Neuro Partners Limited

Neuro Partners North East

Inspection report

2 Earls Court
Fifth Avenue, Team Valley Trading Estate
Gateshead
Tyne and Wear
NE11 0HF

Tel: 01914911735
Website: www.neuropartners.co.uk

Date of inspection visit:
01 June 2016
20 June 2016
21 June 2016

Date of publication:
29 September 2016

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

This was an announced inspection which took place over three days on the 1, 20 and 21 June 2016. The service was last inspected in June 2014 and was meeting the regulations in force at that time.

Neuro Partners North East (Neuropartners) is a provider of domiciliary care and nursing services. They provide support for people with acquired brain injury or other complex needs. Their office is located in Gateshead but they provide support across the North East and Yorkshire. There were 25 people using the service at time of this inspection.

The service had a registered manager who had been in post since 2013. 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. The registered manager advised us they were intending to de-register and appoint a new registered manager as part of a re-organisation of the management structure of the service.

We found that people's care was delivered safely and in a way of their choosing. They were supported in a manner that reflected their wishes and supported them to remain as independent as possible. Where people's needs could not be met safely or effectively, work was either declined or specific staff were recruited and trained to meet that person's needs.

Where the registered manager had identified issues relating to the quality of communication they had taken steps to ensure this issue was addressed. Staff also told us that supervisions were not happening as frequently as their policy stated. Again the registered manager was taking action to review supervision processes and ensure they were useful to staff development.

People's medicines were managed well. Staff watched for potential side effects and sought medical advice as needed when people's conditions changed. People and their family carers were supported to manage their own medicines if they wished.

Staff felt they were well trained and encouraged to look for ways to improve on their work. Staff felt valued and this was reflected in the way they talked about the service, the registered manager and the people they worked with.

People who used the service were matched up with suitable staff to support their needs, and if people requested changes these were facilitated quickly. People and relatives were complimentary of the service, and were included and involved by the staff. They felt the service provided met their sometimes complex needs.

There were high levels of contact between the staff and people, seeking feedback and offering support as

people's needs changed quickly. People and their relatives felt able to raise any questions or concerns and felt these would be acted upon.

When people's needs changed staff took action, seeking external professional help and incorporating any changes into care plans and their working practices. Staff worked to support people's long term relationships. People thought that staff were open and transparent with them about issues and sought their advice and input regularly.

The registered manager was seen as a good leader, by both staff and people using the service. They were trusted and had created a strong sense of commitment to meeting people's diverse needs and supporting staff. External professionals felt that people's needs were supported effectively by a holistic service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff knew how to identify and report potential abuse and understood people's vulnerabilities.

The service was developing its on call and emergency response ability to make it more robust. Staff were deployed effectively to support people.

Medicines were managed safely by staff when required.

Is the service effective?

Good

The service was effective.

The registered manager was taking action to ensure supervision and communication were improved.

Staff had received appropriate training to meet individual people's needs. The service worked in conjunction with other health and social care providers to ensure the staff had the right skills.

People received adequate support with nutrition and hydration where necessary.

Is the service caring?

Good

The service was caring.

People and family members told us staff were very caring and respectful.

Staff were aware of people's individual needs, backgrounds and personalities. This helped them provide individualised care for the person.

People were helped to make choices and to be involved in daily decision making.

Is the service responsive?

Good

The service was responsive.

Care plans were written in a clear and concise way so that they were easily understood.

People were able to raise issues with the service in a number of ways including formally via a complaints process.

People were supported to access local community services.

Is the service well-led?

Good

The service was well-led.

A registered manager was in place who encouraged an ethos of quality and compassion amongst staff and people who used the service.

Staff said they felt well supported and were aware of how to contact the service for support throughout the day.

The registered manager monitored the quality of the service and looked for any improvements to ensure that people received safe care.

Neuro Partners North East

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.

