

Neuro Partners Limited

# Neuropartners Northwest

## Inspection report

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### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

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

There was a registered manager in post on the day of our visit. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

This was an announced visit and took place over two days on the 30 July and 1 August 2014, during which we spent time with the registered manager, the registered manager for community services and the clinical lead for the nursing services. We visited people in their own homes, contacted other people by telephone and spoke to members of the support staff team.

Neuro Partners North West (Neuro Partners) is a provider of domiciliary care and nursing services. The organisation is registered to provide personal care for people living in the community. They also provide a range of nursing needs for people with brain acquired injury or other

# Summary of findings

complex needs. At the time of our inspection Neuro partners provided personal care and support to 12 people in their own homes and nursing care for 10 people in their own homes.

At the last inspection visit in September 2013 we found that this service met all the regulations we looked at.

Staff had completed training in adult protection and training in the Mental Capacity Act (2005). There were procedures to follow if staff had any concerns about the safety of people they supported. Safeguards were in place to protect people who may not have the capacity to make decisions for themselves. Staff told us they would not hesitate to report any concerns to the Registered Manager or the care managers if they saw or heard anything that could put people at risk.

Each person supported by this agency had their needs fully assessed in order for an appropriate package of care to be implemented. People and their relatives, if appropriate, were very much involved in the planning and provision of care and were part of the initial assessment of needs. People told us they were able to choose how and when they wanted their care provided.

There were systems and procedures in place to protect people from the risk of harm. All the people we spoke to told us they felt safe with the staff that supported them.

Staff we spoke to had a good understanding of the needs of the people they supported. The support staff worked in teams so there was continuity of care for the people they supported.

We spoke to external health care professionals and were told lines of communication were good and staff were always open to their advice. Peoples' health care needs were met through family doctors and the district nursing teams.

Regular reviews of care were in place to ensure the support provided remained effective. Staff received training in core subjects and also in the specific needs of the people they supported. Diet and nutrition advice was accessed by dietitians and speech and language therapists.

There was a detailed staff induction programme and all staff received regular supervision from their line manager.

People told us they felt 'cared for' and their privacy and dignity was respected at all times. Peoples' support plans were relevant and up to date.

Staff had completed training in 'end of life care'. We were told by a social care professional the staff provided "wonderful care" to people and their relatives during this difficult time.

People were fully involved in any decisions made regarding their care and support. They told us that they made all their own choices and any requested changes were dealt with as soon as possible. Support plans provided staff with sufficient guidance to ensure all the assessed needs were met at all times.

External health and social care professionals told us the staff responded to advice they gave in order to improve peoples' quality of life.

Staff told us they appreciated the support they received from the registered manager and the senior staff. They said they "would not be afraid to raise any concerns" because they knew they would be listened to

There was an effective internal quality monitoring system in place that ensured peoples' opinions about the service provided were gained. Complaints and incidents were recorded and dealt with within the timescale set down in the relevant policies. Statutory notifications were sent to the Care Quality Commission when required.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service is safe. People told us they felt safe. Staff had a good understanding of how to keep safe the people they supported. Staff had completed training in the Mental Capacity Act 2005.

Staff were recruited safely and appropriately with all required checks undertaken. Staffing levels guaranteed care could be delivered safely and met the needs of the people they supported

People were kept safe by a thorough risk assessment process which ensured their safety both in their homes and in the community. People were treated with dignity and their human rights were respected.

Good



### Is the service effective?

The service is effective. People had their needs assessed prior to the service starting.

Staff had access to on-going training to meet the individual and diverse needs of the people they supported. This included nutrition and food hygiene. This ensured staff had the appropriate skills and knowledge to carry out their role effectively.

Arrangements were in place to ensure all health needs were met. External health care agencies were accessed for help and advice in meeting diverse and complex health care needs. Staff training in the administration of medicines and infection control was completed by all staff and was up to date

Good



### Is the service caring?

The service is caring. People told us the staff were caring and understood their needs. Relatives told us the staff team were very kind and considerate to the people they supported.

External healthcare professionals told us consistent care was provided by well-established staff teams.

We saw individual care records evidenced people and their families were involved in making decisions about their care and support and the way in which it was delivered. Care records were clear and provided staff with comprehensive guidance on how people's care should be provided.

Good



### Is the service responsive?

The service is responsive. The people supported by this agency and their relatives told us they were very involved in the care provided.

