

National Neurological Services Ltd

Deepdale Neurological Centre

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Deepdale Neurological Centre is a specialist care home which provides care and accommodation for up to eight people who may have a brain injury, other neurological conditions and/or physical and mental health needs. At the time of inspection five people lived at the home.

People's experience of using this service and what we found

People were not consistently protected from risks of harm because staff did not have training in managing behaviours that could challenge others. Staff had not been provided with adequate guidance on identifying triggers for challenging behaviour and they had not carried out de-briefs to reflect on serious incidents in the home. People were supported with the safe use of medicines. Some of the staff had received training in safe medicines management and had access to national guidance and best practice. People were supported by staff who had been safely recruited. We made a recommendation regarding improving infection control awareness among staff.

People were not supported by staff who had the right skills and knowledge. Staff did not receive suitable induction and training to meet the specialist needs of people they supported. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. The policies and systems in the service supported this practice however this was needed to be consistent.

People were asked to consent to their care and treatment. However, staff were not aware of conditions set for people who were subject to Deprivation of Liberties (DoLS) restrictions. In addition, improvements were required to ensure documentation was kept on how the use of restraint was in the best interest of people where it was required to keep people safe. We made a recommendation about meeting MCA/DoLS practices.

People received support to maintain good nutrition and hydration and their healthcare needs were understood and met.

The registered manager and the registered provider had established governance system at the home however this had not been adequately implemented to promote a person-centred approach and the delivery of high-quality care. Shortfalls were not resolved in a timely manner and recommendations from visiting professionals had not been used to improve the service. We made a recommendation regarding seeking feedback and responding to feedback from staff and people. The registered manager needed to enhance collaborative working with local services and commissioners.

People and their relatives were involved in designing their care and setting their goals however they were not involved in the review of their care. We made a recommendation about person centred care reviews and about end of life care planning. There were arrangements to maintain regular communication between

relatives and staff. People and family members knew how to make a complaint and they were confident about complaining should they need to. They were confident their complaint would be listened to and acted upon quickly.

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

Rating at last inspection:

This service was registered with us on 11/10/2018 and this is the first inspection.

Enforcement:

We have found evidence that the provider needs to make improvements. Please see safe, effective, responsive and well-led sections of this full report. We have identified breaches in relation to, safe care and treatment, staff training and good governance. You can see what action we have asked the provider to take at the end of this full report.

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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Deepdale Neurological Centre

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. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Service and service type

Deepdale Neurological Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Inspection team

This inspection was conducted by one inspector.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since their registration. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this

report. We used all of this information to plan our inspection.

During the inspection

During the inspection, we spoke with five people who used the service. We spoke with the registered manager, the training manager and four members of staff.

We looked at four people's care records including accident and incident records. We looked at three staff files in relation to recruitment and to review staff supervision records. Multiple records relating to the management of the service and a variety of policies and procedures developed and implemented by the provider were reviewed during and after the inspection. We walked around the building to make sure it was a clean and safe environment for people to live in.

After the inspection

We spoke on the phone with two relatives, we asked them about their experience of the care provided. We also received feedback from four health care professionals regarding their views of the care provided. We continued to seek clarification from the provider to corroborate evidence found. We looked at training data and quality assurance records. We also communicated with the director regarding governance in the home.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people and their staff could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The registered manager assessed people's safety and well-being to protect them from personal and environmental risk however practices in the home were not consistent. People's individual safety and well-being were assessed and managed to reduce personal and environmental risks. People had risk management plans and care plans to guide staff on how to support them against ongoing risks to self and others. However, the registered provider had failed to provide staff with training and skill to manage behaviours that could challenge to protect people in the home and care staff, including the safe use of restraint, moving and handling and managing challenging behaviours. Incident reports we reviewed showed there had been threats of violence to other people and significant incidents of challenging behaviours resulting in harm to staff.
- People were provided with background supervision to maintain their safety and reduce harm to themselves and others. However, staff were not provided with adequate guidance on how to manage risks of confrontations and aggressive behaviours. This is also called positive behaviour support planning. These plans help care staff understand and support adults who have a cognitive impairment and /or learning disability and display behaviour that others find challenging. This should include proactive approaches designed to improve quality of life, preventative (calming) strategies in response to early signs of distress and reactive strategies to manage behaviours that are not preventable.
- Staff had documented accidents and incidents and where required they had taken action to protect people and seek medical advice.
- The provider needed to improve protocols for identifying lessons that could be learnt following incidents or significant events in the home. Staff had not carried out debriefs and reflective discussions to identify where improvements could be made following significant events in the home such as aggression towards staff and instances where physical restraint intervention was used. While there was an organisational wide policy for lessons learnt, the system had not been implemented adequately to explore how the provider could protect staff and people from incidents of potential harm to explore themes and trends.
- The provider had emergency procedures for keeping people and staff safe during care delivery. These included guidance on summoning help in the event of emergencies. However, five of the staff were not trained in emergency first aid which meant we could not be assured they had the appropriate skills and knowledge.

