Queen Elizabeth's Foundation

Queen Elizabeth's Foundation Brain Injury Centre

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

Queen Elizabeth's Foundation Brain Injury Centre is a residential facility providing rehabilitation and 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 electronic equipment. 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 for the more independent person. At the time of this inspection there were 11 people living at the service.

There was a registered manager in post. 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 2008 and associated Regulations about how the service is run.

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

People's medicines were administered, stored and disposed of safely. Staff were trained in the safe administration of medicines and kept relevant and accurate records. For people who had 'as required' medicine, there were guidelines in place to tell staff when and how to administer them.

Staff had written information about risks to people and how to manage these. Risk assessments were in place, including moving and handling, personal care and skin integrity. The registered manager ensured that actions had been taken after incidents and accidents occurred to reduce the likelihood of them happening again.

People's human rights were protected as the registered manager ensured that the requirements of the Mental Capacity Act 2005 were followed. Where people lacked capacity to make some decisions, mental capacity assessments and best interest meetings had been undertaken. Staff were heard to ask people's 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 had sufficient to eat and drink. People were offered a choice of what they would like to eat and drink. People's weights were monitored on a regular basis to ensure that people remained healthy.

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. Staff received regular supervision and an annual appraisal.

People were well cared for and positive relationships had been established between people and staff. Staff interacted with people in a kind and caring manner.

Relatives and health professionals were involved in planning people's care. People's choices and views were respected by staff. Staff and the management knew people's choices and preferences. People's privacy and dignity was respected.

People received a personalised service. Care and support was person centred and this was reflected in people's care plans. Care plans contained information for staff to support people effectively. Improvements could be made with regards to ensuring that nursing plans are more personalised and contain consistent information. We have made a recommendation.

There were mixed views about activities. Improvements had been made since the last inspection. There was an activity programme in place. The registered manager recognised that further work needed to be done in this area.

The home listened to staff and people's views. There was a complaints procedure in place. Complaints had been responded to in line with the provider's complaints procedure.

The management promoted an open and person centred culture. Staff told us they felt supported by the management. People told us the management was approachable.

There were procedures in place to monitor and improve the quality of care provided. The management understood the requirements of CQC and sent in appropriate notifications.

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.

Risks to people were identified and managed appropriately. Staff were aware of individual risks and how to keep people safe.

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 safer recruitment checks to make sure that they were suitable before they started work.

Medicines were administered, stored and disposed of safely.

Is the service effective?

Good

The service was effective.

Mental capacity assessments had been completed to determine if people lacked capacity. Applications had been submitted to the local authority where people who were unable to consent were being deprived of their liberty.

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

People had a choice of healthy and balanced food and drink. People's weight was monitored for any changes.

People had access to health and social care appointments to maintain their health and wellbeing.

Is the service caring?

Good

The service was caring.

Staff treated people with kindness and people were well cared for. People's dignity and privacy was respected.

Staff interacted with people in a respectful, caring and positive way. Staff knew people well.

People made choices about their day and about their care.

Is the service responsive?

Good

The service was responsive.

Care plans were in place and detailed. Care needs and plans were assessed and reviewed regularly.

There were mixed views about activities. There was an activity programme in place. The management recognised further improvements needed to be made.

People and their relatives told us they felt listened to. Complaints had been responded to in line with the organisations policy. People were involved in the running of the home.

Is the service well-led?

Good

The service was well led.

There was an open and positive culture. Staff and people told us that the management were approachable.

There were robust procedures in place to monitor the quality of the service. Where issues were identified, actions plans were in place to ensure these had been addressed.

People and staff said that they felt supported and involved in the running of 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.

This inspection took place on 8 June 2017 and was unannounced. It was conducted by one inspector, one expert by experience (Ex by Ex) and a nurse specialist (SPA) in neurological rehabilitation. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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 quality assurance and safeguarding team to ask them for their views on the service and if they had any concerns, no concerns were raised.

We asked the manager to complete 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.