This inspection took place on 1, 20 and 21 June 2016 and was announced. We gave the service 48 hours' notice as it is a domiciliary service and we needed to be sure people would be available. The visit was undertaken by an adult social care inspector who visited the services office on 1 June and telephoned and e-mailed staff, people using the service and their relatives on the 20 and 21 June.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the service, such as notifications we had received from the registered provider. A notification is information about important events which the service is required to send us by law. We also surveyed five people who used the service, 20 staff, one relative and nine community professionals prior to inspection. Before inspection we contacted commissioners of the service for feedback. We planned the inspection using this information.

During the inspection we spoke with nine staff including the registered manager. We spoke or had e-mail contact with four people who used the service and three external professionals.

Three care records were reviewed as was the staff training programme. We also reviewed complaints records, four staff recruitment files, six induction/supervision and training files, and staff meeting minutes. The registered manager's quality assurance process was discussed with them.

Good

Is the service safe?

Our findings

We spoke with people who used the service and a relative and they told us they felt the service was delivered safely and that they felt safe. One person told us, "Staff always turn up as I can't stay on my own at all". Another told us, "The staff have got to know me and look after me when I am out". Another told us they felt safe with staff.

We looked at the services response to safeguarding and other safety issues and saw that the service reported all such matters externally to the local authority and to ourselves as required. We saw that a number of issues related to people's vulnerabilities, to their families or the wider community and that the service took steps to reduce these risks. Staff we spoke with felt confident they could raise safeguarding issues and they would be addressed by the service.

Care records we reviewed showed that each person's care was subject to a series of risk assessments about their environment, as well as risks due to their care needs, such as pressure areas. Each person's care plan contained details about these risks as well as what steps the service and staff were to take to reduce these risks, we saw that these decisions often involved external professionals. For example occupational therapy advice was sought about moving and handling a person who presented as high risk due to their fluctuating behaviour. We saw that these risk assessments were kept under constant review by the staff and changes made over time as required.

The registered manager told us how they had worked to improve their response to possible emergencies that may occur, mostly related to ensuring suitably trained staff were available at all times. Feedback from our survey of staff and from people told us that when staff were unable to attend calls, the staff who covered sometimes lacked knowledge of people's specific needs. The service had developed a rapid response team of two specifically trained workers to respond to staff shortages or crises in peoples care. These staff had spent time with each person and their staff team to develop an understanding of their needs so that they could be deployed quickly and have some advance knowledge of each person they may have needed to work with. We spoke with one of these staff and they were able to tell us how they had attended training to cover a wide range of needs, and were afforded the time to meet people and shadow existing staff teams as well as review care documentation. They told us this meant they felt confident they could step in as required and not affect the continuity of care offered.

We looked at the registered manager's process for responding to and learning from accidents and incidents. A number of these related to people's behaviour which challenged the service. We saw that after each such incident a thorough review took place and action was taken to learn from and update any care plans. For example, one person who placed themselves at risk had additional crash mats in place at bedtime, and rather than restrict them, staff monitored this behaviour and observed them to keep them safe. Care records showed that advice was sought from a number of external professionals before a final decision was reached to ensure it was a balanced approach. One external professional told us "Neuro Partners staff always seek out advice, take it on board and follow it through. They can reduce risks, but also understand where risk taking is healthy for that person".

The registered manager explained how staffing levels were assessed for each person based on their initial assessment of needs, then reviewed regularly alongside the staff team. Most people received one to one staffing, but at times had more staffing for particular episodes of care, such as moving and handling. Each person's care records contained details of how care was to be delivered and what competencies those staff required.

We looked at the services staff recruitment process and checked this by speaking to staff. We saw relevant references and a result from the Disclosure and Barring Service (DBS) which checks if people have any criminal convictions that makes them unsuitable to work with vulnerable people. These had been obtained before people were offered their job. Application forms included full employment histories. Two people from the service were involved in the interview process and an interview check list was used for questioning applicants to ensure a fair process was followed and to promote equal opportunities. Staff confirmed with us that the process was followed when they were recruited.

