

Neuro Partners Limited

# Neuro Partners North West

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

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?

**Requires Improvement** 

# Summary of findings

## Overall summary

This unannounced inspection took place on 26, 29 February and the 1 March 2016. This service was last inspected in April 2015 and we gave it an overall rating of 'good'

Neuro Partners North West (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 Carlisle but they provide support across the county of Cumbria.

The registered manager had recently left the employ of Neuropartners. 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. There was a temporary manager in place and we were aware of this prior to our inspection as Neuropartners had informed us of their interim management arrangements.

Staff in the service were aware of different types of abuse and knew how to report it.

Medicines were stored in people's own homes and managed appropriately.

Staff had been provided with mandatory training and given additional training specific to their role.

The service assessed people's nutritional and hydration needs and provided support accordingly. Staff recorded people's food and fluid intake.

Staff worked with other health and social care provider's to help ensure good outcomes for people who used the service.

Staff had developed good relationships with people and communicated in a warm and friendly manner.

Staff were aware of how to treat people with dignity and respect. Policies were in place that outlined acceptable standards in this area.

Support plans were based on assessment and reflected the needs of people.

There was a complaints procedure in place that outlined how to make a complaint and how long it would take to deal with. We found evidence that the temporary manager and her team were dealing with complaints in accordance with the provider's policy.

The temporary manager and her team carried out audits and quality checks to try and ensure the service was meeting the requirements of the Health and Social Care Act.

People told us that the service was currently well-led.

We found evidence of the following breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014:

Regulation 18 – Staffing (1) Sufficient numbers of suitably qualified, competent, skilled and experienced persons must be deployed.

Regulation 17 – Good Governance (2) (c) Maintain securely and accurate, complete and contemporaneous record in respect of each service user.

We also made the following recommendations:

We recommend the service considers current good practice guidance in relation to supporting people to make informed choices.

We recommended that the service consider current guidance to continue to operate effective recruitment and selection procedures.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not safe.

We found evidence that sufficient staff had not been available to provide adequate support to vulnerable people living in the community.

Medicines were managed appropriately.

Staff new how to identify and report potential abuse.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Staff had received appropriate training.

The service worked in conjunction with other health and social care providers.

People received adequate support with nutrition and hydration where necessary.

**Good** ●

### Is the service caring?

The service was not always caring.

We recommend the service considers current good practice guidance in relation to supporting people to make informed choices.

People told us that staff were kind and caring

There were plans and procedures in place to ensure that people's privacy was protected.

**Good** ●

### Is the service responsive?

The service was responsive.

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

**Good** ●

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 the local community.

### **Is the service well-led?**

The service was not always well led.

The provider did not have adequate arrangements in place to store contemporaneous records at their registered location.

There was a quality assurance system in use which had helped the temporary manager identify areas that required improvement.

People told us they were satisfied with the current management arrangements in the service.

**Requires Improvement** 

# Neuro Partners North West

## 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 checked 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 the 26, 29 February and the 1 March 2016 and was unannounced.

The inspection was carried out by an adult social care inspector and a professional expert with a background in neurological rehabilitation.

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 planned the inspection using this information.

We spoke with representatives of the clinical commissioning group (CCG) and the local authority prior to our inspection. They raised concerns about Neuropartners ability to provide a service and cited lack of appropriate staffing as an issue.

We spoke with three of the people and their relatives who used the service. We also spoke with 15 staff including the temporary manager.

We looked at six records of written care plans and other policies and records that related to the service. We looked at two staff files which included supervision, appraisal and induction. We saw a record of training and a training plan. We also looked at quality monitoring documents.

# Is the service safe?

## Our findings

We spoke with people who used the service and their relatives and asked them if the service had sufficient staff available to support them. One person told us, "They turn up on time now." Another commented, "We have had Neuropartners for a year, there were teething problems. ....no problems now." In addition we asked people if they felt safe, One person told us, "Absolutely 100%."

During our inspection we looked at the duty rota. We saw staff were able to meet the identified needs of the people who used the service. However if there was staff absenteeism or other issues there were not enough staff available to provide appropriate cover. In fact risk assessments carried out by the service stated that people would have to be admitted to hospital if the service was unable to provide sufficient staff. The service referred to this risk assessment as the 'uncovered sessions emergency protocol'

We looked at the records and saw that the 'uncovered session's emergency protocol' had been implemented once in the past six months. This meant that a person who used the service had been admitted to hospital because of a shortage of staff within the service. This admission was therefore preventable.

