

National Neurological Services Ltd

National Neurological Services

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 ●

Summary of findings

Overall summary

About the service:

National Neurological Services provide care and support for people living with mental health issues. At the time of the inspection they were supporting three people in their own home.

People's experience of using this service:

People were happy about the way they were supported and made positive comments about staff. The manager considered the views of people, their relatives and staff about the quality of care provided and used the feedback to make improvements to the service.

People told us they felt safe and staff were kind and friendly. Safeguarding adults' procedures were in place and staff understood how to protect people from abuse. Recruitment processes ensured new staff were suitable to work in the home. There were enough numbers of staff deployed to meet people's needs in a flexible way and to ensure their safety. People received their medicines when they needed them from staff who had been trained and had their competency checked. Risk assessments were carried out to enable people to retain their independence and receive support with minimum risk to themselves or others.

People were given choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People's care and support needs were assessed prior to them using the service to ensure their needs could be met. Arrangements were in place to ensure staff received ongoing training, supervision and support. People were supported at mealtimes in line with their support plan and had access to various healthcare professionals, when needed.

Staff spoke with people in a friendly manner. They knew about people backgrounds and about their routines and preferences. People, where possible, had been consulted about their care needs and had been involved in the support planning process. People had access to a range of activities in line with their support plan. People were aware of how they could raise any complaints or concerns if they needed to and had access to a complaint's procedure.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection:

The service was registered with us in June 2018 and has not been rated before.

Why we inspected:

This was a planned inspection of a new service.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

National Neurological Services

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

This service provides care and support to people living in a supported living' setting, so that they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service did not have a manager registered with CQC. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. An application had been made to CQC to register the manager.

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because it is small, and the manager is often out of the office. We needed to be sure that they would be in.

What we did:

Before the inspection, we looked at the information we held about the service. This information included statutory notifications the provider had sent to CQC. A notification is information about important events

which the service is required to send us by law. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used this information to plan our inspection.

During the inspection, we visited the registered office and spoke with the manager and the nominated person. We also spoke with two people who used the service, one relative and two members of staff.

We looked at the care records and associated records for three people who used the service. We looked at a range of records relating to how the service was managed; these included staff training, induction and supervision records, quality assurance systems and policies and procedures. We also looked at the responses from the recent customer satisfaction survey.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems to protect people from the risk of abuse. People told us they felt safe and were happy with the care and support they received. One person told us, "I feel safe here. Staff are great with me." A relative commented, "I have no concerns about [family member]'s safety."
- Management and staff understood safeguarding and protection matters and were clear about when to report incidents and safeguarding concerns to other agencies.
- The provider had taken suitable steps to ensure staff knew how to keep people safe and to protect them from discrimination. This included access to appropriate training and to policies and procedures.

Assessing risk, safety monitoring and management

- The provider managed risks to people's health, safety and wellbeing. Risk assessments included information for staff about the nature of the risks and how staff should support people to manage them. Staff managed people's behaviours safely and appropriately.
- Staff kept records in relation to any accidents and incidents. We found the information regarding seeking medical advice, or not, was not always completed. However, the manager monitored the information to identify whether appropriate action had been taken and to identify any patterns or trends. Staff made appropriate referrals to other agencies.
- Staff had received training on how to keep people safe. This included moving and handling, fire safety and responding to healthcare emergencies. Regular fire alarm checks had been carried out.
- The provider had developed environmental risk assessments and procedures for staff to follow in an emergency.

Staffing and recruitment

- The provider made sure enough staff were available to support people. Staff were provided flexibly.
- The provider followed clear recruitment and selection processes and carried out appropriate checks on potential staff prior to employment.

Using medicines safely

- The manager and staff followed safe processes when managing people's medicines.
- Staff were suitably trained to administer medicines and checks on their practice had been carried out.

Preventing and controlling infection

- The provider had systems to help prevent the spread of infection and staff had received training in this area. Cleaning schedules were followed by staff and people living in the home.

Learning lessons when things go wrong

- The provider promoted an open and transparent culture in relation to accidents, incidents and near misses. Lessons learned were discussed at management and staff meetings, and during staff one to one support sessions.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- The provider ensured staff were provided with a range of training which enabled them to deliver high-quality care and support to people.
- The provider made sure all new staff were given an in-depth induction to ensure they could carry out their role safely and competently.
- The manager provided all staff with regular support and supervision to support them in their roles. Supervision provided them with the opportunity to discuss their concerns, responsibilities and to develop their role.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Staff completed thorough assessments before people received a service, to make sure people's needs could be met. This resulted in positive outcomes for people and supported a good quality of life.
- Staff considered people's protected characteristics such as religion or belief. Policies and the initial care assessment supported the principles of equality and diversity.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff supported people at mealtimes in line with their plan of care and to fit in with their activities and routines. They encouraged and supported people, where possible, to be involved in planning meals, shopping and preparing meals.
- Staff monitored people if they were at risk of poor nutrition and involved healthcare professionals where required.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked with other social care and healthcare professionals as well as other organisations to ensure people received a coordinated service.
- Staff recorded information about people's medical history and any needs or risks related to their health.
- Staff supported people, where appropriate, when attending healthcare appointments and had good links with GPs and community professionals to ensure people received a coordinated, prompt and effective service.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible,

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

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). Where people are deprived of their liberty in their own homes applications must be made directly to the Court of Protection.

