Hamsard 3232 Limited

Woodlands Neurological Rehabilitation

Inspection report

120 Thief Lane
York
YO10 3HU
Tel: 01904 430600
www.christchurchgroup.co.uk

Date of inspection visit: 22 April 2015
Date of publication: 19/06/2015

Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Requires improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires improvement

Overall summary

The inspection took place on the 22 April 2015. The inspection was unannounced. At the last inspection the service was fully compliant with the regulations we looked at.

This inspection was carried out in response to concerns regarding people's care and welfare and regarding infection control practices.

Woodlands provide intensive assessment and rehabilitation for a spectrum of neurological conditions including acquired brain injury, spinal injury and stroke. Longer-term support can be provided for those individuals with progressive neurological conditions such as Huntington's disease, multiple sclerosis, motor neurone disease and Parkinson's disease.

The unit also has the expertise to care for those individuals who are minimally conscious or in a state of low arousal. Those people with on-going nursing needs resulting from diabetes, epilepsy, open wounds or the

Summary of findings

individual having a stoma, tracheostomy or requiring a percutaneous endoscopic gastrostomy feeding tube can also be supported. The unit also has a specialist service for people with spinal injury, including those dependent on ventilatory support. There were 23 people accommodated when we carried out our visit.

The service has a registered manager. 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.

People told us they felt safe. The service had relevant policies and procedures in place and any safeguarding issues were reported appropriately.

Risk assessments and safety checks were completed and records maintained. Some suggestions regarding accessibility may need to be considered.

We received mixed views regarding staffing numbers. However it was evident that a number of staff had been recruited and had recently commenced work. This recruitment was on-going.

Medication systems on the Transitional Ventilated Unit (TVU) were poor and needed to be improved. You can see the action we have asked the provider to take at the back of the report.

Although concerns had been raised in relation to infection control practices prior to our visit, we found that improvements were being made. The provider was addressing the recommendations made by the infection control team.

People received a detailed assessment to determine if the service was right for them. Assessments were person centred and included input from a range of professionals.

Staff received induction, supervision and training to help them carryout their roles effectively.

Mental Capacity assessments had been completed and appropriate applications made where people needed to be deprived of their liberty. Some staff had received training in this area and additional training was planned.

People spoke positively of the food provided and it was evident that catering staff knew and understood people's individual requirements.

People's health needs were monitored with input from a range of professionals where needed.

The adaptation and design of the premises was generally suitable although some people felt that assistive equipment should be made available more quickly.

People told us that staff were kind, caring and friendly and we observed this during our visit. Staff demonstrated a clear knowledge and understanding of people's needs.

People were generally positive about the rehabilitation they received although some expressed frustration with the time that this could take. Some comments were made regarding the lack of social activities which were not provided in addition to people's rehabilitation. This may need to be considered for longer stay people.

People told us they were treated with dignity and respect and we observed this throughout our visit.

People had detailed records in place to monitor and evaluate the care that they received. Regular meetings were held to evaluate their progress.

People provided mixed views regarding complaints and the systems in place may need to be reviewed.

The management arrangements at the service had been reviewed and a new structure was being implemented.

Staff felt that they had good opportunities to share their views and were kept up to date with changes in legislation and practice.

People using the service felt that they were less able to share their views and opinions outside of their regular review meetings.

Quality management systems were being introduced but had not been fully embedded. Further work including the analysis and learning from incidents would be beneficial.

Summary of findings

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 safe. However improvements were required to medication systems.

People told us they felt safe and we saw risk assessments were completed.

Staffing numbers were being increased and new staff were in the process of being recruited.

Medication systems and practices on the Transitional Ventilated Unit (TVU) need to be reviewed as people were not always receiving their medication safely.

Is the service effective?

Good

The service was effective.

People received a detailed assessment to determine if the service could meet their needs.

Staff received induction, training and supervision to support them in their roles.

Consent and capacity was included in care plans and appropriate referrals made where people lacked capacity.

Is the service caring?

Good

The service was caring.

People were positive about the staff caring for them and staff demonstrated clear knowledge of people's needs.

People gave examples of how successful their rehabilitation had been.