The registered manager showed us where the service was taking disciplinary action against staff for not attending regular supervisions. They showed us how they had attempted to gain staff compliance with this process before starting formal action.

We looked at how the service managed people's medicines. The people who used the service lived in their own homes and therefore stored their own medicines. Some people were able to manage their own medicines or they were supported by families, this was risk assessed and kept under review. The service was commissioned to provide support to some people with their medicines. Where this was the case we saw that medicines were managed appropriately with staff competencies being checked regularly by senior staff.

Good

Is the service effective?

Our findings

People and external professionals told us they found the service provided by Neuro Partners North East to be effective at meeting their requirements. One person told us "The carers know how to make me happy; they always turn up and support me the way I prefer". An external professional told us the staff teams seemed well trained and were very good at communicating with them about changes in a person's needs. A commissioner told us the service had worked hard to ensure they had the right staff with the right skills from day one of starting to support a person. They told us they had accommodated changes to the care plan over time and were satisfied with the quality of communication.

Feedback we received from some staff prior to the inspection was that they were not always receiving regular supervision or appraisal and that communication from office based staff to staff working with people could be improved. We discussed this with the registered manager who told us they were aware from feedback internally that supervisions were not happening as frequently as planned. We saw that actions, including disciplinary, had been taken with some staff to ensure that supervision was to take place. We saw that the registered manager was looking at how supervision was developed further to ensure it was effective for staff, and that it supported staff development.

We discussed the issue raised by some staff of communication between office based staff and staff working with people. Again the registered manager was aware of this being an issue and was in the process of making changes in the management team structure in order that office based staff would have increased opportunities to meet with staff working directly with people and improve day to day communication. They showed us their action plans for this work, looking at how best to ensure this increased joint working between different parts of the organisation as it developed. We saw that the registered manager acknowledged the present situation and had taken clear steps to improve supervisions of staff and communication between different teams.

We recommend that the registered person completes their review of supervision and communication between office staff and staff working with people.

Staff told us they had undertaken initial training before staring work with people. They told us they attended core skills training, as well as training specific to the person they would be working with, for example in the use of specific equipment. Staff told us they had the opportunity to shadow existing staff as part of their induction, and that their practice was observed by senior staff before they were able to work alone. This practice was reflected in staff's induction records and in their supervision records, these told us what training they received, what was particular to the person they supported, as well as observation records. All the staff we spoke with told us they felt the training offered was appropriate to meet people's needs, and this often included support from specialist professionals who trained them about how to meet a specific individual's needs. An external professional told us they had supported a staff team to develop a behaviour support plan for one person, and then worked with the staff team on translating this into consistent practice. They told us staff had welcomed the training offered and taken the new approach on board quickly.

CQC monitors the operation of the Mental Capacity Act 2005 (MCA). This is to make sure that people who do not have mental capacity are looked after in a way that respects their human rights and they are involved in making their own decisions, wherever possible. Staff were aware of and had received training in the MCA as part of induction. The management team were aware of where relatives were lawfully acting on behalf of people using the service. Such as where they had a deputy appointed by the Court of Protection to be responsible for decisions with regard to their care and welfare and finances when the person no longer had mental capacity.

People who used the service were involved as much as possible in developing their care and support plans and identifying the support they required from the service and how this was to be carried out. When a person did not have mental capacity to make decisions relatives and external professionals confirmed they were involved in the decision making process. Peoples care records showed their family members and health and social care professionals involved in their care made decisions for them in their 'best interests'. People told us staff always asked their permission before acting and checked they were happy with the care the workers were providing.

We looked at how staff supported people to take adequate nutrition and hydration. We saw that assessments had been carried out to establish people's nutritional and hydration needs. Where concerns were identified the service acted to meet people's needs, for example if someone was at risk of malnourishment. In some instances people took food and fluids via a percutaneous endoscopic gastronomy feeding tube (PEG). There were appropriate support plans in place for people who used a PEG. In addition people's food and fluid intake was recorded by staff in people's notes.