As part of the inspection we spoke with eight people, four staff members, the registered manager and the nominated individual. We also spoke with the cook, the activity co-ordinator and one health care professional. We spoke with a commissioner before the inspection.

We spent time observing care and support provided throughout the day of inspection, at lunch time and in the communal areas. We reviewed a variety of documents which included people's care plans, risk assessments, and people's medicine administration records (MAR). We reviewed four weeks of duty rotas, four staff recruitment files, health and safety records and quality assurance records. We also looked at a range of the provider's policy documents. We asked the manager to send us some additional information following our visit, which they did.

We last inspected the service in May 2016. At that time we found two breaches on the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had taken action to make the required improvements.

Good

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 had not always been assessed and managed. The provider submitted an action plan in to state they had met the legal requirements. We saw that improvements had been made and the requirements were now met.

People told us that they felt safe. A person when asked if they felt safe they replied, "Yes very, yep." Another person was asked if they felt safe and they replied "Yes."

Risks to people were managed effectively to keep people safe and to ensure that people were supported to increase their independence. Individualised guidance was available to staff so they could provide support to people when they needed it to reduce the risk of harm to themselves or others. Staff were able to describe individual risks to people and how to address these to keep people safe. One staff member told us, "I always check the water temperature before a person has a shower or a bath, make sure its right for them. I always check the wheelchairs and make sure the brakes work, that the person has the lap belt on if they need it and their feet are on the footplates." Risk management plans were in place for people who needed them. These included skin integrity, falls and the use of bed rails. Equipment and risk assessments were in place for people who required support with their mobility or moving and handling. Risk assessments were reviewed on a regular basis.

Where needed, there were risk assessments in place for people with individually identified risks and an action plan on how to manage them. For example, some people were at risk of choking due to swallowing problems. The on-site Speech and Language Therapist (SaLT) who worked at the service had trained people in keeping people safe. The SaLT had completed individual thorough assessments and put a detailed plan in place to reduce the risks. Staff knew about how to keep people safe when supporting people to eat and drink. We saw that the staff provided people with the correct food and drinks as the SaLT had requested. One staff member told us that they had to administer back slaps to a person who was beginning to choke, the person was fine. The staff member told the SaLT, who reviewed and amended the persons guidelines to reflect the change in the person's need. We saw that this had been done.

There were enough staff to meet people's needs. People told us that staff were responsive when they had pressed the nurse call button. One person said, "Yeah they are available all the time, whenever they are needed they come running." Another person said, "I have an alarm pull cord, I'm happy with the pull cord and staff come quick." Staff confirmed that they felt that there were enough staff to meet people's needs. One said, "At the present time there are enough staff, but not in the past." The registered manager told us that during the day there was one registered nurse on 24/7 with eight carers in the morning and seven in the afternoon. At night there were four carers. One person received one to one support. This was provided by one carer to ensure that the person received consistent care. We saw that care and support was provided when it was required and staff were always available in communal areas The rotas and our observations on the day confirmed that the agreed staffing levels were consistently maintained.

The service also employed a therapy team which consisted of SaLT, psychologist, physiotherapists and occupational therapists. They also had kitchen staff, housekeeping and laundry staff, an activity worker and a maintenance person. This meant that the care and nursing staff were focused on providing care for people.

People were protected from unsuitable staff because safe recruitment practices were followed before new staff were employed. 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. The manager ensured that when recruiting nurses their registration was checked with the Nursing and Midwifery Council (NMC).

People were protected from avoidable harm because staff had a good understanding of what types of abuse there were, how to identify abuse and who to report it to. Staff were aware of the home's whistle blowing policy. A staff member told us, "There is physical and mental. I would report it to the senior or the nurse, or management. I would whistle blow. I know I can contact CQC, safe guarding or the police if the person is in real danger." Staff told us that they had training in safeguarding and this was confirmed by the training records we saw.

