

Renal Health Limited

# Chase Park Neuro Centre

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

We carried out an unannounced comprehensive inspection of this service on 4 and 14 July 2017. At that inspection the service was rated 'Good' overall and there were no breaches of relevant regulations. After that inspection we received concerns in relation to staffing levels, the safety of people and the governance within the service. As a result we undertook a focused inspection of Chase Park Neuro Centre on 13 and 16 April 2018 to look into those concerns. This report only covers our findings in relation to those topics. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Chase Park Neuro Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Chase Park Neuro Centre is '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. Chase Park can accommodate 60 people in two adapted buildings and on the date of this inspection there were 39 people living at the service and 15 people receiving respite complex care. Most of the people living at Chase Park Neuro Centre had fluctuating capacity due to an underlying medical condition or injury. There is also a coffee shop and swimming pool area, accessed by members of the public that are attached to the care home building.

There was a registered manager in post who has been registered with the Care Quality Commission (CQC) to provide the regulated activity since November 2016, this was one of the requirements of the home's registration with the CQC. 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.

During this inspection we found a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014 Regulations: Safe care and treatment, and regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014 Regulations: Good governance. This was because the provider had not adequately assessed the risks to the health and safety of people using the service and the management of medicines was not safe. You can see the action that we have asked the provider to take at the back of the full version of this report.

We found the premises were not always safe. Designated fire escape routes were used as storage areas for staff belongings, the sluice and clinical waste storage areas were not locked and oxygen was not safely stored. This practice increased the risks of injury to people using the service.

Procedures were in place to ensure the safe receipt, storage, administration and disposal of medicines. However, we found medication administration records (MARs) had not been completed correctly and the medicines trolley was left unattended in front of the main entrance to the building. People's care records were left in the main corridors of the home which were easily accessible to other people and visitors.

People told us that they felt safe at the home and relatives agreed with these comments. We found there were policies and procedures in place to help keep people safe which were being followed by staff. Staff had received training and attended supervision sessions around safeguarding vulnerable adults. Staff were able to tell us basic safeguarding practices, what to do if they needed to raise a safeguarding concern and what they did to keep people safe. Accidents and incidents were recorded correctly and if any actions were required, they were acted upon and documented. Staff were safely recruited and they were provided with all the necessary induction training required for their role. The registered manager continued to provide on-going training for staff and monitored when refresher training was required.

Infection control procedures were in place at the home and during the inspection we saw regular cleaning of the home. There was a business continuity plan in place to ensure the service could still provide care to people in the case of an emergency. There was enough staff to support people but we found that the deployment of staff during the first morning of the inspection was an issue.

There was a fire risk assessment in place, personal emergency evacuation plans (PEEPs) in place and we saw regular testing of equipment. A PEEP is an individual escape plan for a person who may not be able to reach an area of safety unaided or in a safe amount of time in an emergency situation. PEEPs included how many staff would be required to support people and what action should be taken. There was a clear evacuation route throughout the service and the lights, doors sensors and alarms were tested regularly.

There was a newly created governance framework in place at the service. The registered manager carried out regular checks and audits of the service and worked with the provider to achieve positive outcomes for people who used the service. The provider and registered manager had a clear vision to care for people living at the home. The management team created an open and honest culture with staff and had an 'open door' policy for all people, relatives and staff.

The registered manager was a visible presence at the home and also supported people by carrying out nursing duties. Staff told us they felt supported by the registered manager and were able to seek advice and guidance when needed. Staff were able to describe their role in supporting people and championed the work they did.

We saw regular involvement from GPs, local authority, clinical commissioning group (CCG) and other partnership agencies documented in people's care files. Care files contained daily recordings of the support people received and we also saw referrals to other health care services within these. For example, one person had a referral to the speech and language therapist. Records were audited as part of the governance framework and we saw evidence of monthly reviews of people's needs.

## 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.

The premises were not safe for people, staff and visitors to the service. Environmental risks were not identified and fully assessed.

There were suitable staffing levels at the service but staff were not always deployed correctly.

Medicines were not always stored securely and records in place about medicines that were administered, were not always completed appropriately in line with best practice guidance.

People received care from staff who were trained and aware of safeguarding procedures.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well led.

There was a new governance framework in place that was still to be fully embedded, and further work was needed in this area. We found this was not always fully effective in identifying shortfalls within the service at the time of our inspection. Where shortfalls were identified these were not always addressed in a timely manner.

There was a registered manager in post who understood their role and responsibilities. People, staff and relatives felt that the registered manager was open and approachable.

The provider and registered manager had a clear vision, strategy and plan to deliver quality care.