There was a failure to ensure care and treatment was provided in a safe way for service users. This was a breach of Regulation 12 (Safe care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse;

- The majority of the staff were trained in safeguarding adults. They knew what to do if they were concerned about the well-being of the people who used the service.
- Our review showed systems and processes to safeguard people from risks of abuse were in place.

Using medicines safely

- People were supported to ensure they received their medicines safely. Our review showed people were adequately supported to ensure they had their medicines as required. Medicines were reviewed regularly when there were changes to people's needs. Care records clearly indicated the level of support each person required whether they were able to independently manage their medicines.
- Four staff had not received training in the safe management of medicines or medicines awareness. While they were not administering medicines, we could not be assured they had the skill to understand the safe use of medicines and how to observe people for any side effects. We asked the registered manager to take action on all training shortfalls.

Staffing and recruitment

- The provider had suitable staffing arrangements to meet the assessed needs of people in a timely way. During the inspection we observed there were adequate numbers of staff to meet people's needs. However, feedback from people and their relatives showed that there had been times when there had been a high turnover of staff and that there had been times when people could not complete activities due to staff shortages especially staff who could drive. The registered manager informed us they had recruited additional staff and continue to do so.
- Staff had been safely recruited. The registered manager carried out checks before new staff had commenced their employment. This was confirmed by staff spoken with. We discussed the need to ensure that the provider keep evidence of staff's photographic identity to comply with the requirements for the staff checks.

Preventing and controlling infection

- People were not adequately protected against the risk of infections. Six of the staff had not completed training in infection control and food hygiene. In addition, staff were not fully informed of specific information about risks of infection in the home.

We recommend the registered provider to seek guidance on infection control awareness and take action to update their practice accordingly.

- The environment was visibly clean, and staff were provided with protective equipment such as alcohol gels for disinfection, gloves and aprons.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- The provider had not established and operated a robust system for ensuring staff were provided with induction and training to meet the specific needs of people at the home. While the provider had a training plan and a training policy, we found staff had not received appropriate induction to prepare them for the role.
- Deepdale Neurological Centre supports people with specific needs including acquired brain injury and associated neurological conditions such as strokes mental health, epilepsy and dysphasia. However, staff employed at the service had not been provided with training in these areas to ensure they have the right skills to respond to people's needs. Records of incidents showed there were times when untrained staff had used physical restraint which can expose people and staff to risk of injuries. We would expect training to have been provided in these specific areas and in line with the needs of people living at the home.

There was a failure to ensure that all staff had received such appropriate support and training as is necessary to enable them to carry out the duties they are employed to perform. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Records showed people's needs, risks and choices had been assessed before they started using the service to ensure staff were able to meet the needs.
- The provider followed national guidelines to ensure care was delivered in line with standards. However, they were not consistent to ensure staff had adequate skills to meet the standards and follow the guidance.

