Active Neuro Limited

# Hothfield Brain Injury Rehabilitation and Neurological Care Centre

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

| | |
|---|---|
| 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? | Good |

# Summary of findings

## Overall summary

About the service
Hothfield Manor Acquired Brain Injury Centre is registered as a care home with nursing and as a rehabilitation service for 32 older people, younger adults and people with a range of acquired brain injuries and neurological conditions.

The service was separated into two parts. People staying in the Neurological Rehabilitation Unit (NRU) were usually admitted directly from hospital after treatment for traumatic range of acquired brain injuries, along with some neurological conditions (non-degenerative) and spinal injuries. They generally stayed for 12 weeks when they worked intensively on developing their independence with support from nurses, physiotherapists, occupational therapists, psychologists and technicians.

People living in The Manor stayed for longer and some had made it their home. Others continued to progress their recovery from brain injuries with the intention of moving on.

At the time of the inspection 18 people were receiving care at the NRU and 10 people lived at The Manor.

People's experience of using this service and what we found
Information to support staff with how and when to administer 'when required' (PRN) medicines was not always in place in The Manor. When staff were hand-writing medicines onto the administration records there was often no authorising signature or witness signature to ensure the prescriber's, intentions were followed. We have made a recommendation around this. However, the service had systems and processes in place to safely store, administer and record medicines use. Staff were knowledgeable about people's needs around medicines and worked to support independence where possible.

Staff contributed to the development of best practice and good leadership. Learning took place and changes were made to how care was delivered when needed. There were a whole range of health care professionals who worked at the service that ensured staff were up to date with best practice and current guidance. Comprehensive training was provided to all staff.

Staff demonstrated a real empathy for people they cared for. Staff involved and treated people and relatives with compassion and kindness. People's preferences likes and dislikes had been taken into consideration and support was provided in accordance with people's wishes. People's privacy and dignity were respected and promoted when personal care was undertaken.

People were able to alert staff when they needed to and there were sufficient numbers of staff available to support them. All the health care professionals had to ensure that they remained fit to practice. 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.

The service had a strong, visible person-centred culture and was helping people to express their views so they understand things from their points of view. People, relatives and staff were involved in the running of the service.
For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update
The last rating for this service was good (published 24 February 2020).

Why we inspected
This was a planned inspection based on the previous rating and concerns we received about the management of medicines.

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?

**Requires Improvement**

The service was not always 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.

# Hothfield Brain Injury Rehabilitation and Neurological Care 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
The inspection was carried out by three inspectors (one being a medicines inspector) and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
Hothfield Manor is a care home with nursing care. 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. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
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. At the time of our inspection there was a registered manager in post. They were present during the inspection.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
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 reviewed information we had received about the service since the last inspection. We reviewed the information of concern we had received to ensure we focused on the appropriate areas during our inspection. We used all this information to plan our inspection.

During the inspection
We spoke with five people and five relatives of people using the service. We spoke with 10 staff including the registered manager, a senior manager, a nurse, activity staff, the chef, an occupational therapist, a physiotherapist and carers. We reviewed information held in seven people's care plans, three staff recruitment files, medicines records and other records related to the running of the service. This included minutes of meetings and audits. We received feedback from eight health and social care professionals and two independent advocates of people.

Requires Improvement

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has remained requires improvement. This meant some aspects of the service were not always safe around the management of medicines.

Using medicines safely

- At the previous inspection we made a recommendation around the safe management of medicines. At this inspection we continued to find concerns.
- People received their medicines as prescribed. Medicines were administered at set times of the day using a paper-based system which usually supported staff to follow the prescriber's intentions.
- However, people prescribed 'when required' (PRN) medicines did not always have appropriate or up to date PRN protocols in place. These documents support staff to know how and when to administer medicines to a person. When a PRN medicine was administered staff did not record why the medicine had been given or if it had had the desired outcome. Since the inspection the provider has updated their medicines policy to include the use of PRN protocols and clearer record keeping around use.
- Medicines were usually stored safely and securely. However, temperature monitoring of medicines stored in people's rooms was inconsistent and sometimes recorded above the maximum recommended temperature. We could see no evidence of action being taken when this occurred. We could not be assured that medicines were being stored in line with the manufacturers recommendations to ensure it remained suitable for use. Since the inspection the registered manager has confirmed staff are now recording the temperatures.
- Hand-written amendments to people's administration records often had no authorising or witness signature alongside the prescription. We could not be assured that these were being completed in line with the providers policy or the prescriber's instructions.
- The service did not often record people's preferences when it came to how they wanted their medicines to be administered. There was no record of how they liked to receive their medicines or what staff could do to meet their individual needs and goals.
- People prescribed paraffin-based skin products did not have any individual fire risk assessments in place to ensure they were kept safe from a risk of exposure to fire.