**Requires Improvement** ●

# Chase Park Neuro 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 undertaken to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This focused inspection of Chase Park Neuro Centre took place on 13 and 15 April 2018 and was carried out by one inspector. The inspection was undertaken to check that the service was meeting the legal requirements after our last fully comprehensive inspection on 4 and 14 September 2017. This inspection was prompted in part due to a number of incidents and intelligence we had received from partnership agencies regarding the safety of people, staffing levels and the governance within the service. The inspection was unannounced on the first day which meant the provider did not know we would be visiting the service. The team inspected the service against two of the five questions we ask about the services: is the service safe? and is the service well-led?

No risks, concerns or significant improvement were identified in the remaining Key Questions through our ongoing monitoring or during our inspection activity so we did not inspect them. The ratings from the previous comprehensive inspection for these Key Questions were included in calculating the overall rating in this inspection.

Prior to our inspection we reviewed all of the information that we held about the service. This included any statutory notifications received. Statutory notifications are specific pieces of information about events, which the provider is required to send to us by law. We also sought feedback from the local authority contracts monitoring and safeguarding adult's teams, and reviewed the information they provided. We contacted the NHS Clinical Commissioning Group (CCG), who commission services from the provider and we contacted Healthwatch, who are the independent consumer champion for people who use health and social care services. The feedback from these parties was used in the planning of our inspection.

During the inspection we reviewed documentation, inspected the safety of the premises, carried out observations in communal areas and had discussions with people who used the service, their relatives, staff and visiting professionals. We also spoke with seven people who used service, two relatives and seven

members of staff including the registered manager and nominated individual. We reviewed the care records for eight people and the recruitment records for four members of staff. We looked at quality assurance audits carried out by the registered manager and the provider. We also looked at the staffing rotas, training records, meeting minutes, policies and procedures, environmental safety and information related to the governance of the service.

# Is the service safe?

## Our findings

This focused inspection was partially undertaken due to concerns raised regarding staffing levels and the safety of people using the service. During our last inspection we found no concerns regarding the staffing levels or the safety of people within Chase Park Neuro Centre.

When we first arrived at the service we carried out a tour to make sure the premises were safe for people. During the tour we found the kitchen door on the ground floor of the rehab unit was open with a kettle, containing boiling water, left on the bench. This was a risk as people could walk into the kitchen area and could scald themselves if they were unable to fully identify the risk. People at the home had different levels of capacity and some people may not have been able to identify a risk to their own personal safety. On the second day of inspection the kitchen was locked and staff had been reminded by the management team to keep the door locked. The main doors from the coffee shop into the service were not locked. This placed vulnerable people at risk as anyone could access this area of the service. We highlighted this to the registered manager, who immediately took action and closed the doors. Throughout the inspection the doors to the coffee shop remained locked and staff used the key pad entry system to keep people safe.

Fire escape routes were being used as a storage area for five boxes, ladders and staff belongings. We highlighted this to the registered manager who had all items removed by the second day of inspection. The access door to the lift mechanics was not locked. This was a risk to people as they may injure themselves. The registered manager requested this to be locked and it was locked by the end of our first day of inspection. We observed two sluices which were not locked on both days of the inspection. The kitchen area in the nursing suite of the service also had a kettle containing hot water on a bench.

There were four oxygen cylinders stored in an unlocked cupboard and there was no signage to inform people or staff that it was located in the cupboard. There were wooden barriers across fire escape routes. These had not been risk assessed and people were at risk of injury if they needed to escape the building. The registered manager created a risk assessment for these and this was completed by the second day of inspection. There were four clinical waste bins which were not securely stored outside and three of these were not locked. We found a piece of wood jutting out on the dado rail on the staircase which could have caused injury to people. The registered manager instructed the handy man to repair this.

During our tour of the building we found four pull cords in bathrooms and toilets had been tied up. The management team untied the pull cords and these were all accessible on the second day of inspection. We also found eight boxes of fortisip stored in the first-floor corridor of the rehabilitation unit. The ease of access of the boxes to people with swallowing difficulties may pose a risk of aspiration and its location also caused a potential tripping hazard.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014 Regulations: Safe care and treatment.

During the premises tour on the first day of inspection the medicines trolley was left unattended on the

ground floor of the rehabilitation unit next to the main open front door. Due to the risk to people we had to wait with the trolley during the tour to ensure the trolley remained secure within Chase Park. This was a risk to people and not safe medicines management, as people or visitors may have had access to people's medicines. Staff did not recognise the lack of security of the premises and access to the service.

Medicine administration records (MARs) showed staff recorded when people received their medicines and entries had been initialled by staff to show they had been administered. We reviewed the MARs and found there were missing signatures on the 15 April 2018 for all people in the rehabilitation unit receiving afternoon medication. We highlighted this to the nurse on duty who informed us that this had been noted and a full medicines stock check had been carried out, in-line with the medicines protocol for the service if a missing entry is found. We informed the registered manager of our findings and this was noted for an internal investigation into the event. The registered manager also confirmed that they would raise a safeguarding alert with the local authority due to our findings.

