

Hamsard 3232 Limited

# Woodlands Neurological Rehabilitation

## Inspection report

120 Thief Lane  
York  
North Yorkshire  
YO10 3HU

Tel: 01904430600

Date of inspection visit:  
08 October 2018  
23 October 2018

Date of publication:  
24 December 2018

## 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

At our last inspection we rated the service Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Woodlands Neurological Rehabilitation is a care home providing a rehabilitation service. People 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. They offer care for up to 27 adults and older people with a range of neurological conditions. The service provides a transitional ventilated unit to care for up to four people who are ventilator dependent and a transitional living unit for up to three people with physical, cognitive and functional needs. There were seventeen people using the service on the day of the inspection. Three people were ventilator dependent.

Staff had been trained in safeguarding adults and knew who to contact if they had concerns. People felt safe at the service.

Medicines were managed safely using electronic systems which reduced the likelihood of errors.

Risks to people were identified and reviewed regularly.

Staff recruitment was robust and there were sufficient staff on duty to meet people's needs. Staff were well trained in basic care and in specialist subjects, giving them the knowledge they required to care for people who used the service.

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

People had access to a clinical team within the service and other healthcare professionals from the community and local hospital. People had a health passport with details of their care needs, for those times they needed to visit other services such as hospitals.

Staff maintained positive, respectful relationships with people and preserved their dignity. They had caring relationships with people. They consulted people and their families about the way in which they wished to receive their care and supported them through the rehabilitation process, giving practical and emotional support.

There was a quality monitoring system in place which identified where improvements were needed. People and staff were invited to share their views and give feedback about the service. They attended regular meetings where they were asked for their views.

Further details can be found in the main report.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service remains good.

### Is the service effective?

Good ●

The service remains good.

### Is the service caring?

Good ●

The service remains good.

### Is the service responsive?

Good ●

The service remains good.

### Is the service well-led?

Good ●

The service remains good.

# 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.

The comprehensive inspection took place on 8 and 23 October 2018. Day one was unannounced and we arranged with the registered manager to return for a second day. The inspection was carried out by one adult social care inspector and a specialist nurse advisor on day one and one adult care inspector on day two.

Prior to the inspection, we reviewed all the information we held about the service, including previous inspection reports and statutory notifications sent to us by the provider. Statutory notifications, which are a legal requirement, provide CQC with information about changes, events or incidents in order that we have an overview of what is happening at the service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used this information to assist us in planning the inspection.

During our inspection, we spoke with two people who used the service, one relative, two care workers, three nurses, an occupational therapist, a physiotherapist, a therapy assistant, a cook, the group therapy operations manager, the deputy manager and the registered manager. We spent time looking at documents and records relating to people's care and the management of the service. We looked in detail at three people's care plans, medicine records, three staff recruitment and training files and policies and procedures developed and implemented by the provider. We observed medicines being administered by a registered

nurse, the lunch time experience and activities and therapy taking place throughout the day.

Following the inspection, we contacted two relatives for feedback, spoke with the Hull and York Medical School clinical dean (phase 2) and the clinical lead consultant at Woodlands Neurological Rehabilitation centre.

# Is the service safe?

## Our findings

At the last inspection we found the service was good. At this inspection the service remained good.

People living at Woodlands Neurological rehabilitation centre told us they felt safe. People told us, "The staff check me every fifteen minutes" and, "Yes I feel safe. I feel confident with staff who provide personal care." Staff followed the safeguarding policy and understood how to protect people from potential abuse or harm. They could describe to us how they kept people safe. Staff were aware of how to whistle-blow and were confident any concerns would be acted upon. A relative told us, "Overall the environment offers a level of safety my [relative] would not receive in a home setting, and I feel comfortable that my [relative] is being looked after in a safe environment."

Risk assessments were in place for each person and these were regularly reviewed or updated when changes occurred. There was a multi-disciplinary team meeting each week attended by therapists, nursing staff, care workers and the management team. At these meetings a proportion of all people's care plans, including risk assessments, were reviewed. This meant that everyone was reviewed at least once a month. The service used the NHS safety thermometer tool to measure data related to commonly occurring harm factors, allowing the team to understand the risks to people and measure improvements.