We recommend the provider ensures that documents to support the safe and effective use of 'when required' medicines are in place for all prescribed PRN medicines and the service should ensure any amendments to MAR charts are signed and are following the prescriber's intentions.

- After the inspection the registered manager told us they had taken steps to address the shortfalls. They said, "I have reviewed how we can mitigate the gap in assurance oversight for medication." They told us a Head of Nursing had been recruited and in the interim they had allocated a nurse to focus on the audit of medicines.

Systems and processes to safeguard people from the risk of abuse

● People told us they felt safe with staff. One person said, "I am never worried about staff, I know them quite well. All really nice." A relative told us, "They [staff] are really nice people, I have no concerns".

● The registered manager ensured staff understood safeguarding procedures and what to do if they suspected any type of abuse. There were a lot of people at the service who were unable to verbally communicate, and staff ensured they looked for signs of any abuse occurring. One member of staff told is, "I would ensure the patients' safety. We can whistleblow, the numbers are everywhere. The benefits of a small unit is that we have a good ratio staff to patients, so we pick up on things."

● There was a safeguarding and whilstleblowing policy in place and staff had received training in safeguarding people. The registered manager reported any concerns to the local authority safeguarding team where necessary.

Assessing risk, safety monitoring and management;

● Assessments were undertaken to identify risks to people. People and relatives felt risks were managed well and that staff encouraged people to take risks whilst maintaining their safety. A relative said, "They give him hard challenges, but he likes a variety of things to do. He's progressing." A member of staff told us, "We had a patient who chose to sleep on a mattress on the floor. It was about weighing up skin risk and moving and handling risks."

● Staff used hoists, slings and sliding sheets (manual handling aids) to transfer and reposition people. Each person was assessed by the physiotherapist to ensure that they had the correct slings and each person had their own slings.

● Comprehensive assessments and action plans were in place to manage the risks identified. Staff were knowledgeable around the risk associated with people's care. One member of staff told us, "We can look at care plans in the nurse's office and have a handover printed out every morning. It includes people's individual's needs, medication, fluid levels etc."

● The risks associated with people's behaviours that may challenge were managed well by staff. One member of staff told us, "There are a few clashes of personality. We've done breakaway training to learn how to diffuse situations."

Learning lessons when things go wrong

● Where accidents and incidents happened there were actions in place to reduce risks of them reoccurring. All incidents and accidents were recorded electronically on the service 'Datix' (electronic) system. These were then reviewed by the registered manager and any actions were recorded and followed up.

● We saw examples of incidents where actions had been put in place to reduce further risks. For example, one person had become unwell due to the foods they were eating. Further guidance was provided to the person on the types of foods that were better for them. Another person had attempted to get out of bed but fell. Although no injury occurred to the person the therapy team spoke with person about them needing to gain more strength before independently getting out of bed.

● In addition to the registered manager, the therapy team would also review incidents of falls. One therapist told us, "I look back through care notes, speak to the carers to get anecdotal information. Chat to the patient, look at their MARs, look at (the electronic record) looking for themes and trends." A member of care staff told us, "Nurse and therapists tell us about any changes." A health care professional fed back, "Hothfield advise us of any admissions in acute hospital and any incidents or accidents that impact on patient safety or changes in the care plan."

Staffing and recruitment

● People told us there were enough staff to meet their needs. One told us, "If I need staff, I get to see them." A relative said, "No concerns, no" regarding staff keeping her family member safe. Another said, "When

[family member] rings his buzzer he's answered promptly." Another said when their relative needed help, "They(staff) were in there within seconds."

