

Elysium Healthcare No.2 Limited

# The Dean Neurological 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

### About the service

The Dean Neurological Centre is a residential care home providing personal and nursing care to 60 people. The service provides specialist support to adults who live with a range of complex neurological conditions some of whom also require tracheostomy and ventilator care. At the time of our inspection there were 54 people using the service.

The Dean Neurological Centre is a purpose-built building, set over 2 floors, which has been adapted to meet the needs of the people who live there. People's individual bedrooms and communal areas were accommodated on both floors. Gym facilities, an assessment kitchen, a resident's laundry plus offices were located on the ground-floor. The outside space had been adapted to accommodate wheelchairs and beds, making it accessible to all.

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

The provider had formal procedures in place for the reporting and management of all safety issues, accidents and incidents, near misses, safeguarding concerns, and any other concerns which required follow up. Risks were assessed and managed. Staff recruitment procedures were followed and arrangements were in place to maintain safe staffing numbers. People's medicines were managed safely. The premises were kept clean and safe, and infection, prevention, and control procedures were followed. Staff worked collaboratively with specialist healthcare professionals to support people's needs, which included distressed behaviours.

A multidisciplinary approach was adopted when assessing and planning people's care and treatment. This meant a wide range of health and social care professionals, including specialists, therapists and clinicians were involved in this process. People and their representatives were also involved so their wishes and preferences were included. Healthcare professionals and commissioners of care told us people's health, abilities and quality of life improved following admission to the Dean.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Technology was used to enhance people's care and treatment, safety, and independence. Staff were supported to acquire and maintain necessary skills and knowledge to support people's complex needs. People's eating and drinking needs, including their preferences, were met. The design and layout of the premises supported people's diverse care needs as well as their social needs.

Staff interacted with people in a kind and respectful way. Staff responded to people's needs and their distress in a meaningful and timely way. Visiting professionals told us staff were welcoming, knowledgeable, and friendly.

Action was taken to remove communication barriers and to ensure people were provided with the information they required. There were processes in place to uphold people's privacy and dignity and to ensure personal information remained confidential and secure. People were treated equally, and their differences respected and supported.

People's care and treatment was reviewed with them. People had access to therapists who worked alongside the care team to help manage and improve people's health. People were supported to enjoy social activities, maintain previous interests, as well as access and be part of the wider community. People were supported to maintain relationships with those who mattered to them and to avoid social isolation. There were processes in place for people, their representatives, and staff to speak up, raise concerns and complaints and for these to be acknowledged, investigated, and addressed.

Staff worked with specialist palliative and end of life healthcare professionals to support people and their relatives at times when their conditions deteriorated or at the end of life.

The new provider had invested in the service resulting in improvements which supported people's physical and mental wellbeing. They provided effective support to the service's senior management team, which also included access to new electronic management and records systems.

Managers and staff in leadership roles worked in a cohesive and effective way, sharing the same visions and goals for the service. All managers were clear about their roles and responsibilities in terms of quality performance, risk management and regulatory requirements. There were effective clinical governance and quality improvement systems in place to ensure, where needed, improvements to the service were made.

Leaders were visible, providing staff with direction and support as needed. Managers promoted and supported a positive culture, which was person centred and focused on good outcomes for people. People were provided with opportunities to feedback and express their views and action was taken in response to their feedback. Professionals told us they considered the service to be well managed.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

This service was registered with us under a new provider on 1 July 2022 and this is the first inspection.

The last rating for the service under the previous provider was Good, published on 11 December 2020.

#### Why we inspected

This inspection was prompted by a change in provider and a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# The Dean Neurological Centre

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

Three inspectors, a CQC operational manager, an Expert by Experience and a specialist advisor carried out this inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The specialist advisor had experience and knowledge in the care of people with complex needs.

The Dean Neurological Centre is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Dean Neurological Centre is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there

was a registered manager in post.

#### Notice of inspection

This inspection was announced.