There was guidance and information provided to staff, relatives and people about how to report concerns to outside agencies. Staff knew that there were telephone numbers of the local safeguarding team and CQC to contact if required. Safeguarding information and whistleblowing information was displayed in the main corridors of the home. The registered manager had notified us when safeguarding concerns were identified and ensured that plans were in place to reduce the risks of harm to people.

Medicines were stored, administered and disposed of safely. A person told us, "Yeah I take my medication twice a day, although if I have a headache for example I can just ask for a paracetamol I'm able to get it any time." We observed medicines being administered to people. Medicine Administration Records (MARs) were signed by staff and there were no omissions. Staff had knowledge of the medicines that they were administering and explained to the person what the medicine was for. The administration and storage of medicines followed guidance from the Royal Pharmaceutical Society.

Medicines were stored safely in locked cabinets when not in use. Medicines were labelled with directions for use and contained both the expiry date and the date of opening, so that staff would know they were safe to use. When medicines were stored in a fridge this was not used for any other purpose. Temperatures were taken daily to ensure that the medicine was kept at the right temperature.

In our previous inspection report we had made a recommendation regarding ensuring that guidelines were in place for people who needed as required medicines. Improvements had been made and there were now guidelines in place to tell staff how and when a person should receive it. Staff were knowledgeable about the medicines they were giving. Staff received regular training or updates in medicines management and all staff had their competency checked by the head of nursing as part of the supervision process.

In our previous inspection report we had identified that incident and accident reporting was inconsistent. The registered manager had made improvements in this area. The manager had systems in place for continually reviewing incidents and accidents that happened within the home and had identified any necessary action that needed to be taken. Staff told us how they would respond to an incident or accident and understood what to do in emergency situations that included accidents and falls. One staff member

said, "I would make sure they are safe and get a nurse to assess the person."

People would be kept safe in the event of an emergency and their care needs would be met. The service had a plan in place should events stop the running of the service. We saw a copy of this plan which detailed what staff should do and where people could stay if an emergency occurred. People had personal evacuation and emergency plans (PEEPs) which told staff how to support people in an emergency or in the event of fire. Staff confirmed to us what they were to do in an emergency.

Good

Is the service effective?

Our findings

At our previous inspection we found a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the registered manager had not ensured that the requirements of the Mental Capacity Act 2005 were met. The provider submitted an action plan stating they had met the legal requirements, and the requirements were now met.

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. Where people lacked capacity staff had completed mental capacity assessments and best interest decisions for people, regarding decisions about their care, including the use of bed rails. Where relatives were making decisions regarding a person's care, the registered manager now ensured that relatives had the appropriate legal authority to do so.

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. For example, some people were unable to consent to their care and required staff support and supervision in the home. Where people lacked capacity to understand why they needed to be kept safe the manager had made the necessary DoLS applications to the relevant authorities to ensure that their liberty was being deprived in the least restrictive way.

Staff's knowledge and understanding of MCA and DoLS had improved and training records confirmed that staff had received training in this area. One staff member told us "People have mental capacity unless proven otherwise. For people who lack capacity, we may need to apply for a DoLS." They went on to tell us who had a DoLS application and why they needed it. We saw staff ask for people's consent before providing their care.

People told us that they felt that the staff had the training and skills to support them effectively. One person said, "Yeah I do, I do think they are well trained." Another said, "The majority of them yes, I do have confidence in them." Staff told us that they had good training. One staff member said, "I have had moving and handling, training in acquired brain injury. I have just started my NVQ 3." The nurses told us the registered manager had supported them in preparation for revalidation with the Nursing and Midwifery Council (NMC).

Care staff told us that they wanted further training in brain injury and autism. A health professional told us that a rolling programme of training could be implemented to ensure that staff understood people's complex needs. Headway (a brain injury specialist charity) identified in a recent report that staff could do with further training in brain injury and refresher training in the goal setting system used for people. Since

the inspection the registered manager has confirmed that there is brain injury awareness training scheduled in the coming months.