● We observed there were sufficient staff to keep people safe in both 'The Manor' and NRU. However, staff at 'The Manor' felt they could do with an additional member of staff. Comments included, "We just don't get time to sit and chat to people" and "We can't see to everyone's needs when they want us too. We are too busy trying to look after people to spend some social time with them." We fed this back to the registered manager who told us, "The organisation and arrangement of tasks and time to do these, is something we can look at."

● Staff on the NRU told us there were sufficient staff to support people. Although they acknowledged that last minute staff absence can have an impact. One member of staff said, "When we are short, we manage, the nurses help and if really stuck the physio will get involved too."

● The registered manager told us they were actively recruiting and using consistent agency staff in the interim. A relative told us, "The agency staff are very well briefed, they're given the notes to read."

● Appropriate checks were undertaken before staff began work. We noted criminal records checks had been undertaken with the Disclosure and Barring Service (DBS). This meant the provider had undertaken appropriate recruitment checks to ensure staff were of suitable character to work with vulnerable people. There were also copies of other relevant documentation including full employment histories, professional and character references and clinical staff qualifications.

Preventing and controlling infection

● We were assured that the provider was preventing visitors from catching and spreading infections.

● We were assured that the provider was meeting shielding and social distancing rules.

● 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 accessing testing for people using the service and staff.

● 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.

Visiting in care homes

● The provider was facilitating visits to people living at the home in accordance with current guidance. We observed visitors at the service during the inspection.

Good

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained 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

- Pre-admission assessments provided information about people's needs and support. This was to ensure that the service was able to meet the needs of people before they moved in. Staff gathered information at the time of referral from different sources in planning the person's care. A relative told us their family members admission had been like a "Military operation, he had everything he needed very quickly."
- The registered manager told us the therapists would do the initial assessment. They gathered the person's medical history and the progress they had made since their brain injury. Staff then used this information to plan rehabilitation goals. A health care professional told us, "Their assessments and identification of rehab goals are very informative and well considered."
- Health care professionals fed back about the assessments of people's needs. One told us, "Assessments reports contain all the required information and acceptance or not of the referred patient for admission is clearly communicated."

Staff support: induction, training, skills and experience

- People and relatives fed back that staff were competent and sufficiently trained. Comments included, "I've been very happy with Hothfield, they're (staff) very knowledgeable" and "I am happy with everything there, they're (staff) attending to his needs, the physio is excellent." A health care professional told us, "There is a good therapy team with regular dedicated staff."
- Staff had the qualifications, skills, knowledge and experience required to provide the most appropriate care to people. Before staff started work at the service, they underwent a detailed induction into the service. A member of staff told us of the induction, "Induction week shadowing a member of staff and I picked it up, it was reassuring, and I grew in confidence." Another said, "Really good induction. I had a two-week induction and online e-learning. I then shadowed different staff around the service."
- Each staff group working within their specialities, for example therapists and clinical staff, did so within their code of practice and conduct. Care staff had received appropriate support that promoted their professional development and assessed their competencies.
- Nurses had to revalidate periodically to prove their skills were up-to-date and they remained fit to practice. Other health care professionals working at the service had to be registered with the Health and Care Professions Council (HCPC) including physiotherapists and occupational therapists.
- The clinical supervisions were being undertaken by a member of the providers clinical team. However, the registered manager told us a, "Head of Quality and Nursing is due to start in September." They said they would take over the clinical supervisions.

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

● People's rights were protected because staff acted in accordance with MCA. We observed staff asked people's consent before delivering any care. All staff had received MCA training.
● We saw assessments had been completed where people were unable to make decisions for themselves. These assessments were specific to particular decisions that needed to be made. Records showed staff ensured family members were involved when the 'best interest' decision was made on the person's behalf about their care and support.
● Therapy staff told us these assessments of capacity were reviewed. One told us, "We need to review that, understanding their discharge needs. People have a significant and traumatic event without warning so it's important they have a clear understanding of the life moving forwards."
● DoLS applications had been completed and submitted to the local authority in line with current legislation. People who were not subjected to a DoLs were not restricted in any way.