We looked at the arrangements for the management of medicines. Medicines were securely stored in a locked treatment room and were transported to people in a locked trolley when they were needed. Medicine stocks were recorded when medicines were received into the home. This is necessary so that accurate records of medicines are available and nursing staff can monitor when further medication would need to be ordered.

Medicines were given from the container they were supplied in and we observed that staff explained to people what medicine they were taking and why. People were given the support and time they needed when taking their medicines. People were offered a drink of water and staff checked that all medicines were consumed by people before they moved away from them. People's medicine support needs were accurately recorded in their care records.

Protocols were in place to administer 'as required' medicines. The protocols assisted staff by providing clear guidance on when 'as required' medicines should be administered and provided clear evidence of how often people require additional medicines such as pain relief medicines.

At this inspection we reviewed the staffing rota provided by the service for the last three months and compared this to the assessed staffing needs to keep people safe and meet their needs. The registered manager regularly reviewed the staffing requirements for the service and we found that these were reflected by the staffing levels. The service was undergoing a recruitment exercise to employ new staff to reduce the number of agency staff used. One relative said, "There's always someone around. I can walk down the corridor and find them if I need to ask anything. Yes, there's enough staff." One person said, "I've got a buzzer, look if I push it they will come to see me straight away. Always around."

During our first day of inspection we found that the deployment of staff was an issue, as we observed care staff downstairs supporting people and only domestic staff available to support people on the second floor of the nursing building. On arrival at the service staff were unable to inform us of the management structure for the day, as we were informed both members of management were not due to be at the home. We raised this with the management team. The registered manager confirmed that they would speak to staff about ensuring that care staff are in the correct locations. The registered manager also informed us that they were at a medical appointment when we first arrived and this was why they were unavailable when we first arrived.

People living at Chase Park Neuro Centre said that they felt safe and were happy with the care provided. One relative told us, "[Person] is always looked after; I know [person] is safe and is pleased to be here." One

person said, "I'm safe and they (the staff) keep me out of trouble."

We saw evidence of regular testing of equipment, water, electrical, gas, waste transfer, lift servicing and other premises testing to keep people safe. The electrical installation condition certificate for the service had expired, another inspection was carried out 18 April 2017 and identified the electrical conditions were unsatisfactory and there was no current valid certificate in place at the service. The registered manager provided evidence to show that this was about to be completed. The service had all other current certificates to show it complied with health and safety requirements.

There were risk assessments in place for the control of substances hazardous to health (COSHH) and these included data information sheets and protocols for each substance. The registered manager and the handy man regularly inspected the premises and we saw records were made of these checks. During these checks the items we had highlighted on the premises tour had not been identified.

There was a fire risk assessment for the service and this was used in partnership with people's Personal Emergency Evacuation Plans (PEEP). A PEEP provides information about the support people would need to be evacuated safely from the building or within the building to places of safety in an emergency. There was a clear evacuation route throughout the service and the lights, doors sensors and alarms were tested regularly.

We saw regular cleaning of the service during the inspection and regular cleaning audits. There was an infection control policy in place. We saw staff following these procedures including the safe transportation of waste and laundry through the service. Staff wore personal protective equipment (PPE) whilst supporting people to prevent the spread of infection.

Staff recruitment was safe. We saw evidence that all staff had a current Disclosure and Barring Service (DBS) check in place. The DBS check a list of people who are barred from working with vulnerable people; employers obtain this data to ensure candidates are suitable for the role. Other pre-employment checks had been carried out such as gathering references from previous employers.

All staff had received safeguarding training and had covered this topic as part of their induction and on-going training. We saw evidence of supervision meetings between the registered manager and staff discussing safeguarding. One member of staff told us, "I know what to do with any form of safeguarding. It gets recorded and then we pass it to the council. I know what to report and who to."

We reviewed the safeguarding and accidents/incidents information at the service and these records were accurate, linked to the appropriate accident/incident, had in-depth investigation reports, follow up actions highlighted and lessons learned. There were safeguarding policies for protecting vulnerable adults available for all staff and people at the service. There was information available to people using the service if they wanted to make a safeguarding referral.

Individual risks to people were identified and managed well so people were safe. Risk assessments were completed for moving and handling, mobility, falls, use of bed rails, nutrition and hydration, choking, continence and skin integrity of people living at the service. Assessments were completed in partnership with people, their relatives and external health professionals. The plans encouraged independence and respected people's choices.