We checked whether the service was working within the principles of the MCA and if any applications had been made to the court of protection.

- Management and staff had received training and demonstrated an understanding of the principles of the MCA. Staff made sure people were supported to have maximum choice and control of their lives and supported them in the least restrictive way possible.
- Staff understood the need to ask people for consent before carrying out care.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff treated people with care, kindness and respect. People were happy with the support they received. They said, "The staff are great" and, "It's a good place; I feel settled."
- Management and staff focussed on building and maintaining open and honest relationships with people and their families.
- Staff responded to people in a warm and friendly manner. We overheard laughter and banter and good relationships had developed between staff and people. People said staff took time to sit and talk to them. One member of staff said, "It's a happy home. We have a laugh."
- Staff knew about people's preferences and how best to support them. They respected people's equality, diversity and human rights and recorded them as part of the support planning process.

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

- Staff encouraged and supported people to make decisions about their day to day routines, in line with their personal preferences. Staff consulted people about their support needs and, where appropriate, family members had been involved in support plan reviews. Staff encouraged people to express their views as part of daily conversations and in meetings.
- Staff recognised people's rights to access an independent advocate and other useful agencies to protect their wellbeing. The advocacy service could be used when people wanted support and advice from someone other than staff, friends or family members.

Respecting and promoting people's privacy, dignity and independence

- Staff encouraged people to develop their confidence and self-esteem. They offered people opportunities to increase their independence and to have freedom and control over their lives. People told us they could choose what they want to do. One person said, "I like living here. I can do what I want. I tell staff what I'm doing and where I'm going."
- Staff supported people to be as independent as they could. For example, staff supported people with management of their monies and medicines. One person said they had gained independence and confidence with help from staff. One person said, "Staff help me to do things by myself."
- Staff respected people's privacy, dignity and independence. People could spend time alone in their rooms if they wished and some people accessed the community independently.
- The provider made sure people's information was stored and held in line with confidentiality policies and with recent changes in government regulations.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Staff made sure people's support plans described their support needs and included their preferences, daily routines and likes and dislikes. We discussed how the information in relation to night time routines and mental health and well-being could be improved. The manager agreed to review this. One person told us they were involved in their care plan and any reviews.
- Staff confirmed people's support plans contained enough information about the way people wanted to be supported. Staff understood people's needs well. Staff wrote daily records, which documented the care people had received, in a detailed and respectful way.
- Staff supported people to partake in activities in line with their plan of care and that met their needs and interests. People were satisfied with the available activities.
- Staff encouraged people to maintain contact with friends and family. Visitors said they were made to feel welcome.
- The provider understood about the Accessible Information Standard. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers. People's communication needs were identified and recorded in their support plans. These needs were shared appropriately with others. Information was available in a variety of formats, such as easy to read information to meet the communication needs of people and to give people more control over their lives.
- We looked at how technology was used in the service. People had access to Wi-Fi and computers.

Improving care quality in response to complaints or concerns

- The provider monitored any complaints, compliments or concerns and used the information to understand how they could improve or where they were doing well. People had access to easy read complaints procedures in the service user guide and displayed on posters. The manager agreed to review the service user guide to include information about the other agencies people could contact.
- The manager and staff encouraged people and their relatives to discuss any concerns during meetings and during day to day discussions. People also participated in a satisfaction survey where they could air their views about all aspects of the service. We saw appropriate action had been taken to follow up any concerning information.
- People told us they had no complaints or concerns. They told us they would feel confident talking to staff or the registered manager if they had a concern or wished to raise a complaint. One person commented, "I have no complaints, but I will speak up if I need to."

End of life care and support

- At the time of the inspection, there was no-one requiring end of life support. The service had policies and systems to support people with end of life care that included involvement with family members and

healthcare professionals.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Management and staff planned and promoted person-centred care to ensure good outcomes for people.
- Staff were committed to providing high standards of care and support. Staff told us they enjoyed working at the service and received appropriate support from the management team.
- The management team understood and acted on their duty of candour responsibilities. They promoted and encouraged candour through openness and honesty. They engaged with people when things went wrong; any incidents had been fully discussed with staff during meetings or in one to one support sessions.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The manager and provider monitored all aspects of the service. When shortfalls were discovered, improvements were actioned.
- The provider made sure staff understood their individual responsibilities and contributions to service delivery. We found staff felt valued and supported. Staff were provided with job descriptions and had access to a set of policies and procedures to guide them.
- The provider was knowledgeable about their legal responsibilities. The manager demonstrated good knowledge of people's needs and the needs of the staff team.
- Any notifications the manager and provider were obliged to make, had been made to CQC and the local authority.
- The manager and provider were continually looking at ways they could develop the service. Plans to continue improvements within the service were available.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Management and staff supported people to be engaged in the service.
- The provider monitored the quality of the service by speaking with people to ensure they were happy with the service they received. People were also given the opportunity to complete a customer satisfaction survey.
- Management and staff worked in partnership with other agencies, such as social workers and GPs, to develop the service.
- Management and staff were committed to delivering person centred care that respected people's

diversity, personal and cultural needs.

- Staff were provided with the opportunity to attend team meetings. They told us they were kept up to date and were able to raise any issues.