Mandatory training for staff consisted of moving and handling, safe guarding, health and safety and fire safety. The registered manager told us that all new staff had undertaken an induction. New staff that started at the home completed an induction programme and the Care Certificate. This is a nationally recognised set of standards and competencies for care workers. Induction consisted of attending mandatory training and new staff shadowing other staff members for up to two weeks, to observe the care and support given to people prior to them caring for people own their own.

People benefitted from having staff that received regular supervisions or 1:1 meetings with their line manager. This enabled them to discuss any training needs and get feedback about how well they were doing their job and supporting people. A staff member told us, "We discuss what's gone well, what hasn't gone so well and my training needs." This was confirmed by staff and records maintained at the home.

People were supported to eat and drink regularly; there was a good choice of food for a healthy, balanced diet. People told us that the food was nice. A person said, "Good, yes there is choice." Another person said,"Yes" to "Do you like the food and do you get a choice?" Another person said, "Food is good. I think so yeah they ask me what I want and they give me options."

We observed a meal time. In the morning the cook went around and asked each person what they wanted for their meals that day. The meal was sociable and calm. Staff supported people when they needed assistance and this was done with patience and dignity. A staff member supported a person with their meal said, "Slow down, that's better."

The cook told us that there was a four week rolling seasonal menu. Some people were on special diets such as soft food and the chef was aware of people's allergies, likes and dislikes. Staff we spoke with were knowledgeable about people's dietary requirements. They were aware of special diets some people were on such as a soft diet or food needing to be cut up for those with swallowing difficulties. Staff were following people's individual SaLT guidelines to ensure that people ate and drank safely. The registered manager told us that the menus were currently being reviewed by a dietician to look at ways to improve them to ensure that a healthy, balanced diet was being offered to people.

People had adapted cutlery, cups and plates when required. Food and fluid was accessible to people throughout the day. People who were in their rooms had jugs of cold drinks available to them. In communal areas there were jugs of cold drinks and a choice of hot drinks were served regularly.

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. People and staff received external support from the Dietician's in managing these to ensure that their health was maintained.

People were protected from poor nutrition as they were regularly assessed and monitored by staff to ensure they were eating and drinking enough to stay healthy. People's weights were monitored regularly and weight for people remained stable. Where weight loss had been identified, the GP was made aware and the appropriate fortified diets had been put into place.

People were supported to maintain their health and wellbeing. When there was an identified need, people

had access to a range of therapists on site and as required had access to dieticians, psychiatrist, dentists and optician. A rehabilitation consultant and GP visited the service weekly to review people's care and medical treatment that was being provided. A person told us, "Well to tell you the truth if I had a problem with my body I would tell staff straight away every Tuesday they do a ward Round to discuss any issues."

Good

Is the service caring?

Our findings

People said that the staff were caring. A person said, "Yeah yeah, I do get a lot of caring staff." Another said, "Yes definitely, sometimes too much, they always take your best interests to heart." A third person said, "Yeah they are brilliant here."

Staff supported people in a caring and friendly way. We saw staff using humour and touch when engaging with people. Staff regularly chatted with people. Staff stopped and talked to people in the corridor and popped into people's rooms and asked how they were. Companionable, relaxed relationships were evident during the day of our inspection. People appeared relaxed and content around staff. The overall atmosphere in the home was relaxed and calm. A person told us, "I find the staff very helpful."

Some people used communication aids or gesture and body language to communicate. When staff talked to people, they allowed time for the person to process the information and time to respond. A staff member asked a person if he was ready for their lunch. The staff member knelt down to the person's level, the person took time to respond and the carer only moved their wheelchair when they had indicated they wanted to go for lunch.

People were able to make choices about their day. People told us that they felt involved in their care. A person said, "I would say I do, sometimes I may suggest things, try out new things and staff listen." Another person said "Yes I get asked what I'd like to do, and if I want to do it or not." Staff supported people to make choices throughout the day, from where people wanted to be to people choosing their food and drink. People told us that they could get out of bed and go to bed when they wished. A person was being supported to have their breakfast. The staff member asked the person if they wanted a drink, they asked the person how much squash they wanted. They poured the squash and asked if that was the right amount for them. The staff continued and asked if they had poured the right amount of cereal in to their bowl and how much milk they would like.

