

National Neurological Services Ltd

Albert Road

Inspection report

24 Albert Road
Manchester
Lancashire
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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

Albert Road is a residential care home providing personal care and support to up to 7 people. The service provides support to those with an acquired brain injury. At the time of our inspection there were 4 people using the service.

The home is a large, converted semi-detached house with four floors. Bedrooms and dining areas are situated to the first and second floor.

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

People were kept safe and felt supported. People we spoke with were positive about living at Albert Road and from our observation's interactions between people and staff were respectful and polite. We received positive feedback from families of those who use the service .

Staff told us they felt supported working at Albert Road. Recruitment checks were completed in line with requirements. Staffing levels were sufficient to meet the needs of the service and allowed the service to provide flexible support.

Improvements made at the last inspection had been maintained. Medicine management practices were safe. Care plans were detailed, providing clarity on individuals needs, likes and dislikes. Training was comprehensive and the provider was looking at additional enhanced training to ensure staff could support individuals in a person-centred way.

Managers and the provider had greater oversight of the service. The culture within the home had improved; this was confirmed by staff spoken with. Managers were approachable to both staff and those who used the service. Managers were receptive of feedback and actioned feedback in a timely manner.

People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. The service enabled individuals to engage in positive risk taking.

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

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Albert Road

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. We checked 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 Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 2 inspectors.

Service and service type

Albert Road is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement dependent on their registration with us. Albert Road is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 21st November 2022 and ended on 25th November 2022. We visited the location's service on 21st November 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used information gathered as part of monitoring activity that took place on the 10th of January 2022 to help plan the inspection and inform our judgements. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection. We sought feedback from the local authority and professionals who work with the service.

During the inspection

We spoke with 4 people who used the service. We also spoke with 7 members of staff including the regional operations manager, registered manager, peripatetic manager, regional quality partner and 3 support workers. We reviewed a range of records. We reviewed the majority of the documentation on site and also asked for some remotely by asking the provider to send us key information after meeting with them. This included 3 people's care records, multiple health and safety records and 2 staff records in relation to recruitment. We also looked at a variety of records relating to the management of the service, including policies and procedures.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Safeguarding and whistleblowing policies were in place, People told us they felt safe and happy.
- Staff knew who to contact if they had concerns and the provider had appropriate ways for staff to whistle blow confidentially. All staff had annual safeguarding training.
- Safeguarding protocols were reinforced through supervision, handovers and staff meetings. The provider submitted relevant notifications in relation to safeguarding.
- The manager reviewed and audited all safeguarding concerns to ensure actions had been taken.
- The provider had a system in place to document incidents and accidents which included a debrief section. Incident reports were thorough and detailed and recorded actions that had been taken. Lessons were shared across the service via team meetings and supervisions and more widely within the provider including 'risk and governance meetings'.

Assessing risk, safety monitoring and management

- The service completed thorough risk assessments and included people who used the service in the design of these.
- Staff were able to identify risks to people and use strategies to manage risk.
- Environmental risk assessments were in place. The service had a full fire risk assessment which included individual evacuation plans. These plans were tested frequently to check their robustness.
- The home required some maintenance and redecoration including improvements to en suite bathrooms. A schedule of work was in place with immediate works being quoted for.
- Premises and equipment checks were completed in line with the legal requirements which included mains electrical, gas safety, Legionella and lift safety.
- The service had a proactive approach to managing any behavioural incidents with the administration of medicines to people being a last resort. Medicine records evidenced this. The provider worked with other healthcare professionals to look holistically at people's behaviour should any issues arise and had employed someone to work on positive behavioural support.

Staffing and recruitment

- Staffing levels were appropriate to meet the needs of the people. Sufficient staff were available to meet people's needs promptly which included a number of one-to-one sessions, enabling people who use the service to access the community and activities outside the home.
- Recruitment checks were completed centrally by a dedicated recruitment officer. We checked the files of two staff members and found the required checks were completed.
- The provider was planning additional staffing to be put in place in the event of new people moving into

Albert Road. People who use the service were involved in interviewing new staff.