People's privacy and dignity was maintained.

Is the service responsive?

Good

The service was responsive.

People had detailed records in place and we could see that they or their families where appropriate had been involved in the development of these records.

The support people received was reviewed on a regular basis and changes made where necessary.

Some people were not aware of the complaints procedure although we were given examples where people said their complaints had been responded to. We have considered this further under the well led section.

Summary of findings

Is the service well-led?

The service was well led. However further improvements were required in relation to quality management systems and for gaining feedback from people.

Although the service had a very experienced manager who was registered the manager also had additional roles within the organisation and was therefore not always available at the service. This was being addressed.

People said that although review meetings took place that generally there were limited opportunities to feedback their views, concerns or opinions regarding the service.

Requires improvement 

Woodlands Neurological Rehabilitation

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 22 April and was unannounced.

The inspection team consisted of an inspector, an inspection manager and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses a care service.

Prior to our visit we looked at the information we hold about the service which included safeguarding information and notifications. We also requested feedback from the Care Commissioning Group and local authority.

During our inspection we spoke with seven people using the service, one friend, three relatives and six staff.

We looked at a selection of records during our visit which included four peoples care records, four staff recruitment and training files, records to monitor the quality of the service and records of complaints.

Requires improvement

Is the service safe?

Our findings

Prior to our visit we received some concerns regarding people's safety so we carried out an inspection in response to these concerns.

All but one of the people and the visiting relatives we spoke with said that they felt safe. Comments included "The service is good and safe as my relative gets the one to one care we can't give", "Staff keep me safe and answer questions" and "I have always felt safe and secure, because there are lots of staff." Another person told us "I feel very safe here and I have never had a problem or feeling of being unsafe."

The provider had policies and procedures for safeguarding vulnerable adults and a whistle blowing policy was in place. The staff we spoke with during our visit had a clear understanding of the different types of abuse and who they would report to. We saw evidence that the provider responded appropriately to any allegation of abuse and the service were referring matters accordingly to their inter agency safeguarding adults team within the local authority.

The staff we spoke with were clear about safeguarding. They had received safeguarding vulnerable adults training as part of their induction programme or as an update. They were able to describe different forms of abuse, what they would look for and what they would do if they had concerns. They all said that they would feel confident in reporting any issues to the manager or senior member of staff on duty. One person said "We do put in safeguarding alerts if we have concerns."

We looked at how risks were managed. We saw that detailed risk assessments were included within peoples individual care files. Examples included risks of infection, risks of choking and risk of falls. However we did note that risk assessments were generic and copies were held in each care file. It may be more beneficial for the service to look at the individual risks to people so that only those which are relevant are included within their care records. We found that risks were well managed. Comments from a relative included "The service manages risks well as my relative falls and has choking issues. As far as I am aware we have had none of these issues recently." Another person said that any risks they had come across had been assessed.

We carried out a tour of the home during our visit. One person told us that the premises were generally suitable but raised some concerns as they were using a wheelchair. They said that some of the door thresholds were 'difficult to get over' and some 'pavements uneven', and some tarmac was 'affected by tree roots.'

Regular safety checks were carried out on equipment and we saw records of these. This included hoist and nurse call checks, legionella and fire safety checks. In addition there were checks of the premises and an environmental risk assessment.

Some people being cared for had a tracheotomy. We saw that emergency equipment was held in people's individual rooms so that it was always available. When people attended therapy sessions this equipment was taken with them. Checklists were completed by staff to ensure that the correct items were continually available.

We looked at staff rotas and talked to staff and people at the service about staffing levels. On the day of our visit there were three nurses and ten rehabilitation assistants on duty. There were also four new staff who were doing their induction who were not counted on the rota as they were there to shadow existing staff. One person said "Staffing levels are not good enough, on one occasion I did not get my breakfast until 11:25 because staff were busy." They also said "Staff are lovely, really nice people, it's not their fault there's not enough staff." Another person said "Sometimes I have to wait five minutes for the call bell to be answered."

We spoke with staff about staffing levels. A recruitment drive had taken place and new staff had been employed. We were told that there were seven therapists and that it was hoped that this would soon be increased to ten.