People's privacy and dignity was respected. A person told us, "They never come into my room without knocking." Another person said, "They [the carers] always look out for your privacy. They close the door when need be. And men nurses seeing to male service users and women nurses seeing to female service users where ever possible." Throughout the day staff supported people to attend to their personal care discreetly. A person was asked at lunch time, "Would you like to wear an apron?"

People's bedrooms were individually decorated and contained pictures and photographs of things that people were interested in and had chosen themselves. Relatives told us people's bedrooms were clean, tidy and could display their personal items. We saw staff talk to people using their preferred names.

People were well dressed and their appearance was maintained by staff. People wore appropriate clothes that fitted and had nicely combed and styled hair which demonstrated staff had taken time to assist people with their personal care needs.

Staff supported people to maintain their relationships with loved ones. Relatives confirmed this. Relatives told us that there were no restrictions on visiting their loved ones and staff were kind and caring towards them when they visited. We saw relatives come in and visit people throughout the day and sometimes to take their loved ones out.

Good

Is the service responsive?

Our findings

At our previous inspection we found a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to there being no nursing care plans, and care records being inconsistent with the information provided. The provider submitted an action plan in to state they had met the legal requirements and the requirements were now met.

There were now nursing care plans in place, which provided nursing staff with information on how to support a person with a health condition, skin integrity or a wound site. However, information was sometimes generic and did not always provide the nurse with specific information about the person or their specific need. For example, a person with a specific nutritional intervention, their plan did not have a contingency plan should the equipment become blocked. There were some inconsistencies in some care documents. For example, one person had a food allergy; this information was not threaded into other essential care records. No harm came to people as staff knew people's needs, however, there is a risk that vital information about a person's care and treatment could be missed.

We recommend that the registered manager reviews the nursing care plans to ensure that they are personalised and accurate in accordance with current guidance.

People received personalised care. The registered manager had made improvements with peoples care plans. Care plans provided staff with information about people's communication, personal care, nutrition, activities and mobility needs. People's preferences, such as food likes, and preferred names were clearly recorded. There were care plans that outlined how to support a person with a specific health condition. They provided staff with the detail they needed to provide care to people effectively. We saw that care was given in accordance with people's preferences. Peoples care plans were reviewed on a regular basis.

Staff knew people well. One person told us, "Yeah yeah, the staff know what they are doing and they understand me." Another said, "I do speak and teach the staff of what I want." Staff talked positively about people.

People's needs were assessed prior to admission and there was an ongoing assessment of people's needs. People's care needs were reviewed regularly. People, their relatives and health and social care professionals were involved in people's care plans, assessments and therapy goals.

The home supported people to gain skills and to progress with their rehabilitation. The service promoted people's independence. A person said, "I have come a long way from when I first arrived, and my progress is reviewed and discussed with me." Another person said, "I think it's amazing over here, yes it's brilliant I do my own cooking and shower." People had general goals in their care plans and more specific goals in their therapy plans. One person told us how happy they were as they had progressed into living in a more independent flat on site. Staff were clear about their role in supporting people to become more independent. A staff member said, "I love seeing people progress, standing up or talking." A health care professional told us that they thought the, "Therapy staff are committed and the staff team are responsive."

People had mixed views about activities. One person said, "I want more physio, I play basketball, pool, and games I enjoy it." Another person said, "It varies quite a bit from everything one day and then nothing for the next few days. On weekends there is nothing to do at all." People engaged with a variety of therapies during the day that they had timetabled. The registered manager told us that activities had improved for people but they knew that more work was needed. Staff confirmed this. Weekends, there were outings for people, however only one or two people could attend the outings. We saw people playing pool, games and watching TV on the day. People spent time in their rooms listening to music, using tablets and resting. A staff member said, "I have loads of thing I want to put into place, loads of ideas, and I really love doing this. It's going to need time and patience though, it isn't going to happen overnight."

