Ramsay Health Care UK Operations Limited

Gardens Neurological Centre

Inspection report

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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

Overall summary

The inspection took place on 06 August 2015 and was unannounced.

Gardens Neurological Centre is owned and operated by Ramsay Health Care UK Operations Limited, which is a subsidiary of Ramsay Health Care (UK) Limited. It provides accommodation and care for up to 54 adults with a physical disability and older people. The care provided includes nursing care, personal care, medical treatment and diagnostic procedures. There were 52 people accommodated at the home at the time of this inspection.

We last inspected the service on 11 November 2013 and found the service was meeting the required standards at that time.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Summary of findings

CQC is required to monitor the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves or others. At the time of the inspection we found that applications had been made to the local authority in relation to 15 people who lived at Gardens Neurological Centre.

People felt safe living at the Gardens Neurological Centre. Staff knew how to keep people safe and risks to people's safety and well-being were identified and managed. The home was calm and people's needs were met in a timely manner. The manager operated robust recruitment processes which helped to ensure that staff members employed to support people were fit to do so. There were suitable arrangements for the safe storage, management and disposal of people's medicines.

Staff had the skills and knowledge necessary to provide people with safe and effective care and support. Staff received supervision from the management team which made them feel supported and valued. People were encouraged and enabled to make their own decisions as much as possible. People received the assistance they needed to eat and drink sufficient quantities. People's health needs were well catered and appropriate referrals were made to health professionals when needed.

All people we spoke with were complimentary about the care and kindness demonstrated by the staff team. Staff members were knowledgeable about individuals' needs and preferences and people were involved in the planning of their care where they were able. Visitors were encouraged at any time of the day and people's privacy was respected and promoted.

There were arrangements for a range of activities and stimulation in the home. There were systems in place to facilitate feedback from people who used the service, their relatives, external stakeholders and staff members about the services provided. People were confident to raise anything that concerned them with staff or management and satisfied that they would be listened to.

There was an effective management structure in place that meant that relatives and staff were able to speak with a member of the senior management team if they had a concern. The provider had arrangements in place to regularly monitor health and safety and the quality of the care and support provided for people who used the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
This service was safe.

People were supported by staff who had been safely recruited.

Support staff had been provided with training to meet the needs of the people who used the service.

Staff knew how to recognise and report abuse.

People's medicines were managed safely.

Good

Is the service effective?
The service was effective.

People received support from staff who were appropriately trained and supported to perform their roles.

Staff sought people's consent before providing all aspects of care and support.

People were supported to eat and drink.

People were supported to access a range of health care professionals ensure that their general health was being maintained.

Good

Is the service caring?
The service was caring.

People were treated with warmth, kindness and respect.

Staff had a good understanding of people's needs and wishes and responded accordingly.

People's dignity and privacy was promoted.

Good

Is the service responsive?
The service was responsive.

People were supported to engage in a range of activities.

People's concerns were taken seriously.

Good

Is the service well-led?
The service was well led.

The home was well run and people had confidence in staff and the management team.

The provider had arrangements to monitor, identify and manage the quality of the service.

There were arrangements to ensure that comments or complaints people had were listened to and acted upon appropriately.

Good

Gardens Neurological Centre

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 met 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 under the Care Act 2014.

This inspection took place on 06 August 2015 and was unannounced. The inspection team consisted of an inspector, a specialist advisor and an expert by experience. The specialist advisor had a medical background and experience in this type of service. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law.

During the inspection we observed staff support people who used the service, we spoke with six people who used the service, seven staff members and the management team. We spoke with four relatives to obtain their feedback on how people were supported to live their lives. We received feedback from representatives of the local authority health and community services and used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed care records relating to seven people who used the service and other documents central to people's health and well-being. These included staff training records, medication records and quality audits.

Good

Is the service safe?

Our findings

People and their relatives told us that people were safe living at the Gardens Neurological Centre.

Staff understood their responsibilities for safeguarding the people who used the service and had received training to keep their knowledge up to date. The inspection team were recognised as being strangers in the home and staff checked that we had the authority to be there. The manager demonstrated a clear understanding of their responsibilities in relation to safeguarding adults and had worked with other agencies and healthcare professionals in an open and transparent way when concerns had been raised.