Therapy assistants had also been employed and it was hoped that although they would have competencies in all areas they could focus on particular areas of interest. We spoke to a staff member who said "It is a nice place to work; nice staff and we work as a team. We have enough staff on a morning (eight) but less on an afternoon (five)." The registered manager told us that additional staff were going through induction which once completed would increase the number of staff available.

We looked at four staff recruitment records and saw that appropriate checks were being completed prior to staff

Requires improvement

Is the service safe?

commencing work. This helped to protect people. We also saw that regular competency checks were being carried out on staff to check that they were following company procedures and carrying out their roles effectively.

We looked at the systems in place for managing medicines in the home. This included the storage and handling of medicines as well as a sample of Medication Administration Records (MARs), stock and other records for both people who were accommodated on the TVU. Overall, we found that appropriate arrangements for the safe handling of medicines were not always in place. We found eight examples where medication may have been given but not recorded on the MAR sheet or where staff had signed to say medication had been administered but it had not been given, as it was still in the box. The amount of some stock did not tally with what was recorded on the MAR sheet. This meant that people may not be receiving their medication safely or as prescribed by their GP.

Records in relation to medicines on the TVU unit were poor. There was little to evidence that medication was counted and carried forward or that audits were being completed on stock counts or records.

Although fridge temperatures were being recorded. The information at the service stated the temperature should be between 2 and 8 degrees. We saw records of 9, 10 and 11 degrees but no evidence of any action taken in response to this.

People said, “My medication is on time throughout the day and staff are really quite good with this” and “Medication is always given on time.”

People were not protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines safely. This was a breach of Regulation 12 (f) & (g) in safe care and treatment.

Prior to our visit some concerns were raised about infection control practices. The service was visited by the Community Infection Prevention and Control team. They sent us a copy of their report which identified some areas for improvement. This included some general cleaning to the environment, for example; some replacement of toilet brushes and some general improvements in cleaning practices. They also noted some improvements which were required in relation to documentation and practices. This included Implementing improved cleaning schedules, updating polices and carrying out infection control audits. In addition they also raised some issues regarding the use of sterile water and the cleaning of tracheostomy and suction tubes. They asked the provider to complete an action plan in response to the issues raised. We requested a copy of this action plan. We saw that the majority of actions had been completed and plans were in place to address any others outstanding. We spoke with one of the nurses during our visit who told us they were responding to the issues raised within the infection control report.

On the day of our visit we found that the home was clean. We did not notice any unpleasant odours and we saw staff wearing appropriate personal protective equipment such as gloves and aprons when carrying out care tasks. One person said “The service is clean and always looks good. Staff just had to clean up a spill which was done immediately.”

Good

Is the service effective?

Our findings

People were asked if they felt the service was effective in meeting their needs. Comments included "This is a lovely place, brilliant. I have had experience of an alternative service with another relative and it wasn't nearly as good as this one." They did go on to say that sometimes they felt there was a lack of information. Another person said they felt involved in discussions regarding their rehabilitation and said they attended meetings to ensure they were on the right track.

We looked at four people's care records. Each person had a detailed assessment which recorded how their needs should be met. There were a number of clinical tools in place to assess and monitor the progress of people; examples included Goal Attainment Scale (GAS) or Sensory Modality Assessment and Rehabilitation Technique (SMART) for those in persistent vegetative or minimally conscious states. Assessments formed the basis from which the care plan was written.

We looked at the induction, supervision and appraisal records for staff. We saw that a detailed induction programme was in place. This included competency checks in tracheostomy care, suction machine, catheter care and catheter changing, dressing and wound care, ventilation and autonomic dysreflexia. No staff were able to carry out these tasks unless they had been signed off as competent.

We were given a copy of the staff training record. We saw that training was provided in a number of topics. Example's included; Introduction to acquired brain injury and neurological conditions, introduction to rehabilitation and person-centred care and support, safeguarding vulnerable adults, control of infection and hand hygiene, moving and handling and first aid.

Staff spoke positively of the training provided. They told us that training was under review and we were told that the induction had been improved to make it more comprehensive for staff. Training focused on person centred care and specific conditions.

