent about the changes that had occurred and the improvements that still needed to be made. She understood her responsibilities as a registered manager and the requirements under CQC.

The registered manager had completed the provider information return (PIR) on time and what was stated in the return was reflected on the day. For example that people and staff meetings were happening and the service was listening and responding to people and staff.

The registered manager promoted an open and positive culture. Staff knew what the whistle blowing policy was; one staff member said, "We have to report any bad practice to the manager or above. The procedure protects you as long as you are truthful."

The registered manager told us that they held joint people and staff meetings on a monthly basis. We saw minutes of these meetings and staff confirmed that they were happening. Discussions included areas of improvement, feedback, training and the environment. There was a monthly staff newsletter which contained information on training, new starts and thank yous.

Staff told us that the management were supportive and approachable. However staff told us that they needed more direction on a daily basis. Staff gave an example when a person required hoisting and it took time for staff to respond. Team minutes also indicated that other staff had mentioned this and that when nurses were administering medicines there was no other senior staff member to ask for advice or guidance.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 9 HSCA RA Regulations 2014 Person-centred care Some people's care was not always personalised. There were no nursing care plans in place for people who had nursing needs.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks were not always identified, assessed and managed.