We spoke with staff, they told us that staffing had improved across the service. One told us, "Previously it was bad, you used to get less than 24hrs notice of where you were working." Another commented, "We have seen changes."

We spoke with representatives of the clinical commissioning group (CCG) and the local authority prior to our inspection. They raised concerns about Neuropartners ability to provide a service and cited lack of appropriate staffing as an issue

We spoke with the temporary manager and asked how they ensured there were sufficient staff to meet people's needs. They explained that without absenteeism there were enough staff to meet people's needs but acknowledged that on occasion short term or short notice cover was required. Because of this they were in the process of recruiting and developing a 'rapid response team'. The rapid response team provided cover when regular staff were unable to attend work. We saw that recruitment was well under way and met some of the team.

Although we acknowledged that the service had made progress in providing short notice cover this was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – regulation 18 – Staffing (1) Sufficient numbers of suitably qualified, competent, skilled and experienced persons must be deployed.

We saw that each individual who used the service had assessments in place that identified risks that they faced and planned ways to reduce them. For example, some people were at risk of developing pressure ulcers, also known as bed sores. Where this was the case plans had been developed to minimise these risks,

these included purchasing specialist equipment such as mattresses and chair cushions, as well as increased vigilance by staff.

We spoke with staff and asked how people were protected from bullying, harassment and avoidable harm. Staff explained that they had all had training that ensured they were able to protect vulnerable people from abuse. Staff were able to tell us what kinds of abuse there were and how they would raise concerns about them. If staff were concerned about the actions of a colleague there was also a whistleblowing policy. The policy gave clear guidance as to how to raise concerns. This meant that staff could quickly and confidentially highlight any issues they had with the practice of others.

We looked at recruitment procedures in the service. The service provided assurances that all candidates for jobs completed an application form and underwent a formal interview with senior staff present. If they were successful criminal records checks were carried out and references sought. Neuropartners endeavoured to obtain references from all previous care based employment. One file we looked at contained references from 6 previous employers. We did note that the previous registered manager had, on one occasion, failed to follow the provider's recruitment process correctly.

We recommended that the service consider current guidance to continue to operate effective recruitment and selection procedures.

We looked at how the service managed medicines. The people who used the service lived in their own homes and therefore stored their own medication. 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.

## Is the service effective?

### Our findings

We spoke with people who used the service and their relatives and asked if they thought the staff knew how to support them properly. A relative told, "Oh yes, they are very good, they go over and above."

We spoke with staff and asked them if they felt well supported and correctly trained. All staff told us that they were supported by the provider, one commented, "Now we have the right training." The staff told us that they were given a wide variety of training including health and safety, infection control and duty of care.

We looked at staff training records. We confirmed staff had completed their mandatory training and had attended additional courses relevant to their roles, this included brain injury awareness and mental health.

We noted that staff regularly had their competencies assessed. The temporary manager told us they had concerns about how this had been done in the past. They had taken the decision to repeat competency assessments for all staff. This process was underway when we inspected, we will continue to monitor this.

We looked at supervision and appraisal records for staff. The temporary manager was ensuring that supervision and appraisal were carried out in accordance with the provider's policy. We noted that supervisions were linked to training and competencies of staff.

We examined how the service supported people to make their own decisions. People we spoke with lived as independently as possible within their local communities. We saw that the service supported people to do this. For example assessments noted people's capacity to make their own decisions and support plans were written to ensure that staff were aware of this and acted accordingly.

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 gastrostomy 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 and GP's  
We found evidence that staff escalated people's physical or mental health problems to the appropriate specialists.

## Is the service caring?

### Our findings

We spoke with people who used the service and their relatives. We asked them if they thought the service provided good care. One person told us, "They are fantastic." Another person who used the service said, "I'm happy."

We were unable to visit people in their own homes during the inspection. However some people who used the service did come into the office while we were there. In addition we heard how people were spoken with on the telephone. We observed that staff, including senior staff, clearly knew people well and had developed caring relationships with them.