Staff told us that they received supervision and all of those spoken with during our visit said that they received good support. We spoke to one staff member who said "There is a drive from above to look at service development. We look at guidance and we have lots of working parties who look at different topics." This helped to ensure that best practice guidance was followed regarding the delivery of care.

We looked at consent. We could see from care plans that consent was given in relation to medication and photographs being used. There was lots of recorded information within care records regarding people's ability to consent to their care or treatment. In some cases where people were unable to consent a family member had done so on their behalf.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS are part of the Mental Capacity Act 2005 (MCA) legislation which is in place for people who are unable to make decisions for themselves. The legislation is designed to ensure that any decisions are made in people's best interests. The staff we spoke with said they had received training in this area and they were able to give examples of when this legislation may apply. The registered manager showed us the file where copies of any applications were recorded. Five had been completed and two were in progress. This demonstrated that people's mental capacity was being considered. More than half of the staff had received training in The Mental Capacity Act and Deprivation of Liberty Safeguards. Additional training had been booked.

Some staff raised concern about the lack of training around supporting people with distressed behaviour. Some staff said they did not feel confident in supporting people with this and some of the terminology used by staff when describing people's anxieties suggest that training in this area may be beneficial. The service does have a psychologist who provides support to staff and we were told that they provided guidance and support to discuss strategies.

We looked at menus and spoke to people about the food provided. People spoke positively of the food. Comments included "The food is good", "There is plenty of choice but I have put on weight so now ask for healthy options", "I always get what I ask for" and "The food is always hot enough and well presented." The service had three weekly menus in place and people's likes and dislikes were taken into account. We looked at the menus and were told by the chef that these were being updated for summer. The chef

Good

Is the service effective?

was knowledgeable about people's individual requirements. They told us that one person was on a soft diet and that three people were diabetic. This was recorded in the kitchen records held.

People could choose to have their meals in the dining room or in their own rooms. The dining room was spacious and clean, we observed one person being supported with their meal and saw that the interaction was relaxed, with good eye contact made by the staff assisting.

A second chef spoken with said when asked if a cooked breakfast was available "They (people staying here) could have cooked breakfast any day as far as I'm aware" and also added if people didn't like anything on the menu "I would do what they want if I've got it and the time."

Some people were fed via percutaneous endoscopic gastrostomy (PEG). This is a medical procedure in which a tube is passed into the patient's stomach so that they can be fed for example due to dysphagia (difficulty swallowing) or when sedated. Any staff carrying out this task had been trained in how to do so.

People told us that there health needs were attended to. One person said "If I need a visit from the GP then they (the staff) will put my name down as they visit every week." We saw from people's records that GP's were contacted where concerns were identified regarding people's health.

The service had a range of professionals on site on a daily basis, which included a psychologist, occupational therapist, speech and language therapist, physiotherapist with additional visits completed from professionals including a consultant neurologist.

We saw that tissue viability and wound management plans were in place. We also saw that visits were taking place from the district nurses and tissue viability nurse.

We looked at the adaptation and design of the premises. People told us that there was sufficient suitable equipment available. The service had a hydrotherapy pool on site and physiotherapy equipment. The service had large pleasant grounds which people could access. In addition there was assistive technology available to assist people with communication needs. Although some people said that they had to wait a long time to access this equipment.

Good

Is the service caring?

Our findings

People told us they were well cared for. Comments included “The staff are the kind of people who will do anything for you. They listen if you need help” and “The staff are friendly, they always ask how I am and I am encouraged to do things for myself.” A relative said “My relative is happy, relaxed and they have definitely improved here. They get the 24 hour care we can’t provide.”

Other comments included “Staff are very attentive and trying to make a good impression.”

However we received the following comments “I would like to be more involved in discussions about my care” and “The staff are lovely genuine people but they are busy all the time. I sometimes have to wait up to thirty minutes for staff to take me to the toilet.”

People described the staff as kind and caring. Comments included “They listen if you need any help” and “They are the kind of people who would do anything for you.” Another person said “Staff are friendly” and “always ask how I am.” They told us they were encouraged to do things for themselves but that support would be provided where necessary.

