

Hamsard 3232 Limited

# Woodlands Neurological Rehabilitation

## Inspection report

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## Ratings

Overall rating for this service	Inspected but not rated
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Is the service safe?	Inspected but not rated
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Is the service effective?	Inspected but not rated
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# Summary of findings

## Overall summary

### About the service

Woodlands Neurological Rehabilitation is a residential care home for up to 27 people. At the time of the inspection the service provided personal and nursing care to 19 older and younger people, some with disabilities. The care home accommodated people across three separate wings, each of which has separate adapted facilities.

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

People and their relatives were overall very positive about the service they received and spoke with enthusiasm about the suitability of qualified and skilled staff to meet their needs. The provider followed policy and procedure to maintain the correct skill mix of employees. For example, to support high level clinical decision making due to recent staff turn around. A robust organisational structure ensured staff were available to support and respond to peoples changing needs and to any high-risk situations. Some staff told us they were unsure of their remits associated with their roles. The registered manager had implemented daily 'huddle meetings' which provided staff with opportunity to share associated information and raise concerns between managers which helped to provide clarification and feedback.

Training and support was provided and managed electronically to ensure staff had up to date skills and knowledge according to their roles and responsibilities. Where training was due, or had expired, the provider had an action plan with dates planned to bring skills back up to date. There was no impact on people because only staff deemed competent, provided the care and support people required.

Systems and processes were in place and utilised by staff to raise any incidents that affected the health, safety and welfare of people using the service. The registered manager was open and transparent and routinely shared outcomes, actions and other feedback during meetings and memos. Staff told us feedback was used to implement changes to improve the service provided.

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

The last rating for this service was good (published 6 July 2019).

### Why we inspected

We undertook this targeted inspection to check on specific concerns we had about management of staff levels and associated skills to meet people's individual needs. The overall rating for the service has not changed following this targeted inspection and remains good.

CQC are currently trialling targeted inspections, to measure their effectiveness in following up on a Warning Notice or other specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections so not change the rating from the

previous inspection. This is because they do not assess all areas of a key question.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the Safe and Effective sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Woodlands Neurological Rehabilitation on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### **Is the service safe?**

The service was safe.

Details are in our safe findings below.

**Inspected but not rated**

### **Is the service effective?**

The service was effective

Details are in our effective findings below.

**Inspected but not rated**

# Woodlands Neurological Rehabilitation

## **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. This was a targeted inspection to check on specific concerns we had about staff levels and skills, and management of the home.

#### Inspection team

The inspection was completed by one inspector.

#### Service and service type

Woodlands Neurological Rehabilitation is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with four people who used the service, two relatives and one visitor about their experience of the care provided. We spoke with twelve members of staff including the regional director, registered manager, two nurses, three care practitioners, the clinical governance lead and occupational therapist.

We reviewed the staffing structure and planned recruitment, three staff files, and the training matrix. We looked at minutes of meetings, governance reports and the induction process.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at action plans and training data.

# Is the service safe?

## Our findings

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

We have not changed the rating of this key question, as we have only looked at the part of the key question we have concerns about.

The purpose of this inspection was to check on a specific concern we had about staffing levels and learning lessons when things go wrong. We will assess all of the key question at the next comprehensive inspection of the service.

### Staffing

- The provider had systems and processes in place to ensure sufficiently trained and skilled staff were on duty to meet people's individual needs. One person said, "I know the staff and there is real continuity of care. I feel safe and have no concerns about staff; they come promptly and are willing and able to support."
- A 'safer nursing decision making tool' was used to evaluate and categorise each person's needs. Where needs changed, rotas were updated with suitable staff deployed.
- A clear staffing structure provided support to staff at all levels during their shifts which ensured people received the care and support they required. For example, some staff raised concerns about the recent departure of two clinical leads and how this effected the remit of their role. To ensure people were not put at risk, procedures had been implemented. Existing skilled resources within the staffing structure were used to support clinical decision making, pending the commencement of a replacement clinical lead who had been recruited. Daily 'huddle meetings' were held providing an opportunity for information sharing and management feedback.
- To maintain consistent numbers of staff the provider employed and utilised reserve bank staff and worked with regular agencies. One staff member said, "From a nursing point of view there is no one at risk. We can struggle with [staff] sickness but we use bank staff and agency. [Agency] are a lower skill but people are not at risk." A relative told us, "I visit at any time. There are always staff available. If there is agency staff other staff are available; they are not on their own."

### Learning lessons when things go wrong

- The provider had robust systems and processes in place to ensure any incidents that affected the health, safety and welfare of people using services were reported.
- Staff told us they would whistle blow any concerns of bad practice, for example, to the Care Quality Commission but were not always confident to raise their concerns through the internal whistleblowing process. The registered manager told us they were supportive and encouraged staff to raise any issues which were used to help maintain and improve standards. A whistleblowing policy was in place which ensured concerns would be investigated and treated anonymously.
- Incidents were reviewed and investigated with actions taken to prevent further occurrences.
- Staff who were involved in incidents told us they received information about them. One staff member said, "Staff are really good at filling out forms to raise any incidents. Incidents are getting better at being dealt with and are not brushed under the carpet. We have staff meetings where we can discuss outcomes."

Paperwork has been reviewed and updated because of feedback."



## 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.

We have not changed the rating of this key question, as we have only looked at the part of the key question we have concerns about.

The purpose of this inspection was to check on a specific concern we had about staffing skills and experience. We will assess all of the key question at the next comprehensive inspection of the service.

Staff support: induction, training, skills and experience

- The provider ensured staff were suitably trained according to their defined responsibility. One person said, "They are highly skilled staff; my occupational therapist [staff name], is concerned to make me as independent as I can be. He challenges me to do more, in particular with getting dressed. I am very pleased with my progress."
- Training was managed and planned electronically to ensure staff skills remained up to date. The registered manager told us some staff training had expired. However, there was no impact on people and evidence of planned actions were in place to bring this back up to date.
- Staff followed clear guidance to meet people's individual needs. One staff member said, "We have a clear protocol in place which we follow. Where people have Autonomic dysreflexia (AD), all nurses and care practitioners have the skills to take control of situation. If the person used their buzzer we respond as an emergency with the required help on hand should it be required." (AD is a potentially life-threatening medical emergency that affects people with spinal cord injuries.)
- All staff completed a recently revised three-day induction when commencing their role. One staff member said, "I had three days paid induction. I worked with one of nurses; to understand about medicines, read notes. I attended the management decision team meeting and talked around fire policy. We now have three days induction for safeguarding governance."