We saw from the written records the service regularly involved other health and social care professionals in people's care. This included respiratory specialists, district nurses, behavioural specialists and GP's. We found evidence in records that staff escalated people's physical or mental health problems to the appropriate specialists.

Good

Is the service caring?

Our findings

We spoke with people who used the service, their relatives and external professionals. We asked them if they thought the service provided good care. They told us that the staff who provided care were caring towards people, supporting them in a personable way which met their needs. One person told us, "I have got quite close to the carers; they know what I'm like now and can get me up when I get down". Another person told us, "The company know what I like and hire staff accordingly which really helps". External professionals we spoke with all told us they felt the staff recruited cared for people well. We observed a telephone conversation whilst at the services offices, we saw how the staff member spoke about the person they supported in a positive, courteous manner. A staff member we spoke with told us they had time to spend with the person they supported and to make sure they were emotionally well as part of their work. They told us the people they worked with had problems with communication so it was important to be supportive and take your time and not just be task focussed. All the staff we spoke with talked about the people they supported in a positive manner.

Staff completed care plans to help describe people's preferences in their daily lives, and important details about their previous occupation and interests. This helped staff to be able to provide support in an individualised way that respected people's wishes. Staff we spoke with knew the details of people's past histories and their personalities and had been able to get to know them. We saw that written details of how people wanted to be cared for and supported were clear and had been written in plain English.

People told us they felt respected by staff, that they could direct the care to meet their needs and the staff responded positively to their requests. We saw that staff had been trained to be aware of how to best to offer emotional and practical support to people and their families as well as carry out essential care tasks.

We noted that the service had robust policies that referred to upholding people's privacy and dignity. In addition the service had policies in place relating to equality, this helped to ensure people were not discriminated against.

When people were first assessed by the service they were given information about the provider, who to contact and that any questions they had were answered. Staff we spoke with told us that involving people, or their relatives, in care decisions helped them to make the right ones for people. Staff told us that people were encouraged to continually express their views about their care and their likes and dislikes. Staff told us that people changed over time as the staff team got to know them or their circumstances changed.

We found evidence in people's care plans that the service endeavoured to respect people's privacy and dignity while providing care in their own homes. There were examples of how the staff had ensured people were able to spend time on their own or with family or friends while receiving intensive and complex support. For example staff would step into another room to afford them privacy, one staff member told us "[Name] can off load more easily when the room isn't full of people, so we give them that space with their friend".

Staff told us how they supported people to access healthcare services, sometimes supporting family carers to ask for additional support or advice if this was not forthcoming, such as additional equipment. Staff were aware of sources of advocacy support that could be accessed to assist people with any conflicts or issues. We saw that concerns about people's behaviour had been referred for external professional support to ensure that the needs of each individual were recognised.

We saw that people had been supported to make advance decisions, such as 'do not attempt resuscitation' orders and these were reviewed regularly. Staff liaised with community health professionals to seek their input and advice, and people were supported to have dignified end of life care when required. Records showed how people wanted to be supported and gave details of how they wished to be cared for in a way that respected their personal preferences and beliefs. Staff we spoke with were aware of people's final wishes and were able to tell us how they respected those choices.

Good

Is the service responsive?

Our findings

People told us the service was flexible and responded to their changing need for support. One relative told us, "I have had to re-arrange or cancel when I was unwell. The office has been fine with me making changes and arranged help later if that was needed." An external professional we spoke with told us the service had been very professional setting up a care package quickly and then adapting it later when the person's needs changed.

We looked at the written records of care for people who used the service. We saw evidence that indicated the service had carried out assessments to establish people's needs. People were assessed as to whether they needed support in all aspects of their life or just to support specific areas for development. For example, with regard to nutrition, personal care, mobility and communication. This was to ensure staff could provide support to people in the way they wanted and as needed to ensure their health and well-being.