To ensure people's safety a range of risks assessments were completed for every person. These included assessments in respect of the likelihood of developing pressure ulcers, respiratory infection, the risk of falls, risks associated with poor nutrition and hydration, the use of bed rails and moving and handling procedures. Where people had limited mobility and relied upon staff to support them to transfer from one place to another, moving and handling care plans were developed. These provided staff with clear guidance about the equipment to be used and the number of staff that were required to support people safely.

People's care plans contained information and guidance for staff about specific physical conditions. For example, there were clear protocols and guidance available for staff about what actions to take should a person experience a seizure.

The manager had systems in place to ensure that people's safety was promoted. Checks of the fire alarm systems, fire-fighting equipment, fire doors, hot and cold water temperature checks and the call bell system were regularly undertaken. All equipment used to support people to transfer had been serviced and contracts were set up for six monthly checks.

We spoke with two staff members who had been recruited since the previous inspection of Gardens Neurological in 2013. They confirmed that the recruitment process was robust and that they had not been able to start work until the manager had received a copy of their criminal record check (CRB) and satisfactory references. One person said, "The CRB took a lifetime to come through." This helped to ensure that staff members employed to support people were fit to do so.

We received some mixed feedback about the numbers of staff on duty to support people's needs.

One person told us, "There aren't enough staff, when you buzz you need to wait so I usually go to them If I need anything." Another person said, "I do hear other people's buzzers going for quite a while." Whereas another person said, "It's good, you get help." During the morning we noted that nurse call bells were ringing continuously for a period of approximately an hour, this eased late morning. Staff told us that this was a peak time of day but that it was not always so busy.

Relatives told us they thought there were ample staff deployed to provide care and support, one regular visitor said, "They are always around if I want to speak to someone or get help for [relative]."

When we asked people what effect the staffing numbers had one person told us, "I need help to shower, twice a week on Wednesday and Saturday usually in the morning. I prefer the morning to start the day nice but it depends on the staff and if they are available to help me, sometimes it has to be later in the day."

Staff told us there were usually enough staff available to meet the needs of people who used the service. They said that they were very occasionally short-staffed for a short time first thing if people called in sick without sufficient notice however, the service did employ agency staff when needed. We were told that usually the same agency staff members were provided which meant that people who used the service had consistency of care.

The management team told us that staff numbers were deployed responsive to people's needs and assessment. The manager told us that in the event that people's needs escalated additional staff would be put on duty. We saw that when a new person was admitted to the home an additional staff member was on duty for the first day to greet, meet and assist the person to settle into the home. Staff and management told us that an additional staff member was rostered on duty to 'back fill' when training sessions were scheduled. This showed that staffing numbers were deployed in response to the needs of the service from day to day.

Good

Is the service safe?

There were suitable arrangements for the safe storage, management and disposal of people's medicines. People were unable to look after and administer their own medicines therefore all medicines were managed by the nursing team. Staff told us they had received medicines training and records confirmed this. Each person had a medicine administration record (MAR) in their name with associated photograph to ensure staff could identify that person correctly prior to administering their medicines. There were no gaps in recording in the MAR. Where required stocks of medicines were checked each time they were administered, and records were kept of the checks and signed by two nurses. Where people were prescribed medicines that were administered 'as and when needed', protocols were in place that set out the criteria for administering the medicine. All medicines were kept safely in the locked clinical rooms on each floor. Records indicated that medicines were stored at the correct temperature and suitable arrangements were in place for the safe disposal of unwanted medicines. A supply of oxygen in cylinders was maintained in case of any medical emergency. These arrangements helped to ensure that people received their medicines safely.

Good

Is the service effective?

Our findings

People told us that the staff team were skilled and knowledgeable. A relative told us that they were very happy with the care and support provided. They told us that staff were learning how to interpret their relative's non-verbal communication and were managing very well. Another relative told us they felt the staff team were very caring and friendly but that they were not completely happy because they felt that their relative's physiotherapy sessions did not happen often enough. We found that this concern originated from funding as opposed to the service not being provided at the home.