We saw that people were encouraged to express their views about their care and their likes and dislikes. Staff used this information to ensure that people were supported in a manner of their choosing.

We noted that people who used the service were involved in making decisions about their care. We found evidence that demonstrated the service always respected people's rights to make these decisions. However on one occasion the service had not provided information or explanations to a person as to why their decision might present a risk to them. We discussed this with the temporary manager and they agreed to rectify this straight away.

We recommend the service considers current good practice guidance in relation to supporting people to make informed choices.

The service ensured that people lived as independently as possible. Support plans reflected this.

We found evidence in people's support 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 friends while receiving intensive and complex support.

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.

## Is the service responsive?

### Our findings

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.

We looked at the standard of support plans in the service. We found evidence that the service was formulating clear and concise support plans that were easy to understand. Staff had written daily notes that corresponded with people's plans of care.

People who used the service had access to their support plans as a copy was 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.

We noted that 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 swimming, the gym and family holidays.

We asked people if they knew how to raise concerns about the service they received. People told us that they felt comfortable telling someone if they were unhappy about neuro partners. One person said, "I'd contact the office." Another added, "If we ring up we get answers straight away."

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 guidelines as to how long it should take the service to respond to and resolve a complaint. The policy mentioned the use of advocates to help support 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.

At the time of our inspection the temporary manager told us that they had recently re-visited how the complaints procedure was shared with people who used the service and their relatives. This meant that people and their relatives had recently received up to date information on how to make a complaint. We found evidence that complaints had arisen since the implementation of this new strategy. However when we examined the complaints records in detail we saw that the temporary manager and her team were handling all complaints appropriately in accordance with the provider's policy. .

## Is the service well-led?

### Our findings

We looked at how the service managed their records. We were aware that records pertaining to people who used the service were held at the services registered location in Carlisle as well as in people's homes. The service should also have had arrangements in place to ensure that copies of the records held in people's homes were brought to the registered location for review and storage. We found that this was not the case. Senior staff were not able to make some records available to us in a timely manner. In fact in some of the records had not been collected from people's homes and brought to the registered location since September 2015. This meant that senior managers were unable to review people's records at short notice, for example if their needs changed. There was also a risk of out dated information being shared with people, their carers and staff.

This represented a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 – regulation 17 – Good Governance (2) (c) Maintain securely and accurate, complete and contemporaneous record in respect of each service user.

We spoke with people who used the service and their relatives and asked them if they thought Neuropartners was well led. One person told us, "From the managers to the staff, they are absolutely amazing." Another commented, "Everything has got better."

We spoke with staff who told us the registered manager had left recently and been replaced by a temporary manager. On the whole staff were complementary of new arrangements one person told us, "I have seen changes." However another person said, "We don't see a lot of people [senior management] really."

We noted that there was a relatively new management structure in place. The provider was in the process of recruiting and appointing a registered manager and had kept us informed about this. The temporary manager and the quality manager informed us that as part of improving the service a new communication strategy had been devised. This included more face to face contact with staff, people who used the service and relatives. In addition the quality manager was contacting staff on a weekly basis to ensure they had an opportunity to contribute to the way the service was run.

We observed there was a clear management structure in place for this service. The temporary manager was in regular contact with the provider and the provider regularly visited the office in Carlisle. In fact we noted that senior managers, including the health and safety manager and human resources, who were usually based in the North east of England were basing themselves in Carlisle for a set number of days each week. The provider assured us that this arrangement would continue after the registered manager was appointed.

We saw evidence that questionnaires were sent to people who used the service and the staff. They were designed to ascertain whether people were satisfied with the service they received. The returned questionnaires were analysed and action plans created, for example the new communication strategy had been based, in part, on people's feedback. The temporary manager told us, "We know there's a lot of things that need sorted."

Audits and checks were undertaken regularly. These included health and safety audits, training audits and observations of the staff's performance. The outcomes of audits were analysed by the temporary manager of the service who then used them to improve the way the service was run.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider did not have adequate arrangements in place to store contemporaneous records at their registered location.

  

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Treatment of disease, disorder or injury	Sufficient numbers of suitably qualified, competent, skilled and experienced persons must be deployed.