Where people displayed behaviours that may challenge others the care workers knew what to do as they had received training in conflict management.

Staffing levels were sufficient to meet people's needs. Rotas confirmed that numbers remained consistent. There was a regular staff team and when bank nurses were used they were familiar with the service. One person who used the service confirmed this saying, "The bank nurse is often the same one and they are good."

Staff recruitment procedures were robust. People had completed application forms, attended interview and their background was checked. This included references and background checks by the Disclosure and Barring Service (DBS).

Accidents and incidents were managed effectively. Staff completed accident and incident forms when an incident occurred. Any incidents were logged and risk assessed using a RAG rating; a traffic light system to determine seriousness of the incident with red being the most serious. The system prompted staff when to notify other relevant bodies, where required.

Medicines were managed safely. Electronic administration systems were used. The system provided reminders for staff and would not allow the nurse supporting with medicines to move on until certain actions were undertaken. This reduced the risk of errors.

Health and safety checks were carried out on a regular basis to ensure the premises remained safe. All new staff received health and safety training. The risk of infection was reduced because the service was kept clean and policies and procedures were followed.

# Is the service effective?

## Our findings

At the last inspection we found the service was good. At this inspection the service remained good.

People who used the service and their relatives considered the service to be effective and thought staff were well trained. One person told us, "I use the rotunda (moving aid) and I would say that staff are trained and know what to do." A second person said, "The girls (staff) know all about my condition. I had reservations about how I was going to be looked after, however, the lovely [name of clinical lead consultant] considered things and now I'm much improved."

A clinical lead consultant had been employed by the service to oversee the clinical team. They told us, "My aim is to keep people well so they can have therapy." The service was therapy led and all physiotherapists and occupational therapists were trained and registered with their respective professional bodies. They had a well-established system of supervision. Therapy assistants were trained to a high level and were allocated their own work by the therapists.

Nurses managed people's day to day care at the service and supervised care workers. They had access to regular training updates. The registered manager and deputy were both qualified nurses and provided support and guidance to nursing staff. Care workers, who were known at the service as rehabilitation assistants, had received training. Competencies were assessed using a formal assessment framework.

People's needs were thoroughly assessed by the clinical team. Where people's physical and mental health conditions had an impact on their wellbeing, their GP or community mental health team were involved. Health passports were in place, providing staff with key information should people needed to transfer between services. The clinical lead consultant was working with GPs to reduce avoidable admissions to hospital care by ensuring all staff had a good knowledge of how to care for people and when they needed further support.

People's care plans were detailed and personalised and risk assessments were in place where appropriate. There were two sets of care records; one devised by the nurses and the therapy notes. There were good communication methods to ensure staff were clear about people's needs and any changes.

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. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Applications had been made for DOLs where necessary. We saw that people were asked for their consent to care and where they were unable to consent, decisions were made involving their relatives and professionals in their best interests.



## Is the service caring?

### Our findings

We observed staff being patient and considerate of people, giving them the time they needed. One person told us, "One carer came in their own time to take three of us [people who used the service] to bingo." They also said, "I have a good bond particularly with the younger carers." A relative told us, "The staff are very good. They explain everything and support us."

People's care plans described their emotional support needs. We viewed one which outlined the importance they placed on their family and how they, 'Loved their new family at Woodlands..' People told us they felt they mattered to staff. One relative told us, "I get the feeling my [relative] is well cared for, and all the staff promote a caring culture within the facility. My [relative] seems to have built a very good relationship with the care workers."

People were comfortable around the staff. When we asked people about the staff one person told us, "Staff are very kind." A second person said, "The staff are lovely, caring and kind." A member of staff told us, "Staff are always making sure people are happy and comfortable. Staff are caring towards each other. I think it is nice that we get to build relationships with people as they stay a long time." We observed many examples during the inspection of staff encouraging people to be as independent as possible.

