We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

The East Midlands Centre for Neurobehavioural Rehabilitation

Warwick Road, Melton Mowbray, LE13 0RD

Date of Inspection: 08 November 2012

Date of Publication: November 2012

We inspected the following standards as part of a routine inspection. This is what we found:

- Respecting and involving people who use services: Met this standard
- Care and welfare of people who use services: Met this standard
- Safeguarding people who use services from abuse: Met this standard
- Requirements relating to workers: Met this standard
- Assessing and monitoring the quality of service provision: Met this standard
## Details about this location

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<th>Registered Provider</th>
<th>Castlebeck Care (Teesdale) Limited</th>
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<td>Overview of the service</td>
<td>The East Midlands Centre for Neurobehavioural Rehabilitation (also known as Warwick Lodge) accommodates fifteen people and provides psychiatric treatment, specialist rehabilitation, and support to people who have behavioural and psychiatric disorders caused by a brain injury. The centre accepts both men and women over the age of eighteen including those with an associated physical disability.</td>
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<td>Regulated activities</td>
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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 8 November 2012, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service and talked with staff.

What people told us and what we found

People told us they thought the care was good at the service. One person told us the physiotherapy they'd had had significantly increased their mobility. Another person said they had not been happy with their medication so the staff had referred them to a consultant to get it looked at.

One person explained how the staff were helping them to achieve their goals. They told us, "My long term plan is to get my own flat and the staff here are helping me with this. I do my own cooking, cleaning and washing and the staff are assessing me to see when I'm ready to move on."

People said they felt safe at the service and trusted the staff. One person told us, "If I had a complaint I'd go to any member of staff." Another commented, "There's plenty of people to tell here if you're not happy about something – the manager, the nurses, the care staff, anyone really – they're all good people."

People told us they were consulted on all aspects of how the service was run. They said they contributed in one to one discussions with staff and at group meetings, and their relatives/representatives were also consulted.

People said they thought the unit was well-run. One person said, "The new manager is very good and things have improved since she's been here." Another commented, "The manager is thorough and on the ball. She came to see me and asked if I was happy with everything."

You can see our judgements on the front page of this report.
More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.
Our judgements for each standard inspected

Respecting and involving people who use services  ✔ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

The people who used the service were taking part in different activities when we visited. These were either recreational, or designed to equip people with the skills they needed to move towards independent living. One person told us, "Sometimes I can do what I want and sometimes I have to stick to my programme. That's because I want to get my own flat and the staff are assessing me to see if I will be able to cope."

Records showed that people were offered the choice of a wide range of both one to one and group activities. These included cooking, shopping, music, a communication group, playing pool, swimming, walking, and going to the gym. During the inspection we observed that staff encouraged people to be active and take part in activities but ultimately it was their choice what they did.

All the people we spoke with said they could choose their meals, activities and daily routines. They all said they liked to get out and about and staff helped them to do this. One person told us, "At first I went out with the staff but now I go on my own. I've really come on since I've been here and I feel much happier and more optimistic about my future." Another person said, "The food is 'swings and roundabouts' but there is a choice at every meal. If we have curry, which I don't like, I have a jacket potato instead."

The care plans we sampled provided evidence of people being involved in decisions about their care and support. People had been consulted at every stage of their assessment, and throughout their care planning and risk assessment process. One person told us, "I've got two reviews coming up to see how I'm getting on here. I go to all my reviews and people do listen to me. It's my chance to say what I want from this place."
Care and welfare of people who use services  

Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

People told us they thought the care was good at the service. One person told us the physiotherapy they'd had had significantly increased their mobility. Another person said they had not been happy with their medication so the staff had referred them to a consultant to get it looked at.

One person explained how the staff were helping them to achieve their goals. They told us, "My long term plan is to get my own flat and the staff here are helping me with this. I do my own cooking, cleaning and washing and the staff are assessing me to see when I'm ready to move on."