People told us the management were responsive to any changes required in the support provided and put them into practice as soon as possible.

All those we spoke to or visited told us that they could contact the staff in the office at all times. There was an 'on call' team to deal with emergencies that happened out of office hours.

Good



### Is the service well-led?

The service is well-led. There was a registered manager and two care managers in place at the time of our visit.

Good



# Summary of findings

We found the leadership of the agency to be open and supportive of staff and the people who were provided with care and support.

There were appropriate systems in place to assess and monitor the level of support provided. Quality checks were in place to ensure staff provided effective and responsive care.

# Neuropartners Northwest

## Detailed findings

### Background to this inspection

We carried out this inspection on 30 July and 1 August 2014 and the inspection team consisted of the lead inspector for the service and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.'

Prior to the inspection visit we gathered information from a number of sources. We looked at the information received about the service from notifications sent to the Care

Quality Commission by the registered manager. Prior to our visit we had received a Provider Information Return (PIR) This contained information which enabled us to focus on the areas of the inspection we wished to look at in detail.

We contacted external agencies who also had dealings with the service to ask their opinion about the care and support provided. These included one of the commissioning managers from the NHS Cumbria Clinical Commissioning Group (CCG), a social worker from the hospice, two case managers from the Acquired Brain Injury Team, social workers and the locality lead from Carlisle Adult Health and Social Care Team.

We spoke to 10 members of staff, four of which were based in the office and the remainder were support workers. Those based in the office included a clinical psychologist, the manager for the community services, the clinical lead and one of the rostering officers.

We contacted 17 people by telephone, six of whom were relatives and 11 were people supported by Neuro Partners.

We reviewed the care records of six people who received support from the agency and checked the environmental standards of the office in which the agency was located. We looked at four staff files to check on the recruitment and selection process.

# Is the service safe?

## Our findings

People we spoke to told us they felt safe when receiving support from the staff at this agency. Relatives told us they were happy with the care and support provided. They appreciated the staff teams remained consistent so there were very few, if any changes to the personnel that made up the staff team. Some people we spoke to had been receiving support for over two years whilst others for just a few months. People told us, "I have a large team of carers but I get on well with them all. I prefer going out with just two or three of them though as we have a good time". Relatives told us they felt their family member was safe when being supported by their carers and said, "My son is looked after by a large team & for the first time in 4 years, my wife and I feel confident to leave him for a short break." One of the people receiving support told us, "I can't go out on my own. My support worker comes with me on the bus & helps me with my shopping."

People who had complex nursing needs told us they felt safe when being supported by the staff at Neuro Partners. Relatives told us they felt the staffing levels were appropriate although some said they liked to 'keep a close eye on how things were done'.

We looked at the numbers of staff employed to support people and their families and saw that these were sufficient to meet people's assessed needs. The registered manager confirmed Neuro Partners did not agree to support people until there was sufficient staff to provide a consistent and safe service. Health care professionals confirmed packages of care could take some weeks to prepare and put in place because the agency always ensured support was provided in the safest way possible. We spent some time with the nursing roster co-ordinator who demonstrated how the staff rosters were kept up to date and how existing staff covered for sickness and holidays. This ensured there was an always sufficient staff to provide a seamless and safe service.

The service had policies in place in relation to the Mental Capacity Act 2005 (MCA 2005). The MCA 2005 provided a legal framework for people who may be unable to make decisions about their care. The staff we spoke to had a good understanding of safeguarding adults and had completed training in this subject. This ensured people supported by this agency were protected at all times. They

told us they were aware of their role and responsibility to keep people safe at all times. One staff member also told us, "I would not hesitate to contact my line manager if I saw or heard anything that concerned me."

Everyone who chose to use Neuro Partners was fully assessed prior to the service starting. We found risks were identified, assessed and managed in a way that protected people effectively. We looked at six people's care records and found these contained risk assessments for areas such as nutrition, falls, medication, entry into the home and the environment. Risk assessments were also in place for equipment that was required to move people safely. Risk assessments were updated at the same time as the care records or sooner if a new risk was discovered. Each support plan was personalised to the individual and contained information about each aspect of the care provided. People were kept safe because there were appropriate risk assessments in place when they were at home or out in the community.