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). At the time of our inspection all people living at the home were subject to restrictions under DoLS.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- There was a lack of awareness on whether conditions had been set for authorised DoLS. One person's authorisation had five conditions that the home was required to meet. However, we found staff and the registered manager were not aware of the conditions and had no documented evidence to show how the conditions had been met. We spoke to the registered manager and informed them of their responsibility.
- In the majority of the cases staff were working within the principles of the MCA. They had received MCA training and understood that they could not deprive a person of their liberty unless it was legally authorised. Staff recognised the importance of seeking a person's consent before starting to provide any care or support. However, records of consent were not consistently completed to show whether people could consent to various aspects of their care.
- We discussed the need to ensure that MCA assessments were documented to demonstrate how staff had determined a person's capacity in respect of the use of restraint. This was because mental capacity assessments and best interest records had not been completed where restraint was used. The registered manager informed us they would address this immediately.

We recommend the provider consider current guidance on use of restraint and mental capacity assessments and take action to update their practice accordingly, including reminding staff to observe any conditions attached to DoLS.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care.

- Staff made sure people's dietary needs were met. People's nutritional needs had been assessed and nutritional care plans were in place. However not all staff had received training in food preparation and hygiene. All relatives shared positive comments about people's nutrition. Comments included, "Yes they meet [relative]'s nutrition, [relative] enjoys it and they work hard to meet their dietary requirements, they swap foods if they don't like it", and, "Oh yes, I have no complaints about the food." Professionals were equally positive however they felt that staff needed to improve their skills in monitoring people's nutritional needs and risks. This was because nutrition and hydration records and weight monitoring records had not been consistently completed where required.
- Staff supported people to contact their health and social care professionals and GPs including arranging hospital appointments. They took consideration assessments or additional guidance from community healthcare professionals to ensure people's health needs were met. Feedback from health care professionals in relation to staff seeking and following professional guidance was positive.
- Staff and the registered manager and staff were aware of the processes they should follow if a person required support from any health care professional.

Adapting service, design, decoration to meet people's needs

- The provider and staff designed and adapted the home to ensure it met their physical needs. People were provided with adequate space to spend time on their own if they wished to do so. However, we observed the environment lacked basic decorations to make it a homely and stimulating environment.
- The building was secure and alarmed with accessible and a secure garden.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant 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; Respecting and promoting people's privacy, dignity and independence

- The service took consideration of people's human rights and equality and diversity. People and their relatives told us staff treated them with kindness and respect. Comments included, "Staff are kind and caring, they assist help me to visit my family regularly", "I think they are nice, they are willing to help, I have no concerns."
- Our observations showed staff had formed familiar relationships with the people they supported. They understood and supported people with their choices and preferences. Staff supported people to maintain their personal hygiene.
- While the provider had a policy on treating people with dignity and respect, we found staff had not received training on the importance of treating people with dignity and respect to enhance this practice.
- People's records were kept securely to maintain privacy and confidentiality in the office. Care records seen had documented people's preferences and information about their backgrounds.
- People were supported to develop independent skills in the home and in the community. We found examples of how staff supported people to improve their independence and confidence including regular access to the local gym for some people and regular trips in the community. Staff encouraged people to make their own snacks and drinks including washing their own laundry and making snacks and drinks where possible.

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

- People and their relatives were involved in the decision-making process. Records we saw and conversations with people showed people's relatives and their advocates had been given the opportunity to share their views about the care.
- People's preferred routines were included in their files, staff were able to tell us the routines and we saw them following them.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that services met people's needs.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care records were well written and comprehensive however the care planning practices did not always promote person centred approach. The system for reviewing care plans did not demonstrate how people had been involved in the review of their records. They were either very brief stating 'no change' or left blank where the person receiving care should be sharing their views.

We recommend the provider considers current guidance on maintaining and recording care plans and reviews and takes action to update their practice accordingly.

- While records took account of people's likes, dislikes, wishes, allergies and preferences in relation to treatment, there was a lack of positive behaviour support planning to guide staff on how to manage or reduce behaviours that can put people and other at risk of harm.

- Staff were aware of the protocols for making referrals to specialist professionals or raising concerns if people's needs changed. Professionals we spoke with confirmed this.

End of life care

- There was no one receiving end of life care. While there was a policy on supporting people and their relatives to discuss their end of life wishes, we found people and their relatives had not been given the opportunity to express their wishes. The arrangements in the home did not consistently observe people's ability to make decisions about their end of life care wishes.