People told us that they felt listened to. One person said, "They listen to anything I tell them, they are like my family I tell them how I feel as well." Another said, "My views and opinions are taken seriously, even if staff can't answer on the day they will get back to me "that's a fact." The home had a complaints policy in place which detailed how a complaint should be responded to. Where a complaint had been received, the registered manager had responded and made sure that actions were taken to make it right for the person. The themes around peoples and relatives complaints were based around equipment being faulty or broken or inconsistent care being provided. The registered manager told us that they were working with the staff team to ensure that people were receiving consistent care. Staff had a clear understanding of the complaints procedure and understood that they had a duty of care to report any complaints to the registered manager so they could put things right.

Residents meetings were held monthly. Minutes of previous meetings showed items such as activities and how to spend fund raised monies were discussed.

Good

Is the service well-led?

Our findings

People and staff told us that the home was well run and managed. One person said, "They listen to anything I tell them, they are like my family I tell them how I feel as well." Another replied "Yes" when asked if the home was well managed.

Staff told us that they had seen improvements in the home. One staff member said, "We have done a lot of work. Team work is much better; we now work as one team." Another staff member said, "We have come a long way." A health professional said, "They have put their heart into it. They have done really well."

The registered manager had ensured that there were systems and processes in place to monitor, review and improve the quality of care provided to people. There were various audits including health and safety, infection control, wound, weight monitoring and medicine audits. The registered manager had completed an action plan, which detailed what needed to be completed, who was responsible, and date action to be completed. Areas for improvement that had been identified and actioned included hand hygiene monitoring and a duty rota for senior managers.

Record keeping was on the whole good; however, improvements could be made. Some care records such as some fluid charts were not always tallied up to see how much fluid had been taken, and positioning charts did not always provide staff with information they needed to record. There were some inconsistencies with the way some staff recorded information, such as some staff were recording when they re-positioned someone by using the 24 hour clock, other staff recorded the time differently. This inconsistency and clarity could lead to the care not being responsive or effective for a person. We told the registered manager and they began reviewing this after the inspection.

The provider undertook an annual survey of people, their relatives and staff views. From the 2016 survey, feedback was mostly positive, with some suggestions around induction packs for new people. Compliments received by relatives included a relative stating how their loved one had, "Transformed themselves…both physically and psychologically" whilst at QEF. Another read, "They know x…the care is client centric and highly personalised…" The staff survey was due out soon.

There was an open and positive culture within the home between the people that lived there, the staff and the registered manager. The registered manager interacted with people and staff with kindness and care. The management team had an open door policy; we saw staff regularly approach the registered manager and the other managers for a chat or advice throughout the day. We saw the registered manager walk around the home at certain times of the day to talk with people and staff. A staff member told us, "The managers will talk with the clients and will help out often if we need it."

Staff told us that they felt supported and listened to by the managers and the board. One staff member said, "Its better knowing that the managers listen to us." Another said, "The trustees have been over twice, walked around and talked to staff. We feel more listened to now. We are better rewarded for our jobs." Staff were clear about their roles and responsibilities. Staff had the regular opportunity to feedback to trustees any

issues and concerns and they would answer their queries.

Staff and the managers were passionate about their work. A staff member said, "I love this job, its great satisfaction. I love the clients. If they have done something good I am so proud of them." Staff were involved in the running of the home. Staff told us that there were regular team meetings. We saw minutes of staff meetings. Items on the agenda included care practice issues, updates on people and training.

The registered manager was aware of their responsibilities with regards to reporting significant events, such as notifications to the Care Quality Commission and other outside agencies. This meant we could check that appropriate action had been taken. Information for staff and others on whistle blowing was on display in the home, so they would know what to do if they had any concerns. The information that the registered manager provided on the Provider Information Report (PIR) matched with what we found and saw on the day of our inspection. For example, the improvements in the nursing care plans and activities.