We gave a short period notice of the inspection because the service looks after people with complex needs, and we wanted to ensure the inspection did not impact on the delivery of people's care and treatment. We also needed to be sure the registered manager would be available.

#### What we did before the inspection

We reviewed the information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR) dated 11 July 2023. This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 9 people who used the service and 2 relatives to gain their view of the services provided. We spoke with 2 visiting professionals and we received feedback from representatives of 5 commissioning authorities. We spoke with 24 staff which included the registered manager, head of clinical services, operations manager (non-clinical), psychologist, speech and language therapist, 6 nursing staff, pharmacy technician, 3 care staff, training coordinator, 3 administrative staff, 2 activities support staff, 2 housekeepers and maintenance person. We reviewed 7 people's care files and 5 staff recruitment files. We reviewed records pertaining to the management of medicines.

We reviewed records related to the management of the service. These included health and safety checks, maintenance and servicing records, staff training and supervision records, quality monitoring and performance checks including audits and senior management meeting minutes, service improvement plans and a selection of policies and procedures.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were systems and processes in place to safeguard people from abuse. Staff were aware of what constituted abuse and knew how to report any safeguarding concerns.
- Staff worked collaboratively with external professionals and agencies to put safeguarding measures in place where required.
- People knew how to raise concerns and they looked out for people who were more vulnerable than themselves. Posters in the building signposted staff to the provider's Speak Up Guardian.

Assessing risk, safety monitoring and management

- Risks to people were assessed and action taken to reduce risks or mitigate them altogether where at all possible. These included risks related to people's health and behaviour and the environment they lived in.
- A program of ongoing safety checks, maintenance and servicing by appropriate contractors, ensured the premises, equipment and utilities remained safe.
- Daily risk meetings reviewed all known risks and new emerging risks, including the action in place to manage these.
- The provider had systems in place to manage safety alerts and to monitor the effectiveness of the services risk assessment and risk management arrangements.

Staffing and recruitment

- Managers ensured the service remained safely staffed. A combination of successful staff recruitment, use of agency staff, careful admission planning and adjustments in staff deployment, as required, supported this.
- Staff worked collaboratively and flexibly to ensure staff with the appropriate skills were always on duty. This applied particularly to ventilator and tracheostomy care.
- Safe recruitment procedures were followed and checks were carried out to ensure the agencies used to supply staff, were also following safe recruitment processes. A clearance by the Disclosure and Barring Service (DBS) was required for all staff who worked at the Dean. This checked staff against the list of people barred from working with vulnerable adults and provided managers with information about convictions and cautions held on the Police National Computer. Past employment checks were completed, including gaps in employment and the right to work in the UK.
- All staff employed by the provider, including agency staff working at the Dean, completed induction training. This covered all aspects of safe working, including an awareness of the provider's policies and procedures. All staff had their competencies in care and medicines administration checked, including agency staff.

### Using medicines safely

- People's medicines were managed safely through the support of a pharmacy technician employed by the provider. Advice on medicines could also be accessed from other healthcare specialists, for example, a palliative and end of life consultant.
- Medicines were administered by staff who had been appropriately trained. This included the administration of medicines to people who were unable to take their medicines orally, for example, through a permanent feeding tube into the stomach or by a syringe driver.
- There were arrangements in place for people's medicines to be prescribed and reviewed by their GP on a regular basis. During the inspection immediate action was taken to provide clearer guidance for staff on the use of some prescribed rescue medicines. This related to when people were out in the wider community.

### Preventing and controlling infection

- People lived in an environment which was kept clean.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We observed people's relatives and friends being able to visit them without any restrictions in place.