We looked at the recruitment records for six members of staff. We saw appropriate recruitment checks were undertaken before the care worker started to work for the service and these were clearly recorded. Checks included: two references, identification checks, and a Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helped employers make safer recruiting decisions and also to prevent unsuitable people from working with vulnerable people. Staff confirmed they had attended a formal interview and completed their induction prior to them starting work. All new staff were introduced to the people they will support and shadowed more experienced staff before they work by themselves.

We spoke to a group of six new staff who were in the process of completing their induction programme. They confirmed their application process included completing an application form, providing the names of referees and attending a formal interview. They told us they were enjoying their work so far and some had already joined their permanent teams whilst others had started work at a later date and were waiting to be allocated to a team.

Neuro Partners had policies and procedures in respect of equality and diversity and bullying and harassment and staff training emphasised the need for people to be treated with respect and dignity. The registered manager

## Is the service safe?

confirmed that Neuro Partners supported people with very different needs and lifestyles and the ethos of the service promoted equality at all times. People we spoke to confirmed that the support staff treated them with courtesy and in an appropriate manner at all times.

The registered manager told us it was not always easy to employ the right people to work for Neuro Partners due to the complexity of the support provided. New staff did not join their teams until they had completed training that was specific to the needs of the person they would be supporting.

As part of their professional development all staff must complete training in safe handling of medicines even though not all people required assistance with medication because they lived with their family. In such cases family members took responsibility on their behalf. Two members of the management team had completed 'Train the Trainers' courses in safe handling of medication and provided on-going training to members of the support

teams. Staff were not allowed to administer medication until their training had been completed and signed off by the trainer. People in the community receiving personal care were provided with lockable facilities to keep their medicines safe. If people had more complex health needs staff received specialist task training in line with the diagnosis and the prescribed medication. A record of medicines administered was kept in the care documents held in peoples' homes. Records and amounts of medication held were audited regularly to ensure the correct doses had been given and recorded.

The organisation's health and safety manager also had the lead for infection control throughout the service. All staff had received training in infection control and there were regular updates ensuring staff were kept up to date with current legislation. All staff were provided with protective clothing for use when completing nursing tasks and personal care.



# Is the service effective?

## Our findings

We found that each person who requested support from this agency was fully assessed prior to the service starting. During this assessment the manager discussed the level of support required as well as the times and length of the visits. These details were necessary because there had to be sufficient staff to undertake the visits at the time and for the length of time people wanted.

We spoke to staff from the NHS Cumbria Clinical Commissioning Group and social workers who confirmed that new packages of care could take some time to set up as new staff had to be recruited and trained in order for the provision of care to be effective in meeting peoples' needs.

Neuro Partners provided personal and nursing care to people with complex needs who remained in their own homes. Nursing care packages involved a team of support workers working with one person. This ensured the care and support was consistent with minimum change to the staff rosters. Staff support for people requiring nursing care was provided by the clinical lead who was a qualified nurse.

People and their families, if this was appropriate, were always involved in the assessment process in both the community and nursing packages of care. The management at the agency worked very closely with people to ensure the provision of care was exactly what the individual needed to meet their needs.

Regular reviews were held to ensure the effectiveness of the support provided. A relative told us "My son's care is complex and regular reviews are helpful" and "My last review was really helpful because it resulted in my hour's support being increased." Another person told us, "I like things done a certain way so I take time to explain this to new support workers. Most of the time they listen and then take on board what I have said."

We looked at the support plans for six people and found that people and their family members had been involved in planning the care and support required. Care plans were clear, detailed and contained sufficient information for staff to be able to provide appropriate care and support. Care records were personal to the individual and identified

people's personal preferences about how they liked their care and support to be delivered. People's support plans outlined clearly what staff had to do to meet challenges and needs in a safe appropriate way.

Each support plan gave detailed instructions to staff about working with other agencies such as occupational therapists, members of the Acquired Brain Injury team, speech and language therapists, dieticians and mental health specialists. This meant there was seamless care and support provided by all who were involved in the care of people supported by this agency.

When packages of care were being developed the management team looked at suitable staff to provide support to the person. There was an introduction period in order for people and family or advocate to familiarise themselves with the staff team. It also helped staff to get to know the service user and family.