Supporting people to eat and drink enough to maintain a balanced diet
● People told us they liked the food at the service. Comments included, "The food is really good, we get a good choice" and "It's alright actually, really good. They come in each day and ask what you want. There's always a range." A relative said, "The food is good."
● Nutritional assessments were carried out as part of the initial assessments when people moved into the home. These showed if people had specialist dietary needs. For example, where people required a softer diet to reduce the risk of choking this was in place.
● Some people were unable to eat orally when they first arrived at the service. Through intensive work with staff and relatives some of these people were now able to take food and drink orally. A relative told us, "He's now eating two meals a day. Staff are doing a good job and they are giving him extra 600mls water, (due to the heat) they are good at getting him to drink".
● The chef was given information about people's dietary needs. They told us, "We have all the different levels (of food textures) recorded and staff update us as people's needs changed – going up or down a level."
● Care staff knew the importance of assisting people with their nutrition and hydration. One carer told us, "We complete daily sheets and record every drink. We refresh drinks regularly. A lot of people eat in the dining room so we can check the plates. If they weren't eating enough – I'd ask them what was wrong and tell seniors."

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
● People and their relatives told us that internal and external health care professionals were always on hand for support that had a positive impact on the person's recovery. A relative told us, "When I was concerned about [family members] right foot, the nurse arrived very quickly to have a look at it." Another told us,

"Hothfield, it's really well organised, [family member] had hospital appointments. I sent them all in and they (staff) dealt with it quickly, they are all in his timetable now." A health care professional told us, "They are good, a well organised team."

● Staff at the service communicated effectively to ensure the best delivery of care. There were teams at the service consisting of care staff, nurses, OTs, speech and language therapist, physiotherapist and a psychologist specialising in acquired brain injury. They attended multi-disciplinary meetings to propose the most appropriate care for people. They involved external health care professional support when needed. One health care professional told us, "The individual therapists all appear professional and motivated, and the ethos is very patient focussed."

● People living in the long-term residential section of the service had access to the internal health care professionals. In addition, they were supported with appointments with the GP, opticians, dentist and consultant appointments. One health care professional fed back, "If they have any issues, they call to get some advice."

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

● The environment was purpose built and enabled people with reduced mobility to access all areas , for example by including handrails and wide corridors.

● We observed therapy staff supporting people in the corridors assisting them to build up their strength with standing and walking. People had specialist walking aids and wheelchairs to assist them.

● The service had a specialised gym, hydro pool and adapted kitchen with low counters that assisted people in their recovery journey.

Good

# 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

At the last inspection this key question was rated as good. At this inspection this key question has remained 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 and relatives were complimentary about the caring nature of staff with comments including, "The care staff are absolutely lovely, so caring" and "I think staff are really nice, I have my door open all the time." Staff wander past and ask If I'm alright."
- . Staff showed concern for people's wellbeing in a caring and meaningful way, and they responded to their needs quickly. During interactions we observed staff always approached people with gentleness, patience and kindness. We observed a member of staff ask a person what drink they wanted. The person struggled with their words. The member of staff encouraged them to take their time. The person appreciated this and without feeling pressured was able to respond.
- Relatives told us it was important for them to also have emotional support as well as their family member. A relative told us that staff from the service stayed at hospital with their family member; "well past her shift hours." When the person was admitted back to the service the relative said, "Hothfield (staff) rushed to shower her, gave her pain relief and creams", and added, "It was the first time she [family member] smiled in a while. They're very caring."
- Staff respected people's faiths and cultural backgrounds. One member of staff told us, "I consider the cultural needs of people and whether they may want to have therapy in the gym rather than the communal areas."
- Staff fed back their caring attitude towards people and we saw this in practice. One member of staff said, "I like to think I am a caring person, with a bubbly personality. I am always checking up on people and looking after them." Another said, "I treat everyone how I'd want to be treated."

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us staff were consistent in ensuring people maintained and developed their independence where they could. One relative told us, "They've (staff) really tried all sorts of things to get him going, now he can make a cup of tea."
- Staff encouraged independence in people irrespective of their conditions and this was a feature in all the care of the people at the service. Staff encouraged people to do things rather than assume they could not do them. A member of staff told us, "With showering, it's easy enough to just do it but if they are able to do their face. Any part they can do, they will be encouraged to do." Another said, "If I know there is something, I know they can do. I don't want them to stop, so I will encourage them to do it for themselves."
- People were treated with dignity and respect. When staff were supporting people with their therapies in the corridors, they went into a room away from other people when they had completed this. One therapist told us, "We do the feedback a bit away from everyone."