We spoke with ten people during our visit, which included relatives of those being supported. We asked them about their personal goals, their progress, and the intensity of their rehabilitation programme and the overall experience of their stay. They commented that they felt the staff had a good insight into their specific condition and needs, and they were very happy with their care.

We looked at care records and saw that people’s personal preferences and life history information was recorded. ‘This is me’ documentation was included within people’s records which focused on things which were important to people. All staff were trained in equality and diversity.

There were appropriate monitoring documents in place at the end of each person's bed, which staff were completing regularly throughout the day, including pressure relief turning charts, food and fluid monitoring, and daily records. We also saw that intentional rounding was evident for some people. Intentional rounding is the timed, planned intervention of staff to address common elements of nursing care. People felt that these were beneficial and there was evidence of them being regularly updated.

During direct observations of care, the nurses and staff displayed professional, competent, considerate and compassionate skills and on questioning appeared to have a sound knowledge base of their patient's diagnosis. When asked about their actions in the event of any adverse incident such as choking or neurological deterioration it was clearly evident that they had the necessary knowledge to manage these events.

We observed the way in which staff spoke and interacted with people throughout our visit. Generally we found staff very caring, kind and considerate in their approach. It was clear from discussions that staff knew and understood the needs of those they were caring for. However we did note on two occasions, a staff member using inappropriate and disrespectful language to describe someone. An example included; “Person x is very complex, you would probably run to the hills.” We shared this with the registered manager during our visit.

We talked to people to ask them if they were involved in decisions regarding their care and treatment. Generally people told us they were involved. One person said “I attend rehabilitation sessions in the gym because it’s what I need to do.” They said they got good support from the physiotherapists with this. Another person said “There is no consistency with rehabilitation and on a personal basis I don’t feel I get pushed enough because I am motivated.” They did however say they were making progress but felt it was slow.

The service had an independent living flat which was used by people who were in the process of transitioning into more independent living. Although people were positive about this they did raise concern about the lack of lift access. The service also had a kitchen where people can focus on their independent living skills which may include cooking, washing or ironing. Staff also supported people to go out into the community as part of their rehabilitation.

Some people felt that more social opportunities should be available. However the ethos of the service was to provide rehabilitation and support to people in order that they can increase their independence, with the longer term aim of people being able to move into their own homes, whether this be with support from staff or independently.

Good

Is the service caring?

At the time of the inspection the service also provided long term care to four people and it may be that they need to consider the difference in care needs including social support to people who had long term conditions.

In addition the service may need to consider some additional work with other services as the perception from some external organisations was that the TVU would be similar to an intensive care unit at a hospital. This is not the case as the TVU is based on a model which would be similar to ventilated patients receiving the same support in their own homes. This meant that the unit was not staffed by nurses but by competent practitioners who had gone through extensive training.

People did not express concerns about privacy and dignity issues. Doors were shut when personal care was being delivered. We did see some people with catheter bags which could have been more discreetly concealed. Our observations throughout our visit found that people were spoken with politely. We saw staff knock on doors before entering and observed staff explain what they were going to be doing.

Good

Is the service responsive?

Our findings

People told us they could talk about what was important to them. One person said "It takes me an hour to get ready so I talk to staff about what is important then" and "I get a weekly plan on a Sunday for what's coming up in the following week. There's no discussion about this, but it tells me what I am doing."

We looked at the assessments and care plans for four people. We could see that people were involved in the development of these records. Care plans contained detailed person centred information which included DNACPR (where relevant), a physical profile, safety checks; a patient summary sheet and information about individual areas of need for example nutrition or pressure care. They held detailed information about people's health conditions and the support and equipment required. The records of the TVU also included a home ventilation handbook which contained a range of information about emergencies and tracheostomy care.

Generally we found that risks were identified and action taken to minimise risks to people. We did see one example where a risk was identified (for example a MUST tool where someone had a recorded weight of 75.5kg in November and a recorded weight of 69.9kg in January. Although they had been identified as 'high risk', there was nothing further recorded in the care plan to demonstrate how the staff were intending to monitor this. This meant that the service had not responded to the risk.