We recommend the provider consult best practice on end of life care planning and review their practices.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The registered manager and staff had arrangements and plans for people to take part in activities of their choice in the home and in the community. People told us and that they could go out shopping for walks, day trips and to visit their families. We observed people being supported with various activities including accessing the local gym.

- People's relatives visited regularly to spend time with their family members and staff supported people to maintain contact with their relatives via the telephone. Feedback from relatives showed there were times when people could not be supported due to staff shortages. The registered manager told us they were actively recruiting more staff.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager had assessed people's communication needs as required by the Accessible Information Standard. People could be provided information and reading materials in a format that suited their communications needs. Staff were aware of each person's needs and how they could meet these.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure that was shared with people's relatives when they started using the service. People told us they knew how to raise concerns.
- We saw one complaint that had been dealt with in line with regulations and measures had been put in place to address the complaint satisfactorily.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager and the provider had not adequately established effective systems for monitoring the quality of the service and meeting regulatory requirements. The registered provider had quality monitoring processes however these were not effectively implemented to ensure staff employed were prepared for the role and skilled to deliver high quality care.
- The registered manager carried out a variety of audits such as medicines audits, accident and incidents. However, incidents needed to be analysed through de-briefs to identify the impact of specific incidents to staff and people. This would support a holistic approach to identifying themes and trends especially regarding people's compatibility to live together and staff training requirements. In addition, the audits were not effectively implemented to provide an honest scrutiny of the service. The audits asked questions regarding staff training however this was not answered satisfactorily to demonstrate the accurate position in relation to shortages in staff training and development.
- During this inspection we found shortfalls that had not been identified and/or addressed by the provider's quality monitoring systems which showed their governance systems were not robust to drive improvement. The provider did not operate effective systems and processes to make sure they assessed and monitored their service against regulations. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Continuous learning and improving care

- Systems for promoting continuous learning and improving care were in place, however they were not consistently implemented to monitor shortfalls, learn from previous incidents and to drive improvements.
- The registered manager informed us they had established an internal compliance system and had oversight from other managers, however these arrangements had not always identified concerns regarding staff training, support planning and other shortfalls we found at this inspection.
- While there was a lessons learnt process, the provider had not adequately implemented practices such as debrief meetings to learnt from significant incidents.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.

- Staff were involved and engaged in the service delivery. Staff told us they were able to share their views on how the service could be improved and they felt listened to. There were regular staff meetings where challenges and planned developments were discussed between staff and the registered manager.

- The registered provider carried out staff surveys to seek their views. However, the surveys had not been analysed and outcomes shared with staff. We found staff had requested additional training to improve their competences, however there was no evidence to show how the registered provider had received and acted on this feedback.

We recommend the provider consult best practice on carrying out quality assurance surveys and review their practices.

- We also saw evidence to show people were involved in making decisions about the care they received through meetings with their key workers. This system was in its early stages and needed to be sustained.
- The provider recognised their staff's performance and contribution through internal staff awards.

Planning and promoting person-centred, high-quality care and support, and how the provider understands and acts on duty of candour responsibility; Working in partnership with others

- The provider's arrangements and systems did not consistently assist in the planning and promotion of person-centred care. This was because the systems to monitor staff learning needs and ensure staff had the right competences were not effective.
- The service worked in partnership with other professionals and agencies to help ensure people received the care they needed. However, the registered manager needed to establish more robust networks with local commissioners and to ensure action plans provided by external commissioners were prioritised to ensure compliance.
- The management team and staff were open and transparent with the inspection process. They had submitted notifications to the Care Quality Commission. We noted apologies had been offered where things had gone wrong and significant events were shared with other organisations.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to establish systems for ensuring delivery of safe care and treatment Regulation 12(1)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to operate an effective quality assurance system in order to improve the quality and safety of the service. Regulation 17 (1) (2)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had failed to ensure that staff received such appropriate support, training, professional spacing development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform. Regulation 18 (2) (a)- Staffing