● When people were supported with personal care staff approached the person and discreetly asked them if they needed support. A member of staff told us, "If someone needed to go to the toilet, I would speak with them quietly, so not everyone could hear."

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

● We observed good interactions between people and staff who consistently took care to ask permission, where appropriate, before intervening or assisting. Consequently, we saw people expressed their needs and received appropriate support.

● We observed people expressing how they wanted their care to be delivered. One person told us they wanted to have more solid foods. A member of the therapy team discreetly approached the person and suggested they try some solid food in the person's bedroom. The person told us they were really happy with this.

● People had access to independent advocates who supported them with decisions about their care. One advocate fed back they were no barriers in place at the service when they needed to visit the person. Another told us, "The staff have always shown that they know the individuals well."

● People were able to personalise their room with their own items. In The Manor each room was homely and individual to the people who lived there.

Good

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has remained 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 or their relatives were involved in developing their care and support plans. Care plans were personalised and detailed daily routines specific to each person. People and relatives fed back how the care and treatment provided by staff impacted their lives. A person told us, "I have three (therapy) sessions a day, very useful. I've improved a lot since I've been here." Comments from relatives included, "The physio has done everything in stages, now he can walk and do things himself" and "The therapists have been brilliant, her speech was a whisper and now she speaks again."

● A member of the therapy team told us, "We treat care therapeutically, patients may not be able to follow certain instructions, so I build it into something they know for example football, history or I bring out a balloon. In the hydro pool people are receptive to doing the smaller things." A relative fed back, "Hothfield is turning everything around for [person]…. he feels more empowered now."

● There were care records which outlined individual care and support. For example, personal hygiene (including oral hygiene), medicine, health, dietary needs, sleep patterns, emotional and behavioural issues and mobility. Any changes to people's care were updated in their care records to ensure staff had up to date information. Staff always ensured that relatives were kept informed of any changes to their family member. A relative said, "They (staff) ask for feedback in the interim meeting, they have a meeting every six weeks for feedback." A health care professional told us,"I have always found staff to be responsive to emails and keep me up to date with progress."

● Staff we spoke with knew people well and were familiar with people's background history and things that mattered to them. One member of staff said, "Seeing the photos of (person) family and knowing how much they mean to them."

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 who lived in The Manor had a dedicated activity coordinator. However, as the activity coordinator took one person out this left people who remained at The Manor with very little to keep them occupied. One person told us, "I sit here drinking tea and watching television." However, the registered manager told us, "We recognise that having a specific allocated activity coordinator is beneficial. We will be exploring if we can add an additional role in order to provide more hours specific to activity."

● The activity coordinator told us, "I do a monthly plan, but I don't always stick to it because people don't always need to do what I've planned. Three times a week we take people out. The therapy team helps once a week, so it means we can take two people out. It means that over a two-week period everyone has gone out." People told us they enjoyed going out.

● People on the rehabilitation unit had therapy sessions each day. A member of staff told us "Most get very

tired and so they will probably go and sit in the armchair or bed until their next session." For those who wished so there was a singing club which we saw people participated in. One person told us, "I go to singing club. I enjoy that." A relative said, "He (family member) has everything, physio, OT and Speech and language (therapy), they do hydro and singing classes."

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.

● Information was provided to people in a way they could understand. Important documents presented information in an accessible way. There were leaflets explaining how to contact support groups for people with brain injuries.
● Staff considered people's individual needs and communicated with people in ways they understood.
● Communication guidance was in each person's care plan. One person's stated to support person, staff were to reduce background noise; make sure you give plenty of time to the conversation they do not ned to rush and to clarify information with them if you are not sure. One member of staff said, "With [person] you need to use short sentences." They told us they needed to give the person time to formulate their words. We saw this in practice.