### Learning lessons when things go wrong

- Accidents and incidents were reflected on so learning for staff took place and where needed, adjustments were made to practice and monitoring processes.
- Managers reviewed the measures in place to reduce accident and incidents to ensure these remained effective in avoiding recurrences.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's care and treatment needs were assessed prior to their admission to ensure the staff team could effectively and safely meet these. One healthcare specialist who had liaised with staff to safely transfer a person to the Dean told us, the staff had been responsive and communicative throughout the pre-admission process and following the admission of the person.
- A multidisciplinary team approach was taken when assessing people's needs so people's needs were assessed by several specialist clinicians and therapists working together.
- People's care was planned and delivered following a care pathway approach which provided a framework for clinicians and therapists to work to. People's care pathways differed according to their condition and where they were on their health journey.
- External specialists provided guidance and oversight to ensure complex care needs were met in accordance with best practice guidance and standards, such as ventilator and tracheostomy care and end of life care.
- When care and treatment decisions were made there were processes in place to ensure people and their representatives were consulted and to ensure people were not discriminated against.

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

- People remained safely supported when they needed to access other services. For example, when people in receipt of ventilator or tracheostomy care, needed to access hospital care, appropriately trained staff from the Dean worked alongside NHS staff to ensure this care remained safely delivered.
- GPs visited people as needed and completed regular and planned visits to review people's general health needs. This support helped to ensure changes in people's health were addressed in a timely way, reducing the need for hospital admission. A member of staff said, "We continue to get fantastic support from [name of doctor]".
- People were assessed and reviewed by health and social care professionals to assist with access to funding for specialist equipment, therapy time, 1 to 1 support and alternative care placements and accommodation. Staff ensured these professionals had access to the information they required to complete their assessments and reviews.
- Staff supported people to attend external health appointments and advocated for them when they required, for example, a home visit by a dentist.

Staff support: induction, training, skills and experience

- All staff, including agency staff, completed the provider's induction training which was based on the Care

Certificate; an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.

- Further training was completed in subjects which the provider considered to be mandatory for all staff, such as safeguarding adults and children, fire safety, infection control, moving and handling, health and safety and professional boundaries.
- Staff were further supported to complete training particular to their roles and levels of responsibility. Staff who wanted to take on more responsibility or to be a champion in a particular area of care, were supported to do this. This included, for example, ventilator, tracheostomy care and oral hygiene. Staff told us the training provision had improved. A new member of staff said, "It's very good training."
- Nurses employed by the provider were supported with the revalidation of their registration with the Nursing and Midwifery Council (NMC). The service also supported student nurse placements and the nursing preceptorship program (structured support for newly qualified nurses).

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

- People who received their nutrition by a tube (surgically inserted through the skin and into the stomach) were regularly visited by specialist NHS dietitians who monitored their feeding regime. These staff worked closely with the service's speech and language therapist and nursing staff to ensure people's nutritional needs were met.
- People who had swallowing difficulties were assessed by a speech and language therapist and where needed, referred for further investigation and assessment. People's care was planned around supporting them to eat safely and reduce the risk of choking.
- We observed staff supporting people to eat and drink in a dignified and safe way.
- People's dietary preferences, including cultural and religious preferences, were supported.
- People had a choice of food at mealtimes and were supported to eat a healthy diet. People could also access take-away food.

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

- The design and layout of the building supported people's manoeuvrability throughout the building. Corridors were wide and led to open planned communal spaces. Bedrooms and bathrooms were fitted with double doors making them wide and easy to negotiate.
- Ground floor bedrooms, which could be overlooked during the daytime, were fitted with a one-way mirror reflective tint to preserve people's privacy but enabling them to see outside.
- A passenger lift was used by people to move between the two residential floors.
- Some bedrooms were fitted with ceiling track hoists making it easy to support the transfer of a person, for example, from chair to bed.
- Bathrooms and toilets were adapted to make them easier for people to access and use. The service was awaiting the delivery of a specialist shower bed.
- A separate therapy gym and assessment kitchen were located on the ground-floor.
- We observed people enjoying the outside spaces which were accessed from the ground-floor communal rooms. These were accessible by people in wheelchairs. The sensory garden was being re-landscaped so people in wheelchairs and beds could benefit from this.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People were supported to make decisions about their care and treatment.
- People's care and treatment was delivered with their consent. We observed staff taking their time to obtain consent from people who were unable to speak.
- Where people had been assessed as lacking the mental capacity to make independent decisions, decisions had been made on their behalf and in their best interests; by appropriate healthcare professionals.
- People's legal representatives and in some cases, independent mental capacity advocates, had also been involved in this process.
- Deprivation of Liberty Safeguards (DoLS) referrals were completed. Where the supervisory body (local authority) had added conditions to authorised DoLS, there was evidence to show these were followed up to ensure they were met.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity;