Using medicines safely

- The management and administration of people's prescribed medicines was safe.
- Medicine administration records (MAR) were complete, with no gaps or omissions. Medicine stock levels matched records, were recorded daily and medicines were dual signed in upon delivery.
- Medicine risk assessments were up to date, and where a person needed PRN medicines (medicines given when needed), there was an in-depth protocol for each medicine which included alternatives to try before administering.
- Medicines were stored securely and in line with manufactures guidance. Temperature checks of both the room and the fridge were completed daily.
- The manager and team leader completed regular audits of medicines administration.
- Staff were trained in the safe administration of medicines and had their competency checked regularly.

Preventing and controlling infection

- There was adequate Personal Protective Equipment (PPE) stocks and all staff were wearing appropriate PPE throughout the inspection. The provider had temperature checks for all staff and visitors to check for any signs and symptoms of COVID-19.
- The service had a COVID-19 risk assessment and protocols for managing outbreaks and staffing issues.
- The home was clean throughout and staff maintained a clean environment responsively cleaning where needed.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

There are no restrictions on visiting. Visitors are asked if they have any symptoms of COVID-19 and are also temperature checked.

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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The provider completed comprehensive assessments prior to people moving in, this included looking at compatibility with other people who use the service.
- Care was delivered in line with people's plans. These included guidance on specific health conditions including mental health, diabetes and dementia.

Staff support: induction, training, skills and experience

- Staff completed a comprehensive training and induction programme which included mandatory and service specific training. Mandatory training was at 100% completion rate.
- Staff received additional training around the specific health needs of people who used the service which included conditions such as diabetes and epilepsy.
- The management team had oversight of training and ongoing development. The provider was also looking into additional specialist training following a person's recent admission.

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

- People who used the service had choice about meals and planned weekly meals with the team leader. As this was done with staff support, staff supported them to follow a balanced diet.
- The menu was on display in the kitchen, so people knew what they were having. People who used the service were encouraged to take part in meal preparation where able.
- People who used the service continued to have access to snacks and make drinks throughout the day, cupboards had pictures on to support people to locate items in the kitchen.

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

- The team worked closely with a range of health care professional so that people's health and well-being was maintained. Any issues were responded to in a timely manner.
- The service had a good oversight of people's health and wellbeing needs. If needed referrals were made for services including occupational therapy and dieticians.
- Staff supported individuals to appointments, during our inspection we observed this with one person attending an appointment.
- The service worked closely with the GP team to support one person to manage their own diabetic injections.

- The provider worked as part of a multi-disciplinary team in supporting a person's complex health needs.

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

- The service had made recent investments in the outside provision with the introduction of a quiet space and newly decorated outdoor seating area.
- The main communal areas were used well, the home also had a satellite kitchen should people want one to one cooking sessions, which staff told us was used.
- Aids and adaptations were provided to aid people's movement around the home and promote independence.
- Work was required to improve and enhance the environment in some areas of the home, the provider was providing this investment to ensure this was completed.

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 MCA 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 when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People were actively involved in planning their care and support. Issues around capacity and consent were explored. Where necessary decisions made in the person's interest were done with the involvement of relevant others, such as health or social care professional and advocates.
- The service was working within the principles of the MCA.
- The service ensured appropriate legal authorisations were made. Three people were subject to DoLS authorisations with a fourth application pending.
- We saw one person was being supported by Advocate/Paid RPR. RPR is a person who must be consulted regarding any restrictions in place, and who can advocate on their behalf. One person told us that they had been "asked about what they wanted".

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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to 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

- Interactions between people and staff were polite and respectful. Staff were aware of the individual needs of people and how they wished to be supported.
- One individual had recently gone on a short-term placement to assess suitability for more independent living.
- People's cultural needs were considered and supported.
- Areas such as sexuality were explored through easy read documentation and links with external organisations.
- The service was structured to meet the needs of the individuals revolving around individual wishes and activities.
- The service allowed individuals choice around routines but also provided shared activities and mealtimes.