We saw detailed guidance regarding postural management which included photographs to demonstrate what staff needed to do. This provided information for staff and we saw these in use during our visit. However there were occasions where the daily records to support that these posture changes were taking place had not always being completed accurately. The staff we spoke with confirmed that posture changes were taking place and confirmed that sometimes they forgot to complete the records.

Records were generally very detailed and were split into multi-disciplinary sections. However we noted two entries which had been written in retrospect. For example a therapy record which had been updated two days after the event. The staff member had recorded that this was due to time constraints. However records need to be accurate and completed at the time of an event happening. We shared this with the registered manager during our visit.

One person told us they had been consulted about their preferences and as a result had seen changes to the lights in their room. Another person said that they had been consulted about their future needs as they were moving out soon. They said staff were supporting them with this.

A relative spoke positively of the improvements seen since their relative had started rehabilitation at Woodlands. We were given other examples where people received equipment which supported them in their rehabilitation.

We saw from the review meetings held that the service was continually adapting the support provided to aid people with their rehabilitation. We saw from care records that meetings were taking place regularly. These were attended by a range of professionals including physiotherapists, occupational therapists, speech and language therapists, psychology and a neurological consultant. In addition the service also had access to a spinal injuries consultant who had overall responsibility of the TVU and in addition a Professor who works full time with the company and specialises in Neurological rehabilitation.

We spoke to a member of the therapy team who said "We all do our own initial assessments which lead to a treatment plan. We talk to patients about the goals they want to achieve." They also told us that they met regularly with patients and their relatives (where appropriate) and they said that an initial welcome meeting took place during week one and a review meeting was held at six weeks and twelve weeks.

We spoke with a relative who told us that a meeting was held every week to discuss progress and that their relative's progress so far had been good. They said "I would recommend it as a person had recommended it to me."

The therapy people received included music therapy sessions, mindfulness sessions and religious sessions. Comments from people included "The mindfulness sessions are very useful because they help my breathing techniques" and "I also attend religious sessions which are volunteer led where you can take part in reflection, chat, prayer or religious music. They went on to say no particular denomination it's just group therapy with a religious overtone." "There are no planned activities and as I don't

Good

Is the service responsive?

participate in rehab I don't do anything, although I do enjoy the Church meetings." Another person said "I attend the reflections/movement sessions to help with co-ordination. I enjoy the music sessions." They also said "There is nothing else organised only rehab sessions."

We were told that visitors were discouraged from calling when people had therapy sessions during the day. However we saw a number of visitors during our inspection. One relative told us that their relative had been able to go home and stay overnight and said that staff had helped them to achieve this.

One person said "I have never needed to complain but I would talk to the manager" and they said that they thought issues were satisfactorily addressed. They said that no official complains procedure had been given to them. Another person said "Not sure our complaints are always taken seriously." Then added that they had no formal information on how to raise a complaint.

Other comments included "I have no information about how to complain but I have made a complaint by speaking to a member of staff. It was about staffing levels and the resolution was that they are getting new staff who I have seen coming in for interview."

From previous information which we held we were aware that people were not always happy with the way their complaint had been handled or investigated.

We looked at the complaints procedure and the recent log of complaints held by the service. We found that although complaints were recorded and acknowledgement letters sent it was not always clear what action had been taken in response. For example the complaints action log section for actions taken was incomplete. We also saw that although acknowledgement letters were sent out confirming that the home would investigate, in some cases the next entry made reference to the complaint being closed without recording if it was substantiated or not. In total we saw five complaints which had been investigated but the outcome was not recorded.

We raised this with the registered manager during our visit. They were able to provide copies of all investigation reports which demonstrated that full investigations were in fact taking place. However this was an area where the records held by the service may need to be further developed. We have looked at this further under the well led section of the report.

Requires improvement

Is the service well-led?

Our findings

People had conflicting views about the management and running of the service. Comments from one relative included "Management don't want to hear, they just don't want to know", "They are short staffed, there is no continuity and the nurses are 'hacked' off." Another person said "I have never seen them (management). I don't know who they are but they are all so nice here."

Other comments included "I am able to speak to the manager as they have an open door. I just go in and talk to her", "The senior manager is not here most of the time, like yesterday in meetings all day. I never see them walking round the home or talking to people."