- People's views on how the staff interacted with them and treated them varied. One person said, "The staff are great we have a good laugh" and another person said, "The staff have gone above and beyond. I haven't been the easiest person to deal with." Two other people told us they had not always been happy with how staff had interacted with them. People had reported their experiences and managers had taken action to promote and support a caring culture.
- We observed how staff interacted with people. Most staff, adjusted their body language and their facial responses, bent down, made eye contact, and often sat down alongside people. In doing all of this they showed they valued the person; they were invested in supporting them and they were interested in what they had to say or were trying to express. All interactions we observed supported people in some way or another and were respectful, although staffs communication skills varied, which led to differing experiences for people.
- One healthcare professional told us how they found the therapy team to be very caring with excellent communication skills. They told us it was evident from their care and attention that they wanted the best for the person. They also told us they found staff to be friendly and welcoming when they visited.
- We observed staff responding to people's distress and frustration. In some situations, this was directed towards other people nearby and towards staff. There was genuine concern for the distressed person, with staff wanting to understand what caused the distress and to relieve it. Staff acknowledged how these situations affected other people and we observed staff providing reassurance. Staff were respectful, non-judgemental, and supportive of people at these times.
- People's care and treatment was planned and delivered to support equal opportunities. People were supported to feel included, irrespective of their differences, religious beliefs, culture, disability, or sexual orientation.
- Managers and therapists frequently advocated for people, for example, to have access to additional therapy time to improve their progress and well-being.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was upheld during the delivery of their care. People were able to receive family and consult with visiting professionals privately. Bedrooms were recognised as private spaces and staff knocked on the door. People were able to use their phones and computers privately and periods of preferred solitude were respected.
- Staff referred to people by their preferred name. People were supported to dress in their own clothes.
- One person chose to launder their personal clothing themselves and was able to do this in the 'residents' new laundry room. This addition to the service had been introduced to support a more person-centred

experience for people as well as supporting their independence.

- People told us they did not appreciate it when staff talked in their own language and when they heard reference to other people's names. One person said, "They forget we have ears." People had reported this to managers, and we followed up the action which had been taken to address this. A senior member of staff said, "Yes, we were made aware of this and it's not acceptable and staff have been told to not do this. We are monitoring this, and it has improved, I've not heard it happen for some time."
- People were supported to learn new skills to enhance their independence. Assistive technology was used; voice, head, and eye activated communication devices were used to help people communicate and to get assistance. People were fitted for specialised wheelchairs which enabled them to leave their beds with the equipment they required. We saw people who required ventilation and oxygen accessing the wider community with support.

Supporting people to express their views and be involved in making decisions about their care.