We looked at the quality of care plans in the service. We found evidence that the service was creating clear and concise support plans that were easy to understand. Staff had written daily records that corresponded with people's plans of care. People who used the service had access to their care plans as a copy was always kept in their homes. Reviews of support plans were carried out regularly and involved the person receiving support. Their relatives and other health and social care professionals were invited to these reviews. Staff we spoke with confirmed that care records were kept up to date. One staff member who had worked across a number of people's support packages told us how they read these before starting work and found they were kept up to date and checked by senior staff.

The service ensured that people were supported to access their local community with appropriate support. A person who used the service outlined the activities they were accessing on a regular basis. This included walks in the country and family contact.

People were supported to keep in contact with family and friends and staff told us how they often supported people by keeping family members updated on their wellbeing. We saw from records and from talking to people that the service had made changes to peoples care plans to accommodate family visits and important family activities.

We asked people if they knew how to raise concerns or queries about the service they received. People told us that they felt comfortable telling someone at the service if they were unhappy about Neuro Partners North East. They told us they had no complaints when we asked them, but most said they would ask the senior staff member or call the office if they did.

The service had a formal complaints policy and procedure. The procedure outlined what a person should expect if they made a complaint. There were clear procedures as to how long it should take the service to respond to and resolve any complaint. The policy mentioned the use of advocacy support to help people who found the process of making a complaint difficult. There was also a procedure to follow if the

complainant was not satisfied with the outcome. There had been one formal complaint and six informal complaints made in the last year, each had been subject to the same procedure and an outcome shared with the complainant. We saw evidence that appropriate learning or actions had been taken after each had been concluded. For example staff had additional training or support.

Good

Is the service well-led?

Our findings

People told us they felt the service was well led. The registered manager had started to make changes to the services leadership in order to assist them in focussing more on improved quality assurance processes and acting on feedback from staff and people. People told us that contact they had with the registered manager and the services office was mostly positive. Where they told us of issues with communication the registered manager was already aware and taking steps to improve this. Staff we spoke with also told us they felt supported by the service. They were able to tell us the ethos and values of providing quality care to people when they needed it most, often with people with very complex needs. Staff we spoke with were passionate about the quality of their work in supporting people to lead the best lives possible.

The registered manager told us how they did not offer to provide people's care where they did not feel able to meet their needs. They told us that if the initial assessment showed they would not be able to offer the continuity of carers or the right skill mix, they either declined the work or worked to develop a bespoke care team to meet that individual's needs. They felt that to offer a second class service was not appropriate and went against the services principles. From talking to staff this clear focus on meeting the individual's needs shone through in all conversations with staff.

We saw minutes of staff meetings. These clearly set out how the registered manager used these meetings to gather information about possible improvements and make changes to how the service was delivered.

The service had signed up to the 'Social Care Commitment', a joint Department of Health and Skills for Care initiative. The Social Care Commitment is the adult social care sector's promise to provide people who need care and support with high quality services. The acting manager showed us an audit they had carried out against the seven statements, or commitments, and that they had identified areas of strengths as well as areas for improvement.

We discussed notifications to the Care Quality Commission (CQC) with the registered manager and clarified when these needed to be submitted. They were clear about their role as a registered person and were open and transparent with us throughout the inspection.

The service conducted six monthly surveys of people using the service to seek their views and feedback on how well their individual service met their needs, as well as the service as a whole. We saw that these were discussed with the senior management team and some immediate actions were taken to change people's care when required. Other issues were then formulated into an improvement programme for the whole service.

We saw the registered manager undertook audits of care plans and other records regularly. We could see where changes had been made to reflect people's changing needs. The registered manager described an ongoing cycle of visits to people, listening to changing needs, updating care plans and making sure staff had the skills to meet those changing needs. Staff we spoke with all felt able to raise any concerns and told us they felt encouraged to raise ideas or suggestions. Where the communication issue had been highlighted

they had taken steps to address this already and new ways of working were starting to address this issue.