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

- People had the opportunity to provide feedback which was collected and reviewed by the provider multiple times a year. Feedback was acted upon using "you said, we did" boards, which were on full display in the reception.
- People who used the service were involved in reviews about their care. They also had input into their care plans which evidenced what the person wanted from their support.
- Individuals were consulted with during the application process for DoLS.
- The service was looking at the introduction of outdoor small animals next year as part of the feedback from people who used the service.

Respecting and promoting people's privacy, dignity and independence

- People were supported to be as independent. Individuals engaged in positive risk taking which was risk assessed appropriately.
- Rooms were tidy and clean, staff supported people to maintain suitable bedroom spaces, which reflected their personalities.
- Individuals had their own bedrooms which could be locked, staff had master keys. We observed that staff respected individual's privacy and knocked before entering rooms

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences, End of life care and support

- People were actively involved in planning their care and support. Issues around capacity and consent were explored. Where necessary decisions made in the person's interest were done with the involvement of relevant others, such as health or social care professional and advocates.
- We saw people who used the service having choice about important matters to them including community access.
- End of life wishes were explored as part of the care planning.
- We saw very detailed and clear plans in relation to one person's end of life wishes. This was recorded within a 'When I die' document which was provided in an easy read format.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Information was made accessible to people. Guides in a range of subjects were available in an easy read format. Picture cards were also available to assist one person who at times found it difficult to verbally communicate their needs and wishes.

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

- Routines were flexible and people took part in activities of their own choosing both in and away from the home. Staff promoted choice and independence and took into consideration areas of equality and diversity.
- We saw evidence of activities taking place in the home and photographs from events. People appeared happy during these activities.
- The service provided opportunity for people who used the service to explore their religious needs and had supported one person to access a number of different churches and mosques.
- People accessed the local community including the opportunities to eat out.

Improving care quality in response to complaints or concerns

- When an individual had complained the service responded proactively and commissioned additional resources to help deal with the issue raised.

- The provider and managers were responsive to any feedback given and were proactive in providing additional information when requested.

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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Feedback from family surveys conducted by the home show they were happy with the care provided with one saying ' [Person] is very well looked after' and another saying '[Person] is given the care needed. [They] and I am involved in [Their] wellbeing. We speak every day. If problems arise, I am informed and very much involved.'
- People who use the service had regular house meetings to discuss house matters. Daily handovers were completed and reviewed by the management team.
- Staff meetings had been held. Although these had dipped recently due to a change in management, staff still felt supported, and meetings had taken place along with a future schedule.
- People who used the service were happy with the level of care they were getting.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The management team were all approachable and seen interacting well with people who used the service. We observed people were familiar with managers and there was positive interaction between people and staff.
- The provider had fulfilled their legal obligations in relation to notifying CQC of important events. The provider had displayed their inspection rating clearly in the entrance to the service as required and on their website.

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

- Risk assessments and care plans were very detailed, they provided relevant information so staff could support individuals.
- The provider understood its requirements under health and safety and completed necessary checks in relation to these, in some cases the provider did additional checks to the minimum required.
- The provider had oversight of the service via regional management teams and a regional quality business partner. They were actively involved in checking audits and actions were distributed across the service and the provider to ensure timely completion.
- Staff reported that since the last inspection there has been ongoing improvement, the culture had changed and staff enjoyed working at the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People who use the service completed surveys, as did their families. The service used this feedback and included in the service action plan.
- People had annual care reviews organised by the provider with all those involved in the individuals care and support.
- Residents had regular meetings at the home with management and there was a schedule of meetings on display for 2023 to give people who used the service enough notice. Minutes of these were seen on inspection.
- Staff provided regular feedback via supervision and also through staff surveys, these correlated with the 'You said, we did' board on display in the main reception.
- Staff told us they felt supported by the provider. Staff feedback surveys highlighted concerns about the environment and décor, the provider had a plan and schedule of works to resolve this.

Working in partnership with others

- The service worked with external partners frequently. While inspecting we saw this partnership working well with health care professionals from the GP.