Improving care quality in response to complaints or concerns
● Complaints and concerns were taken seriously and used as an opportunity to improve the service. Relatives told us they would not hesitate to raise a concern and were confident it would be responded to. One told us they had raised a complaint about the food, and this was responded to and improvements were made.
● We reviewed the concerns and complaints records. All had been investigated and responded to. There was a complaints policy in place which was accessible to people and their relatives.
● Staff supported people to raise complaints with one member of staff saying, "If they want to complain, I would shut the door and ask them for more information." They told us they had recently reported a complaint to the registered manager from a person. The member of staff said this was acted on straight away.

End of life care and support
● Information in the care plans included people's spirituality, religion, what family they wanted around them and where they wanted to be at the end of their life.

Good

# 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.

At our last inspection we rated this key question good. At this inspection the rating has remained 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

- The provider organisation's values and ethos were clear and effectively translated from the senior management team to all staff who worked there. Comments from staff included, "Our patient outcomes are the most important. We have patients come to us with significant impairments, both cognitively and physically, so it's so important to make that person feel at home", "I love meeting people, and everyone is different and to see them go home is wonderful. It's an emotional job" and "I think we are really privileged with the time we can spend with people."
- People and relatives were complimentary of the registered manager and the management team at the service. Comments included, "A very nice lady", "The manager has been brilliant", "Communication is good, if I e-mail, they reply very quickly and if (registered manager) doesn't know (the answer) they get back to me."
- A health care professional told us, "My experience so far is that the team is very organised and keeps good communication with me and family. They all seemed very professional and patient orientated. A really nice experience working with them so far." Another said, "I can definitely say that [registered manager] is a very good leader who knows the customer, their needs and aspirations." A third said, "[Registered manager] is good and has a good grip on clinical matters."
- Staff at the NRU fed back positively about the leadership at the service. Comments included, "I think [registered manager] as a manager is fantastic" and "[Registered manager] door is open literally and figuratively." However, staff at The Manor felt there was at times a lack of manager's presence. They felt they could approach the management team but would like to see them more at the home. We fed this back to the registered manager who told us, "It is recognised that whilst we recruited this did reduce the oversight in the Manor but will be quickly improved once the Head of Nursing starts in two weeks' time."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 provider and the management team undertook audits to review the quality of care being provided. These included audits of people's skin integrity risks, falls, infection control audits, and health and safety audits. Actions plans were recorded and followed up on. In addition, there were clinical governance meetings where discussions took place around safety, effectiveness of care and patient experience.
- The management team ensured they had shared information with relatives regarding unsafe care and service users being harmed whilst receiving support with regulated activities. We saw a letter to a relative

where apologies had been made around one aspect of care and actions were taken to ensure this did not happen again.
● Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The registered manager had informed the CQC of significant events including incidents and safeguarding concerns.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics;
● There were systems in place to gain feedback from people. There were monthly resident forum meetings with people from both facilities. Discussions took place around meals, the environment and activities.
● Relatives were asked for regular feedback in relation to their family members care. One relative said, "Communication is good, and we have regular meetings." Another said they received a report on their family members care, "There was a lot of information, I felt well informed." A third told us, "I spoke with the quality manager. He asked me lots of questions, he sought me out to ask about my [family members] care."
● The registered manager and management team ensured all staff felt engaged and involved in the running of the service. There were regular staff meetings and staff were encouraged to discuss ideas for improvements with their peers. One member of staff said, "We have weekly meetings to check through everyone (people) and in the middle of last month we had an all-staff meeting." Another told us, "I have creative freedom. In our small unit, everyone is as important."

Working in partnership with others; Continuous learning and improving care
● The registered manager and staff were always looking at ways to drive improvements. For example, one member of staff told us when referring to new equipment to support people, "It's good to talk about the risk to see if exciting or too risky." They told us they were able to order a new piece of equipment for the gym.
● One health care professional told us improvements were made for when they were visiting the service to see people. They said, "Initially I saw all of the MDTs (Multi-Disciplinary Team) but then there was no time to visit the patient." They said now it was just the nurse and one therapist which worked better.
● Staff worked closely with partner agencies and external professionals. There were links with the local GP surgery, the local authority and hospital social care teams.
● Health care professionals were complimentary about the joint working they undertook with the service. One told us, "From my experience, the registered manager is very responsive and has thorough knowledge about [person]." Another said, "We have had some extremely positive results with patients that we have placed there."