- People told us they could express their views and were involved in making decisions about their care. One person said, "You can specify times for personal care, and they [the staff] do their best."
- People's care records recorded decisions made by them, for example, when they had decided not to have personal care or attend therapy.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and those with the authority to act on their behalf were involved in planning their care. One person said, "My Key Worker nurse discusses my care plan with me when it's reviewed", another person said, "When my care plan is updated, I am asked whether I need to change anything."
- Care plans were developed by the service's multidisciplinary team, following a care pathway approach. Care and treatment was adjusted in response to ongoing clinical and therapy reviews, progress assessments and people's wishes. One member of the therapy team said, "Sometimes we have a departure between what the person thinks they need and what we think." They explained they worked with people to keep their goals realistic and achievable.
- At the time of the inspection the service was moving from paper held care records to electronic care records. This was work in progress but already staff could more easily access the information they needed and record the care they delivered in real time.
- A review of some of the paper-based care records still in use showed these had not been as frequently reviewed as they should have been. Some were no longer reflective of people's current care needs and needed updating. The action being taken to address this, during the transformation period, was confirmed with us following the inspection.
- This had not impacted on people's safety or the delivery of their care as there were other arrangements in place to ensure staff were updated on any changes in people's needs, preferences and care.
- Staff knew what people's needs were and how their needs should be met. Any changes to people's needs were well communicated amongst staff teams and during staff handover meetings. Agency staff were well versed in people's needs and preferences and new staff never worked alone.
- One relative was concerned about the loss of the paper care records, as it meant they could no longer check these when they visited to reassure themselves care had been delivered. They gave us permission to discuss this with managers who were looking at ways to ensure people's legal representatives would still have sight of relevant records.

Meeting people's communication needs

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

- The service worked with people to identify how they needed information to be provided to them.

Information could be provided in different formats such as print and large print, audio and electronic versions, which people could access using their assistive technology. Information could also be provided in different languages.

- Therapists and care staff worked with people whose communication abilities were compromised, so new and effective ways of communication could be identified and supported.
- People's care records gave staff guidance on how to support people's communications needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to be included in activities and interests which they enjoyed, and which met their preferences.
- People clearly enjoyed the company of the activities staff who were joined by care staff in supporting people's social activities, when they were able to do so.
- We observed people enjoying activities together and people had formed friendships. Staff were aware of the risk of social isolation posed by people's disabilities, and we also observed activity staff working with people on a one-to-one basis. We observed care staff spending time with people who were more unable to initiate interactions with others. One adult social care professional in their feedback to us, spoke highly of one of the activity staff, telling us their client "lights up" when they see [name of activity staff member].

Improving care quality in response to complaints or concerns

- The provider's complaints procedure was accessible. People told us they were able to raise complaints and concerns and felt comfortable in doing so. One person said, "I stick up for other residents and raise things with the staff." Another person said, "I will complain to the nurse" and another said, "I go directly to [name of registered manager] usually, with complaints." A relative said, "I will complain to [name of registered manager]."
- A record was made of complaints and concerns received which required investigation. Complaints were acknowledged and action was taken in response to the issues raised. The actions taken were discussed in resident meetings.
- The service was open about concerns and complaints it received, and the actions taken in response to these. This included when information about these was asked for by external agencies, such as funding authorities or the Care Quality Commission.
- People had recently raised concerns about other people who used the service. One person said, "It used to be complaints about staff numbers but that's now better. Now it's about disruptive residents." The registered manager discussed with us the concerns being raised and the actions being taken in response to those concerns.
- The registered manager told us, when responding to concerns raised about other people who used the service, it was not always possible to explain to the person who raised the concern, the detail of the action being taken in response to their concern. This was because the action being taken often related to another person's care and treatment and that had to remain confidential.
- During the inspection a concern was raised and this was dealt with immediately by managers.

End of life care and support

- Staff had access to advice and support from a palliative and end of life consultant. This specialist was involved in the care and treatment of people at the end of their life, with people who had life limiting conditions and people who lived with degenerative conditions and they were receiving palliative care.
- The new addition of a psychologist and psychology assistant was adding to the psychological support which could be provided to people living with a progressive or life limiting condition. As part of the multidisciplinary team approach, they advised on interventions, which helped people's understanding of

their condition and supported their mental wellbeing.

- People and their representatives were involved in planning their care and this included discussions about their care and treatment choices for when their health deteriorated and in relation to end-of-life care. One person's care record showed how their relative had been kept involved during a period of deterioration in their relative's health and how the person's care and therapy had been adjusted as their condition progressed.
- Arrangements were in place to ensure necessary pain relief and end of life medicines were ready for use when people required them.
- Support was provided to those who mattered to people, relatives and friends, to help them remain involved in people's care journey when their condition deteriorated or at end of life.



# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. In our last inspection, under the previous provider, this key question was rated requires improvement as time was needed for improvements to be fully completed. At this inspection this key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- It was evident the service was consistently and cohesively well managed and good outcomes for people were achieved.
- Leaders shared the same vision and values and staff were also invested in these. These focused on providing people with specialist and individualised care, to help them achieve their personal goals. Whether this was to return to their own home or reach their optimum physical and mental wellbeing whilst living at the Dean.
- One person talked emotionally about the positive and empowering culture they had experienced at the Dean and the impact this had on them. They said, "Without them [the team] I wouldn't be the person I am now, I am stronger, focused and my goals are becoming a reality, I cannot thank them enough; the impact on me and for my family, I owe them my life."
- One healthcare specialist told us about the changes in their patient's presentation since admission. They explained there had been "extraordinary" changes both physically and psychologically in the person. They felt this had only been achieved through the excellent care, knowledge and highly skilled staff and leadership at the Dean. They believed the service to be well-led.
- One commissioner of care fed back to us saying they had always found the service responsive, patient focused and well-led.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The management team understood their legal responsibilities to be open with people when things went wrong. They understood the duty of candour. This is a set of specific legal requirements that services must follow when things go wrong with care and treatment.
- Notifications of reportable incidents, such as abuse, serious injury or a death, were submitted to the Care Quality Commission in line with guidance.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Governance processes were effective and helped to hold staff to account, keep people safe, protect people's rights and provide good quality care and support.

- Regular checks and audits were completed to monitor the quality and safety of the service. The provider's quality assurance and audit lead carried out additional checks. When shortfalls were identified, plans were implemented to address these. The provider had recognised the need for an improved care records system and had implemented this to support better maintenance and access of care records.
- The provider had invested in further improvements to the service. These included a new main laundry suite, a separate laundry room for people's individual use, a new staff rostering system to ensure and support the service's staffing requirements, the purchase of a new shower bed to enable bed-bound people to experience a shower, re-landscaping of the sensory garden making it more accessible to people and extending the already piped oxygen and main suction facilities to the first floor bedrooms. This meant the service was able to support more people who needed access to this specialised equipment.

#### Continuous learning and improving care

- One commissioner of care fed back to us saying there had been times when their client had expressed there had been a lack of person-centred approach to their care. They said staff had listened to the person's feedback and had looked to find a more flexible approach which better suited the person. They confirmed their client had made progress in the Dean and continued to do so.
- Managers had recognised, through post incident reflective work, that further training had been needed in safe ways of working with people who exhibited distressed behaviours. This had been organised and delivered by an external trainer. Staff told us this had been helpful.

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

- The service had systems in place to positively engage with people and staff. Regular meetings took place so information, ideas, and experiences could be shared.
- People had also been involved in the planning and design of the new sensory garden, which had been designed to meet people's diverse needs. We saw several people enjoying being involved with volunteers in the renovation of the outside space. One person said, "I feel being out in the fresh air, seeing the flowers, hearing the birds has been so beneficial for my mental health."
- People were involved in the staff recruitment process, providing their feedback to managers on perspective candidates.
- Newsletters were provided to staff containing useful information such as friendly updates and top tips. One member of staff told us it helped with feeling connected and feeling "part of one team."
- Projects were taking place looking at and piloting improved ways for staff to provide feedback and to make it easier for people to do this. This included the use of a QR (Quick Response) bar code which staff and people could scan and be directed to the provider's resource for giving feedback.

#### Working in partnership with others

- The management team had established good working relationships with professionals including health and social care professionals and commissioners of care to ensure good outcomes for people. This included NHS acute services, primary care services, the local authority and voluntary groups.
- Clinicians and therapists at the Dean worked in collaboration with NHS staff. One senior member of staff said, "We are a point of contact should anyone with a neuro rehabilitation issue attend A & E (accident and emergency department). Clinical leads contact us directly in order that we can work together in the best interests of people."