People were content and well cared for, which demonstrated the positive impact which care at Woodlands Neurological Rehabilitation had upon people's lives. There was a strong focus on the person and their family. People were involved in their care planning. Each person had set goals which were reviewed regularly. This allowed people to discuss and decide upon any changes in their care and support. In addition, the consultant met with people regularly for ongoing support and assessment, particularly new people or those with more complex needs. Care and therapy staff built upon that support day to day.

People were treated with dignity and respect. Staff were careful not to enter rooms without permission and spoke to people respectfully.

## Is the service responsive?

### Our findings

Care plans were detailed and captured the information needed to respond to people's needs effectively. People's conditions and clinical needs were identified, and therapy assessments completed.

The care plans were devised in consultation with people and their families, following detailed assessments by the clinical team. People's care was therapy led because people had a variety of neurological conditions and were at the service for rehabilitation. On admission, a key therapist was allocated. They arranged a welcome meeting in first few days of admission with the person and/or their family. Staff understood that it was important to manage people's expectations about their recovery and they found out what people knew and understood about their condition. They then explored what was important to the person in order to start and forming goals. and completing assessments about how people were able to function. Around the third week from admission, they met with people again and started goal setting. Some of these goals were within a time frame set by the commissioner of the person's service so were time limited.

Care plans and risk assessments were reviewed at least once a month by the clinical team and where changes were necessary these were clearly recorded. One relative told us, "The service is responsive to my [relative]'s needs, and we regularly (every six weeks) review my [relative's] progress in a multi-disciplinary team style approach, including the family to plan the next stages. This is excellent." We attended a multi-disciplinary meeting and saw that each person's progress against their goals was discussed in detail.

People's activities were discussed with them by the therapy assistant and a plan was devised. These activities formed part of people's rehabilitation. One relative told us that it would assist them if external appointments could be communicated verbally, so that they were clear about what the appointment was for and could attend if they wished.

Families also received a service from the provider. One person's relative told us their family had been supported throughout their relative's stay at the service. This supported the family and the person's wellbeing.

There was a complaints policy and procedure for people to follow. Since the last inspection there had been one complaints, which had been dealt with in line with the provider's policy. The provider had responded by letter to the complainant and the person was satisfied with the responses they received.

## Is the service well-led?

### Our findings

Woodlands is a rehabilitation service run by the Christchurch Group (winners of Complex Care provider of the year 2018 at Health Investor Awards) and a Headway Approved Provider 2017-19. Headway is a brain injury charity. The Christchurch Group website states their aim is 'to empower people to access and benefit from occupational, social and educational pursuits, and achieve full participation and inclusion in community life', which is what we observed happening at Woodlands Neurological Rehabilitation Centre during the inspection. The website described them as a specialist provider and feedback confirmed this was the case.

There was a registered manager employed at the service. 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.

Staff worked as a team for the benefit of people at the service and there were clear lines of responsibility. The registered manager was supported by a deputy manager, a therapy operations manager and a clinical lead consultant.

The provider was proactive in working with other partners and supporting staff development. The consultant supervised medical students on placements from York and Hull medical school. The assistant clinical dean told us, "We only send students out (to Woodlands) if they can gain experience not available in hospital. This assists medical students to understand care of patients outside an acute setting and gain an understanding of multi-disciplinary teams. This is an important and well-run facility."

Staff referred to the service as being, "One big happy family." They described managers as being, "Very approachable and easy to talk to." This was empowering for staff. They told us they were proud to work at the service, and this was clear during the inspection.

There was a quality monitoring system in place which identified areas for improvement. The system would benefit from more clarity around who was responsible for any actions and when they had been completed. However, the daily oversight of people's care, environment and equipment meant that this had no impact on people.

People had opportunities to express their views. They had regular meetings where they could discuss a variety of issues and gave feedback. Staff meetings were also held regularly and staff were able to share ideas and insights.

The service worked closely with other healthcare professionals to ensure good outcomes for people. In addition, the manager, consultant and therapists had built links with professionals and their counterparts at York Hospital to seek advice and share practice. The service was a member of the Independent Care Group and had joined the Specialists in Long Term Ventilation at Home group. This enabled them to access

legislative changes and good practice guidance.

One relative told us, "All the staff and management always have time and present a relaxed friendly environment. Nothing is too much trouble."