We looked in detail to the care provided to two of the people who used the service. Records showed they were assessed prior to being admitted to the service and the assessment process continued as they settled in. From this process care plans and risk assessments were developed to inform the staff and other professionals of their care and treatment needs.

Care plans were person-centred in that they helped to ensure people received individualised care that promoted their independence and choice. Their personal preferences were clearly stated and there was evidence of consultation with their families and/or the significant others in their lives. Instructions to staff on how to best care for people were clear and informative and staff told us they were based on current best practice for the care of people with acquired brain injuries.

A multi-disciplinary approach was taken and staff at the service worked closely with other health and social care professionals to help ensure that all of a person's needs could be met.

People's general health needs were assessed and met. Records showed they were referred to health care professionals, for example chiropodists and opticians, where necessary. People were encouraged to exercise and eat healthily. The service had its own gym and people were also encouraged to walk in the grounds or further afield.

Mental Capacity Act assessments were in place where necessary and people who were...
detained under the Mental Health Act had had their rights explained to them and this was documented in their care plans. This helps to ensure people are treated fairly and do not have their liberty unnecessarily restricted.
Safeguarding people who use services from abuse  ✔ Met this standard

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People told us they felt safe at the service and trusted the staff. One person told us, "If I had a complaint I'd go to any member of staff." Another commented, "There's plenty of people to tell here if you're not happy about something – the manager, the nurses, the care staff, anyone really – they're all good people."

There were comprehensive policies and procedures in place to help prevent the risk of abuse. All staff had ISA (Independent Safeguarding Authority) and Enhanced CRB (Criminal Records Bureau) checks prior to starting work at the home. This helps to ensure they are fit to look after vulnerable people.

All staff, including ancillary staff, had been trained in safeguarding (how to protect the well-being of vulnerable adults and what to do if appropriate action isn't taken). The staff we talked with understood their responsibilities in this area and knew who to tell if they were concerned about the well-being of any of the people who used the service. The provider also has their own 'whistleblowing' phone line and staff could use this if they witnessed anything untoward and, for any reason, didn't feel able to raise it within the service.

The people who used the service were encouraged to speak out if they had any concerns. The monthly patients meetings provided a forum for this. People could also approach any member of staff at any time if they were dissatisfied the service. Advocates visited the home weekly to meet with the people who use the service and offer them support and advice. If people wanted to raise a concern the advocates could help them do this.
Requirements relating to workers

People should be cared for by staff who are properly qualified and able to do their job

Met this standard

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

People told us they got on well with the staff team. One person told us, "The staff are great – I feel I can talk to them." Another person said, "The staff are nice and polite and willing. They understand me and are trying to help me."

We observed that relationships between staff and the people who used the service were good. All staff, including ancillary staff, communicated well with the people who used the service and were skilled in dealing with their requests.

The service employed a specialist staff team which included nurses, care workers (known as 'rehabilitation assistants), physiotherapists, and psychologists. Staff worked together to provide an individual programme of care and rehabilitation to each of the people who used the service. All the staff members we met were knowledgeable about the needs of the people they cared for and committed to providing them a good service. One staff member told us, "Everybody who works here does so for the right reason. We're all here for the patients."

There were enough staff on duty to enable the people who used the service to take part in a range of community activities or stay in the home depending on what they wanted. Most staff worked 'long' (12 hours) shifts as opposed to eight hour shifts. This way of working was chosen by the staff by ballot. One staff member told us this worked better for the people who used the service as it gave them more continuity of care.

Prior to this inspection CQC received an anonymous concern that staff morale in the unit was low. We discussed this with both management and staff. The operations manager told us the provider had recently reconfigured some local services and this had been stressful for some staff members. However the process was now complete and staff were in a more stable situation. The operation manager also said staff morale had improved since the new manager was put in post as she made a point of talking to them and keeping them informed of the progress of the service. Staff confirmed this was the case. One staff member told us, "I'm very happy working here now, we have a good staff team and the manager is supportive."