All new staff completed a full induction programme prior to being allocated a team to work with in the service. This induction programme was throughout the organisation. Each member of staff completed training specific to the needs of the people they would be supporting. Senior managers with the agency had completed 'train the trainers' programmes in medication, infection control, moving and handling, food hygiene and health and safety. Training in these subjects was completed during the induction programme with updates provided at regular intervals. At the end of the induction programme staff were signed off as being competent providing they were deemed to be so. The registered manager confirmed that if staff need a little more time to feel confident in their role their induction programme was extended. The registered manager said, "It is very important that new staff feel confident in their role and ability to work as part of a team"

Staff we spoke to confirmed they received regular supervision from their line manager and records held in the office confirmed this. This gave staff the opportunity to discuss their personal and professional development. One member of staff said, "I do have regular meetings with my manager but I can approach any of the managers in between meetings if I want to. We also get spot checks to make sure everything is as it should be".

Some of the people who are supported by Neuro Partners may be at risk from poor nutrition because of their physical condition. This was recorded on the support plans we



## Is the service effective?

looked at and referrals were made to the dietician and speech and language therapists (SALT) for advice. The advice given was clearly recorded so the support team were able to meet any nutritional needs. People we spoke to were happy that their nutritional needs were met and said, "I decide what I want to eat and my support workers help me make it".

Health care needs were clearly documented on people's personalised support plans. The registered manager confirmed Neuro Partners worked closely with healthcare professionals, commissioners and social workers from the local authority adult social care teams. District nursing teams were accessed for medical interventions in the community part of the service and the agency's clinical lead was responsible for the nursing care and support. Neurological specialists and therapists were accessed to determine the level of support and therapeutic interventions that may be required to meet specific needs.

We spoke to staff from the Acquired Brain Injury (ABI) team and they said, "The team work closely with the staff who are always responsive to any suggestions the professionals may make. Neuro Partner's staff work flexibly with the special therapeutic systems that are put in place for people by the ABI team. Other comments received from health and

social care professionals included, "I only have one care package with them but it runs very smoothly, their communication and reporting to me is excellent, reports for reviews are prepared in advance and are very thorough. Their knowledge of the person is good; they are innovative with trying new things with him in the respect of improving his quality of life. I have no negatives to report".

Regular reviews were held to ensure the effectiveness of the support provided. People told us "My son's care is complex and regular reviews are helpful."

We asked people if the agency was responsive to their needs or requests and were told, "We have a good dialogue with Neuro Partners and our suggestions to have outside trainers brought in and specialist training delivered to help staff become more confident was welcomed by Neuro Partners and acted upon. They are willing to listen to our suggestions and do what they can to improve my care". One relative was not too happy with staff training in certain aspects of nursing tasks and spoke to the registered manager about this. Further training from an external training company was sourced and this was put in place soon after the concern was raised. We were told by the relative that this particular task was now delivered in a more professional manner.

# Is the service caring?

## Our findings

People told us that the staff from the Neuro Partners were caring and “gave a good service”. Everyone we spoke to told us their privacy and independence was respected. All had been involved in developing their care plan, knew what it was, where it was kept and had signed it.

Relatives said, “All of the carers are so supportive and kind to my relative. They take him out and make sure he is included in all the family activities” and “My support workers know that I decide where I want to go and what I want to do. They are there to help me.”

Relatives of people who received nursing care told us the care provided was very complex and at times difficult and stressful. They told us their relative’s care plan was carefully monitored and they were fully involved with this. One family member said, “I am very fortunate with the care team we have. Not everyone would be able to cope with my relative.”

One person told us, “They care about me and my well-being. We have never been without support workers. The majority of the time we are informed of personnel changes to ensure we know who will be working with me. At all times I have had an experienced carer on shift”.

The support plans we looked at were informative, relevant to the individual and up to date. Details of the care required to meet the assessed needs were clearly documented. The initial assessment document showed people were given time to decide if the agency was suitable to meet their needs at a time convenient to themselves and the agency. We saw evidence confirming that the provision of care was discussed with the person who would be receiving care and their family members if this was appropriate. The registered manager explained people were encouraged to retain as much independence as possible and the support plans we looked at confirmed this. One person said, “I helped to write my care plan and it is viewed regularly”.

The registered manager confirmed that the wishes of the individual were paramount and no decisions were taken before full discussions had taken place. One person told us,

“We had one manager who really didn't spend any time understanding the issues. She has now been replaced and I and, importantly, the carers, get regular visits now and really feel supported and cared for”.