The home has a registered manager who also holds a more strategic role within the organisation. Therefore although Woodlands is the main base, other responsibilities take the registered manager away from the service. This has been recognised and a new manager was due to commence employment with the longer term aim for them to apply to be the registered manager. There had also been a review of the staff complement within the service and some additional lead roles created. The registered manager said that they hoped this would provide better continuity at the service.

Although staff said that they felt able to express their views and attend regular meetings, people using the service did not always feel the same.

We were told that a number of meetings took place and we saw on the staff noticeboard that meeting dates were advertised. However people using the service and/or their relatives said that meetings did not take place regularly or were unproductive in getting results. Comments included "I have attended meetings but only about my discharge. Not had any resident meetings" and "I was told over a week ago that the manager would come and talk to me regarding a complaint and she hasn't been yet." People confirmed that meetings to discuss their progress were happening but that general meetings to raise issues or express their views or opinions were lacking.

Staff told us that they felt able to raise issues and challenge practice. Comments include "The staff are brilliant here. They work really hard" and "We see lots of enthusiasm from the therapy assistants." Another staff member said "We get updates from other managers and company updates regarding any changes in legislation. We get information on the law and neuroscience and I attended a talk on 'the unveiling of NICE guidance'." This helped to keep their knowledge and skills up to date.

Staff told us that they were continually reviewing the service and trying to work more closely with partner agencies. They said they had invited other professionals to the service.

Regular multi-disciplinary team meetings were held so that information could be shared within the service. Records of these meetings were held. One relative said "We have a meeting every twelve weeks, the progress is good." Another person said "I had to push long and hard to get a piece of equipment which I felt would help my rehab. I was in the end provided with it."

The registered manage spent some time discussing the quality management systems in place. They told us that a tool to monitor compliance had been introduced. We looked at the quality monitoring file. We saw that resident surveys were last sent out in June 2014. We also saw family and friends surveys which had been completed. However people when asked said that they did not feel their views were sought. Comments included "My opinions or views have never been sought" and "I have never had any questionnaires, survey or feedback forms."

A relative said "Management don't want to hear it. I am always told 'I don't know I wasn't here or I haven't time now'."

We spoke with a senior member of staff who told us that senior staff worked with more complex patients. They said "If we have challenges with family then we try to meet with them more frequently. We also offer family support from our psychologist."They acknowledged that in many cases relatives were experiencing their own worries and concerns and equally needed support.

We were shown a document which was used to record any medication errors. We saw that nine errors had been recorded between October 2014 and February 2015. However the sections used to record the category, severity and outcome were poorly completed and in some cases were blank. That alongside our findings in relation to medicines led us to judge that the quality systems in place were not always effective.

Requires improvement

Is the service well-led?

Staff said that they were continually trying to evaluate and improve the service. They told us that there were a number of different working groups. They also said there was a drive from above to look at service development. They said that journal reviews were undertaken to look at guidance and gave an example of the Nice guidance in relation to Stroke. We were told that there were a number of working parties looking at different topics.

We looked at incident reports and found that these were not always completed appropriately. Although we saw that they were being used to record concerns and issues which had been raised the action which had been taken in response was not always recorded. We were also shown an incident log which contained a summary of any incidents.

We found that not all notifications were being made. For example notifications involving the Police, or applications to a supervisory body for example DoLS. We did receive notifications regarding safeguarding matters and notifications of serious injuries or death. The registered manager told us this was an oversight and said this would be addressed.

We saw that hospital passports were in place for some people. These are documents which can provide hospital staff with important information about them and their health when they are admitted to hospital.

We saw that a survey had been sent out with 67% of people saying that they were aware of the complaints procedure. However 9% of people were not happy with the way complaints were dealt with.

We recommend that the registered manager reviews their systems and records so that people's concerns, complaints, feedback and suggestions are encouraged and responded to in good time. It would also be useful for the service to record how this information has resulted in an improvement to the way in which care, treatment and support is delivered.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **People were not protected against the risks associated with medicines because the provider did not have appropriate arrangements in place to manage medicines safely. This was a breach of Regulation 12 (f) & (g) in safe care and treatment.**