Staff told us they had undertaken a two week induction training programme when they had started to work at the Gardens Neurological Centre and they said this had prepared them for their role. They told us that they had shadowed established staff members and had not been able to provide personal care or be involved in transferring people by means of mechanical hoist during the induction period. Once the induction training sessions had been completed they were then shadowed by an experienced staff member for a further two weeks until it was considered they were competent.

Staff told us the induction training was thorough and included basic core areas such as fire safety, moving and handling, safeguarding and infection control. New staff members had a six month probationary period to complete and attended regular supervision meetings with senior staff. This gave them support and the opportunity to discuss the progress they were making in their new role.

Staff told us that there was a great deal of training provided routinely. For example to support staff to care for people who were not able to take food, fluids or medicines orally and who received their nutrition and medication via percutaneous endoscopic gastrostomy (PEG). Staff also told us of training in areas such as trachea care, customer care and end of life care. The management team told us about specific training that had been delivered by a brain injury association to give the staff the skills and knowledge to support people who lived with an acquired brain injury. We noted that nursing staff and therapists were supported to keep up to date with their professional practice.

Staff told us, and records confirmed that they met with their line managers for formal 1:1 supervision. Some staff said that this had not been as frequent recently due to changes in line management arrangements on the unit. The management team acknowledged irregularities in staff supervision in recent times however the staff we spoke with were all confident that they had the support of the management team at all times. Staff told us, "The seniors are very supportive; I can always go to them with any concerns." Another member of staff told us, "The management are never too busy to talk with us, they are normal and approachable."

Staff told us they had received training and were able to demonstrate an understanding of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). MCA legislation provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make decisions for themselves. DoLS is a framework to approve the deprivation of liberty for a person when they lacked the capacity to consent to treatment or care. The management team demonstrated a good understanding of when it was necessary to apply for an authority to deprive somebody of their liberty in order to keep them safe. They had an awareness of what steps were needed to be followed to protect people's best interests and how to ensure that any restrictions placed on a person's liberty was lawful. At the time of the inspection we found that applications had been made to the local authority in relation to 15 people who lived at the Gardens and were pending an outcome. We found the home to be meeting the requirements of the Deprivation of Liberty Safeguards.

We observed staff involving people in making decisions and choices. For example, where to spend their time and what to have to eat and when. Care plans contained mental capacity assessments, details about how best interest decisions had been made, who had been involved in the process and where a power of attorney instruction was in place. We were told that most people who used the service had relatives to help them make decisions however; where this was not the case an external advocacy service had been involved.

Care records indicated that some people were at risk of choking. We found that external professionals such as speech and language therapists (SALT) and dieticians had

Good

Is the service effective?

been involved in planning the diets for people in this instance. The care plans included the guidance provided for the staff team and described the actions required in the event of the person choking.

People made positive comments regarding the food provision and told us that alternatives were always available. A person told us, "The food is mostly okay I have a good relationship with the staff in the kitchen. They help me with the menus as I need to eat more protein. They will make me an omelette if I want one. I have no complaints." People were assisted to eat their lunch in a kind and sensitive manner. The dining area on the ground floor was lively and people were interacting in a sociable way during lunch. However, the top floor dining area did not encourage interaction due to the layout. Staff told us that people were supported to go downstairs and use the main dining room if they indicated a wish to do so. People who had been assessed as at being at risk of dehydration received support to keep them safe. We observed activity staff prompting people to have regular drinks during an activity session.

The manager described how weekly multi-disciplinary team (MDT) meetings were held to discuss each person's health and rehabilitation status. Records confirmed the people who had been involved in these meetings and when reviews had taken place. MDT action sheets were completed to record clinical, nursing and therapy decisions made. The therapy team consisted of physiotherapists, speech and language therapist, occupational therapists, therapy assistants and activities staff. The level of therapy support each person received was determined during the assessment process and was dependent upon the funding arrangements in place.

People were supported to access such services as opticians, dentists and chiropodists as and when needed. The service worked closely with external professionals including community and hospital social workers and lead nurses for complex neurological disorders in order to support people's health needs.

Good

Is the service caring?