## Is the service well-led?

### Our findings

During this inspection we found issues with the premises safety and medicines that had not been identified by the auditing checks in place as part of the governance framework. There was also no explanation as to why it had taken the provider over a year to address the results of the premises electrical installation safety check undertaken in April 2017, where the results showed this was 'unsatisfactory'. The provider explained that these works were going to be carried out in the near future. We discussed our concerns about the governance system not identifying the concerns we identified at our inspection with the provider and registered manager. The management team were aware that the electrical works had not been completed but were confident that the remedial works required would be completed.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014 Regulations: Good governance.

There was a long term registered manager in post who had been registered with the Care Quality Commission (CQC) since November 2016. This was in line with the requirements of the provider's registration of this service with the CQC. The registered manager was also a registered nurse and they were aware of their responsibilities and had submitted notifications as and when required. The registered manager was present during the inspection and assisted us throughout the inspection. They were extremely knowledgeable about the people who used the service and told us about individual people's needs. The registered manager also carried out nursing duties to support the service when required.

People and relatives, we spoke with knew who the registered manager was and told us they were a visible presence at the service. One member of staff said, "I can just go and see [registered manager] whenever I need to." We saw the registered manager interacting with people and relatives throughout our inspection in a positive and caring way. We saw them helping to support people, acknowledging visitors and providing guidance to staff.

The service had a clear vision and was working towards making service improvements for all people. The registered manager, nominated individual and the Director of Nursing had a plan for improvements and were working together to achieve these. There was an action plan in place from the local authority's contracts team and the service was working to address all areas highlighted on this. There was a business continuity plan in place and this included all areas of the service for multiple scenarios.

During the first day of inspection we found five people's care files in the corridor of the nursing suite of the service which was placing people at risk by having their personal information available to other people using the service and people visiting the service.

Staff had regular supervisions and we observed staff asking the registered manager for advice and guidance during the inspection. We reviewed staff supervisions and saw documented evidence of discussions around concerns and safeguarding. There were also records to show additional training was provided during supervisions to make sure staff were aware of the principles behind moving and handling and safeguarding.

Clinical supervisions for the registered manager had not been completed for five months but the Director of Nursing had scheduled these to be completed, we saw evidence of this by a matrix within the main office. These supervisions had not been formally carried out or recorded previously as the provider did not have any arrangements in place to support this.

We saw records of regular staff meetings and reviewed the minutes from these. Meetings included lessons learned from incidents within the home, updates around policies, staffing changes and overviews of important information from the provider. There were regular meetings for people using the service and their relatives to attend, we reviewed the minutes from these meetings too. There was also a 'You said we did' poster in the reception area of the service detailing improvements made that people and relatives had suggested. The service carried out regular customer surveys to collate feedback and improvements for the service. These were recorded centrally and used to support improvements to the service.

The service had an open, transparent and honest relationship with partnership agencies such as the local authority and the Clinical Commissioning Group (CCG) and we saw evidence in people's care files of joint working with external professionals to support people. We received feedback from the CCG who told us, "The manager appears to have a good understanding of their core role, though a lack of boundaries regarding additional roles asked of them (due to additional nursing duties undertaken by the registered manager). Their responses to us as a CCG have been proactive and our observations of them supporting staff and residents have shown a professional and caring approach."

During the inspection the registered manager had regular contact with the local authority to ensure that the service was following all required actions from their recent quality visit. The home had their latest CQC inspection rating on display so that people living at the service, relatives, visitors, professionals and people seeking information about the service can see our previous judgements. They also displayed their 5\* food hygiene rating, certificates of registration and insurance details at the main entrance of the home.

There was a newly created governance framework within the service. The registered manager carried out daily, weekly and monthly audits of the service and we saw evidence of these. The provider also carried out a quality assurance audit of the service on a monthly and this was also planned for a quarterly basis.

As this framework had not been fully embedded, we did not see evidence to show that this was a continual process within the service as there was only one month's worth of audits present to review. The audits allowed for the key areas of the service to be monitored and if any faults or errors were identified there were measures in place within these audits for them to be acted upon.

Records were regularly updated, reviewed and audited. The Director of Nursing had reviewed all policies and procedures used within the service and had ensured that they reflected current guidance and best practice. However, we saw that records were not always securely stored and on the first day that we inspected we found a number of people's care records were left unattended in a unit of the service where they were accessible to anyone who was in the building. We raised this with the registered manager and they gave assurances that this would be discussed with staff, as this was not part of the normal policy within the service.

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
Treatment of disease, disorder or injury	The premises were not always safe for people using the service. Risks due to health and safety had not been fully identified, assessed and mitigated.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
	The governance framework in place did not fully assess, monitor and mitigate risks relating to health, safety and welfare of service users.