Records showed staff had had extensive statutory and service-specific training to help ensure they had the knowledge and skills they needed to work for the service. If people...
were admitted with specific needs the provider arranged for staff to have appropriate training. For example, staff had recently had training in sensory impairment to assist them in their work with one of the people who used the service.

Since the last inspection formal staff supervisions and appraisals had not always gone ahead as planned. However the new acting manager was getting these back on track and in the process of planning a full programme of supervision for all the staff who worked for the service. The provider may find it useful to note this and take steps to ensure staff are properly supervised so they have the support they need to work in what is sometimes a challenging environment.
Assessing and monitoring the quality of service provision

Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

People told us they thought the unit was well-run. One person said, "The new manager is very good and things have improved since she's been here." Another commented, "The manager is thorough and on the ball. She came to see me and asked if I was happy with everything."

The people who used the service were consulted on all aspects of how it was run. They contributed in one to one discussions with staff and group meetings, and their relatives/representatives were also consulted. One person told us, "We have weekly meetings but I don't go so the staff come and see me before them and ask me what I want to say." People who needed help to give their views were assisted by staff or independent advocates.

The premises were of a high standard being spacious and comfortable. They were accessible to people with limited mobility and uncluttered to make them safer for those with visual impairments. The operations manager told us that following a request from visitors a spare bedroom had been turned into a visiting room so the people who used the service could see their relatives and friends in private.

Since we last inspected the unit's kitchen had closed and food was being brought in from another unit on the same site. Staff told us there has been some “teething problems” with this arrangement, for example meals hadn't always arrived on time and some people felt there was less choice. In response to these concerns the operation manager said specialist catering advisors had been asked to assess the quality of the food and advise on how best to improve it.

The systems in place to monitor the overall quality of the service included monthly 'quality assurance' checks carried out by the operations manager, and monthly manager’s meetings. Clinical governance meetings were held locally, regionally, and nationally, to look at all aspects of the service including complaints, compliments, and untoward incidents. Records from these meetings showed staff taking action in response to any issues that arose.
We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.
### How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

<table>
<thead>
<tr>
<th><strong>Met this standard</strong></th>
<th>This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.</th>
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<tbody>
<tr>
<td><strong>Action needed</strong></td>
<td>This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.</td>
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<tr>
<td><strong>Enforcement action taken</strong></td>
<td>If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.</td>
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How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

**Minor impact** – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

**Moderate impact** – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

**Major impact** – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly.

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.
Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

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<th>Essential Standard</th>
<th>Outcome/Regulation</th>
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<td>Respecting and involving people who use services - Outcome 1 (Regulation 17)</td>
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<td>Consent to care and treatment - Outcome 2 (Regulation 18)</td>
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<td>Care and welfare of people who use services - Outcome 4 (Regulation 9)</td>
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<tr>
<td>Meeting Nutritional Needs - Outcome 5 (Regulation 14)</td>
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<td>Cooperating with other providers - Outcome 6 (Regulation 24)</td>
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<td>Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)</td>
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<td>Cleanliness and infection control - Outcome 8 (Regulation 12)</td>
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<td>Management of medicines - Outcome 9 (Regulation 13)</td>
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<td>Safety and suitability of premises - Outcome 10 (Regulation 15)</td>
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<td>Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)</td>
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<td>Requirements relating to workers - Outcome 12 (Regulation 21)</td>
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<td>Staffing - Outcome 13 (Regulation 22)</td>
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<td>Supporting Staff - Outcome 14 (Regulation 23)</td>
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<td>Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)</td>
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<td>Complaints - Outcome 17 (Regulation 19)</td>
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<td>Records - Outcome 21 (Regulation 20)</td>
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Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.
### (Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term ‘provider’ means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

### Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

### Responsive inspection

This is carried out at any time in relation to identified concerns.

### Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

### Themed inspection

This is targeted to look at specific standards, sectors or types of care.