Our findings

People told us that the staff team were kind and caring. One person said, “It’s good, you get help, everyone is friendly, well 99% of the time anyway.” A relative told us, "The staff are immensely friendly and helpful, they have shown us both affection.” Staff told us, "I feel we treat people as we would like to be treated ourselves."

We observed staff providing specific interventions when necessary and that there was a pleasant, cheerful and business-like atmosphere in the home. We noted that people were able to approach staff with confidence and smiled and looked relaxed with the staff team. Staff members took time to talk with people as they passed; they used people's names and waited for a reply or acknowledgement. The reception staff recognised and greeted people's relatives and visitors as they entered the home.

Staff took appropriate action is to keep people comfortable. For example, during an activity session we heard one person comment that they were feeling cold and staff immediately took action to address this. Nursing and care staff knew the people they were looking after well and we observed them to address people appropriately. Staff members were able to give examples of people’s verbal and non-verbal communication and how they were able to interpret whether a person was happy with the care and support they received.

Staff respected people's privacy. For example, when a person wished to speak with a member of the inspection team we heard a staff member ask the person whether they would like the door to be open or closed. Relatives told us that staff promoted people's dignity. For example one person told us that bedroom curtains were always drawn when personal care was being delivered and that visitors were always asked to leave the room whilst personal care took place. The staff and management told us that same gender care was delivered where possible and that people's preferences relating to gender care was always respected. This helped to ensure that people’s dignity was promoted.

Relatives and friends of people who used the service were encouraged to visit at any time and we noted from the visitor’s book that there was a regular flow of visitors into the home. Some people who used the service did not have the capacity to make decisions about their care and support or to communicate clearly and had no relatives to do so on their behalf. We noted that an external advocacy service had been involved to provide people with support in this instance.

We saw that people's rooms, whilst they needed considerable amount of equipment to support them with their mobility and health needs, were personalised and cheerful.

Staff gave people the opportunity to make choices about their daytime activities, where they spent their time and when they received personal care support. People were supported to express their views and to be as involved as possible in making decisions about their care and their daily lives.

Good

Is the service responsive?

Our findings

People who used the service and their relatives were positive about the care and support provided at the Gardens Neurological Centre. A person told us, “It is fairly good, I would recommend it, I do not have a lot of complaints.” A person who was not able to verbally communicate gave us a ‘thumbs up’ to indicate that all was well when it was explained to them who we were.

Relatives told us that they had been encouraged to be involved in developing people’s care plans as appropriate and where agreement had been made for them to be involved. Staff told us that people were supported to contribute to their care plans as much as they were able.

People’s care plans were clear, easy to navigate and provided good detail about people's physical and health needs. We noted that the plans lacked specific detail as to how people wished to have their personal care delivered. However, when we spoke with staff it was clear that they knew individuals well and understood how people liked their care delivered. Some records within the care plans were not signed and dated to indicate who had written them and when the information had been recorded.

People's personal preferences were taken into account regarding their care. For example we saw that one person had requested to use a specific sling for all transfers. The risks had been explained to the person and records showed they had accepted them in order to use the sling of their choice.

When staff came on duty they attended a handover from the previous staff team. This was to ensure they had up to date information to enable them to provide the care required by each person and were made aware of any changes.

There was a variety of activities that were designed to provide stimulation and engagement for people. These included such things as a talking local newspaper, staff read newspapers to people, there were movie groups, music groups, music bingo, quizzes, sensory sessions, pampering of hair and nails, a breakfast club with the occupational therapist assisting people to engage with skills such as making a cup of tea, social chats and baking cakes. There were also external trips made monthly to such venues as the London Eye, local wildlife parks, museums, boat trips, zoos and there had been an outing to take people to see the poppies at the Tower of London. The activity staff told us that they involved people's relatives as much as possible with activities and that there was an aim to support every person to take part in an activity outside of the home once a month.

The staff developed theme days such as Wimbledon with strawberries and cream, St George's Day, St Patrick's Day and there was a ‘beer and burgers day’ planned to celebrate the rugby world cup. On the day of this inspection the staff were preparing items for a seaside themed day to take place the following day. Families were invited to take part in the day and there were to be donkey rides, a sandcastle competition, an Elton John tribute act and a visiting ice cream van.