Neuro Partners had policies and procedures in place in respect of dignity and privacy, the Human Rights Act 1998 and confidentiality. These subjects were also discussed during staff supervision and staff meetings. This ensured all staff were aware of the need to protect the people they supported and treat them with dignity at all times. When we contacted people by phone we asked if they were treated in a dignified manner by the support staff. They said, “All of the carers are so supportive and kind to my brother. They take him out and make sure he is included in all the family activities.”

After our visit to the agency we spoke to a social worker based at Carlisle hospice to ask their opinion of the support provided by Neuro partners. We were told, “The agency have supported two of my clients both to end of life. The end of life care they provided was marvellous. I like the fact that staff work in consistent teams so there are no swaps. The registered manager employs staff that are capable of supporting people with very complex needs”.

All staff had completed training in caring for people at all stages of their life. Emphasis was placed on ensuring those who were supported by neuro partners had all their wishes adhered to. We saw evidence in people’s support plans wishes being discussed and agreed by all those concerned with the care including family members, if appropriate, the GP and other health care professionals. Advanced care planning was in place for those who wished to discuss this aspect of their care and support. We looked at the documentation to support this process and found it was all in order. Best interest meetings had been held, if required, and people, their relatives and health care professional were involved in the decision making if this was appropriate.

We spoke to staff and asked how they provided a good level of care to the people they supported. We were told, “I treat those I support just as I would want to be treated myself. It is our responsibility to show compassion and understanding and I hope I always do just that”.

# Is the service responsive?

## Our findings

We contacted 17 people by telephone, six of whom were relatives and 11 were people supported by Neuro Partners. People and their families told us they were fully involved in making decisions about the care and support to be provided by Neuro Partners. After the request for support had been received an initial meeting was set up by the registered manager or the two managers responsible for personal or nursing care. The purpose of this meeting was to fully assess the needs of the person the agency would be supporting. People told us, "I was able to tell the manager exactly what I wanted in the way of support during the time the carers were with me".

If it was appropriate family members were also involved in discussing their relative's needs and the assessment process. As Neuro Partners supported people with complex personal and nursing needs the registered manager told us it was important to ensure all the relevant people were involved as much as possible and this included health and social care professionals too. Care package preparation was very involved and took time to complete. The registered manager said, "We never start a package of care until everything is in place. This is the only way we can provide a responsive service to the people we support".

We saw in the support plans we looked at people chose how the care and support was to be provided. The care records outlined clearly what staff had to do to meet people's assessed needs. Times and length of visits were discussed during the initial assessment visit after which people decided what they wanted to do and how to spend their time with the support carers.

People who received personal care from the community teams told us, "I love shopping with my support worker. We often stop at a coffee shop before we go home." Another person said, "I do have control and choice over my daily activities".

Each plan incorporated guidelines for staff to work from when providing the support or care. In each of the six support plans we looked at, there was information about the any expected problems and strategies to be used to help the person to be safe. For example, staff were

provided with specific training in using equipment when supporting a service user. This ensured that the person's therapy was responsive to their needs. Staff received training from therapists and skilled staff.

Regular reviews were held to ensure the effectiveness of the support provided. A relative told us "My son's care is complex and regular reviews are helpful" and "My last review was really helpful because it resulted in my hour's support being increased." Another person told us, "I like things done a certain way so I take time to explain this to new support workers. Most of the time they listen and then take on board what I have said."

We looked at the support plans for six people and found that people and their family members had been involved in planning the care and support required. Care plans were clear, detailed and contained sufficient information for staff to be able to provide appropriate care and support. Care records were personal to the individual and identified people's personal preferences about how they liked their care and support to be delivered. People's support plans outlined clearly what staff had to do to meet challenges and needs in a safe appropriate way.

The packages of care put in place by Neuro Partners involved teams of carers of up to three staff at a time with other staff, known to the people they supported available to cover holidays and other absences. This ensured the delivery of care was consistent and responsive to the needs of the people supported by Neuro Partners.

Neuro Partners had a complaints procedure in place and all complaints and/or concerns were dealt with as soon as possible. None of the people we spoke to had any formal complaints but some felt other people might have received a better response than they did. One person said, "I have never seen a copy of the complaints procedure". One person told us they had requested that one of the carers be changed and they had to wait some time for this to be done. We asked the manager about this they explained the agency does all it can to change the teams as soon as possible but it can often take time to find another suitable replacement.

Because of the complex care packages this agency had in place there had to be co-operation between other external agencies. For example, neurological specialists and therapists to determine the level of support and therapeutic interventions required to meet specific needs.