People's preferences were taken into account with regard to activities. For example, one person did not like doing activities and preferred to spend time chatting with staff or with their families. The person’s care plan included this information and staff confirmed this in conversation with us. However one person told us that they were not aware of an activities calendar and that there were no quizzes which they would enjoy. During the course of the inspection we saw that one person was out in the gardens with their relative doing some planting helped by staff. We saw from the communication book in the staff office that people who used the service were encouraged and supported to go home to spend time with families and other relatives.

A person who used the service told us they had never had any complaints to make about the service provision but if they did have then they would tell the nurse. They said if the nurse didn't listen to them in the way they wanted that they would tell the administrator. One relative told us that they thought the management team were responsive and they had no cause to raise any concerns but would be confident to do so. Another relative said they did not feel so confident that the management team would respond appropriately to their concerns because of their experiences. However, we reviewed records of complaints and found that they had been managed in accordance with the organisation’s policy and procedures.

People who used the service told us that there were meetings held every few weeks for them and their relatives to discuss any concerns or to bring any suggestions about

Good

Is the service responsive?

the service. People told us that they were able to discuss issues that affected their daily life such as the food provision, activities and the laundry service and that their views were taken seriously.

Good

Is the service well-led?

Our findings

People who used the service and staff members and representatives from the local authority told us they thought that the home was well-led. Staff told us that the manager was approachable, supportive and demonstrated strong, visible leadership.

Relatives of people who used the service were not so positive about the visibility of the registered manager. One person said they were not sure who was in charge and another person said, "I wouldn't recognise the manager if I saw them." However, the registered manager was responsible for two Ramsay Healthcare Neurological services on the same site and had an effective management structure in place that ensured she was continuously aware of anything that occurred in either service. Staff and visitors confirmed that the matron was always available should they have any concerns.

The provider had a range of systems in place to assess the quality of the service provided in the home. There was a rolling programme of regular audits which covered such areas as records, medicines management, infection prevention and control and therapy records. Infection control audits were completed by the lead infection control nurse and the management of medicines was regularly audited by the group pharmacist. All audits resulted in a red-amber-green rating and an action plan to address any shortfalls. There were measures in place to ensure all audits were completed in a timely manner and that the identified improvements were made.

The management team had developed a checklist to be read out at handovers between shifts so that important instructions and expectations would be brought to staff members' attention. Examples of matters to be addressed by this means included communication, people's mouth care, staff breaks, parking, punctuality, infection control and lessons learnt.

'Gardens Resident and Relatives Committee' meetings had been held in February and June 2015: the meeting notes confirmed the topics discussed, actions to be taken and the date for completion. For example, a person had raised the matter of a swarm of bees that had collected in the bird house outside the home. The manager had undertaken to ask the engineers to get pest control to remove the bees by July 2015. We noted that this action had been taken.

There were opportunities for people who used the service and their representatives to share their views about the quality of the service provided. A quality feedback survey had been distributed to all people who used the service in May 2015. The manager reported there had been an exceptionally low response rate to this survey and a further survey was to be distributed imminently.

The manager described how monthly governance meetings were held involving a neurological consultant, the GP, occupational therapists, physio therapists, speech and language therapists, team leaders, activities staff and members of the management team. These meetings helped ensure that people's needs were safely met in the most appropriate way.

We saw minutes of heads of department meetings that took place monthly. Where issues had been raised there were clear actions to be taken by identified people with a target date for completion. Issues covered in these meetings included staff supervision, quality and governance, health and safety audits, forthcoming local authority quality monitoring visits, recruitment and incident sharing.

Providers of health and social care are required to inform the Care Quality Commission, (CQC), of certain events that happen in or affect the service. The manager had informed the CQC of significant events in a timely way which meant we could check that appropriate action had been taken.

The provider's complaints procedure was displayed in the main reception area. We looked at electronic complaints records and discussed with the management team that actions had been taken and the outcome of the complaints. We discussed with the registered manager the lessons learnt in respect of one particular complaint. The registered manager explained they would use information from any complaints to review their practice.