## Is the service responsive?

Dieticians, speech and language therapists and occupational therapists were involved in determining what nutrition and/or specialist equipment was required to provide appropriate support. The health care professional we spoke to told us the agency staff were responsive to their advice and that 'lines of communication were

extremely good'. They also said, "review meetings are always attended by staff from Neuro Partners and they are always responsive to any suggestions the professionals may make. I have never been worried about raising concerns and I know they are always dealt with in the shortest possible time".

# Is the service well-led?

## Our findings

There was a registered manager in post on the day of our visit.

We spoke to a range of people about Neuro Partners and most of those we spoke to were complimentary about the service provided. Some relatives told us, “We have a very good manager who is there when we need her”, whilst another relative said, “Sometimes the manager is more concerned about ensuring that all the paperwork is completed, at the expense of ensuring that the quality of care is good.”

Health care professionals told us, “Communication and reporting to me is excellent, reports for reviews are prepared in advance and are very thorough. They are innovative with trying new things with people in the respect of improving their quality of life. I have no negatives to report.

Staff told us Neuro Partners was a good agency to work for and they received good support from all the management team. One said, “It is a brilliant agency to work for and we get excellent support from the manager. I can approach any of the management team and there is always someone on the end of the phone if I need advice”. Another of the support workers said, “I have worked for an agency previously but I like this one as we get to spend more time with the people we support. All the staff are good to work with and we get supervision with our manager”.

We asked staff if they would be worried about reporting anything they saw or heard they were not happy about. One told us, “I certainly would report anything that put people in danger and I know I would be listened to and that my concerns would be acted upon. All the managers are very approachable”.

Neuro Partners had visions and values that focussed on giving the people they supported autonomy and worked hard to improve people’s quality of life wherever possible. The registered manager told us, “We may not always get things exactly right but we do our very best to support people and their families at all times”. Policies and procedures with regards to core values, privacy and dignity, a person centred approach, quality of life and the aims and objectives of the agency were in place. All policies and procedures were reviewed annually and updated in line with current legislation.

The management team had systems in place to assess and monitor the quality of care at Neuro Partners. A range of audits were in place to check the quality of care being provided and the standard of record keeping. Spot checks of staff within people’s homes were used to ensure staff were on time and that they delivered care appropriately. Care plans were reviewed at least annually but more often if the needs of people being supported changed. The care records we looked at during our visit were all up to date but recorded where changes had been made and why. Survey questionnaires were sent on a rolling programme throughout the year. This programme had been requested by people using the service and their relatives so they were not continually bombarded with such questionnaires. Health and safety and infection control audits were completed by the health and safety manager and a report prepared for the registered manager and providers.

There was also an incident file in place and we were able to read this during our visit. Every incident, however small, was reported by the staff to the management team and recorded in the incident file. The details included what the incident was and where it happened. What investigation took place, the result of the investigation and what lessons were learnt from the procedure. This information was also used when monitoring the quality of the care and support provided

People supported by this agency had complex needs and every accident or incident, however small, was reported by phone and also in writing. We looked at the incidents file and saw evidence that incidents were reported and, if required, a notification was sent to CQC. The incident file recorded what action had been taken after any incident and lesson learned to ensure any such incident was not repeated. Details from this file were passed to the registered providers so that systems could be put in place throughout the organisation to reduce the number of accidents and incidents.

The registered manager told us the service had good working relationships with external organisations and this was confirmed by comments made by people we spoke to before and following our visit. Comments included, “I have never been worried about raising concerns and I know they are always dealt with in the shortest possible time” and Neuro Partners staff work flexibly with the special therapeutic systems that are put in place for people by the

## Is the service well-led?

Acquired Brain Injury team". Members of the local authority social work team confirmed they were happy with the co-operation they received from all the managers working for the agency.

Staff meetings were held giving the support staff the opportunity to voice concerns or make suggestions about things that may improve the quality of care provided. Management meetings were held every three months following which a report was prepared for the board of directors. These forms of communications between all the staff made for open and inclusive working conditions.

Staff we spoke to understood their responsibility and accountability in respect of the job they had and they told us they felt very much part of a team.

Disciplinary procedures were in place and the registered manager was aware of their responsibility to ensure all staff adhered to the code of practice for their role. If a member of staff underperformed the registered manager was able to deal with this fairly and within human resources legislation.