

Elysium Healthcare No.2 Limited

Jacobs Neurological Centre

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Jacobs Neurological Centre is a 'care home' providing the regulated activity of accommodation and nursing or personal care, for up to 60 people, aged 18 years or older. Support was provided to people with complex long-term neurological conditions, brain or spinal injuries.

Jacobs Neurological Centre provides nursing care, personal care, medical treatment and diagnostic procedures in a purpose-built environment over two floors. Staff support people's recovery wherever possible and specialise in slow stream rehabilitation. Some people had lived there for many years, and others were more recent admissions working towards returning to their own homes. There were 56 people accommodated at the home at the time of this inspection.

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

The provider had a system to ensure lessons were learned from incidents, accidents, complaints and external professional feedback. People received their medication safely, and in line with current best practice guidance. Risks to people's health and welfare were identified, and actions were taken to manage risks. Risk assessments covered all aspects of people's health and welfare including medical conditions and preferences for engagement.

Staff knew how to safeguard people from avoidable harm and were knowledgeable about the potential risks and signs of abuse. People felt safe at Jacobs Neurological Centre. Enough staff were available to support the needs of people using the service. Some staff were agency temporary staff; however, a successful recruitment campaign meant the service would be fully staffed once recruitment checks had been completed.

The provider had systems to help ensure people were protected from the risk of infection. People enjoyed having unrestricted visits from friends and family.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

A different provider was running the service, and a new manager was in post since the previous inspection of this service. The new management and staff team were proud of the service they delivered, and understood the importance of their role, and the need to operate effective quality monitoring systems. The provider had robust systems for monitoring complaints, and the manager had a clear understanding about the duty of candour.

Staff said the management team were approachable and supportive, and all relatives providing feedback confirmed they were aware of the provider and management changes. Some relatives declined to share

opinions yet as it was, "early days".

There was a clear management structure and the provider operated an overarching governance system to monitor how each department fulfilled their role. Actions were taken to address any shortfalls identified. The provider kept incidents and events under review and outcomes were shared with the staff team to encourage ongoing learning. The management team had developed a service improvement plan showing actions needed to address the shortfalls and in what timeframe. The service worked closely with a wide range of external professionals to achieve good outcomes for people.

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

Rating at last inspection

The last rating for the service under the previous provider was good, published on 16 June 2018.

Why we inspected

We received concerns in relation to the management of medicines, staffing and people's nursing care needs. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

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.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has remained Good based on the findings of this inspection. We found no evidence during this inspection that people were at risk of harm from the concerns raised. Please see the Safe and Well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Jacobs Neurological Centre on our website at www.cqc.org.uk.

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Jacobs Neurological Centre

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. 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 completed by two inspectors.

Service and service type

Jacob's Neurological Centre is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Jacobs Neurological Centre is a care home with 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 not a registered manager in post. A new manager had been in post for two months and had submitted an application to register. We are currently assessing this application.

Notice of inspection

This inspection was unannounced.

What we did before inspection

Before our inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us. We had not requested a provider information return (PIR) to be submitted to us at this time. This is information that the provider is required to send to us, which gives us some key information about the service and tells us what the service does well and any improvements they plan to make.

During the inspection

We spoke with 12 members of staff, including nurses, health care assistants and the management team. We spoke with three people who used the service and received feedback from four relatives. We received feedback from external professionals including representatives of the Clinical Commissioning Group and the local authority.

We reviewed care records relating to five people who used the service and other documents central to people's health and well-being. These included staff training records, medicine records and quality audits. We checked how essential equipment was used, stored and managed, staff medicine administration practice, and how clinical risks were assessed and mitigated.

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 Good. This was with a previous provider. The rating for this key question has remained Good. This meant people were safe and protected from avoidable harm.

Learning lessons when things go wrong; Using medicines safely

- Lessons were learned from incidents, accidents, complaints and external professional feedback. For example, a concern had been raised about the process of medicine administration for people who received their food, fluids and medicines via percutaneous endoscopic gastronomy (PEG). PEG enables nutrition, fluids and medications to be put directly into the stomach. In response to the concern, several improvements had been put in place by the manager. Nursing staff told us they followed safe practices which included flushing the PEG with water after each medicine was administered. Revised protocols to crush medicines were implemented to help ensure medicines were not contaminated when crushed.
- People's medicines were managed in line with current best practice guidance. Medicine storage rooms and trolleys were maintained in good order, clutter free and temperatures were monitored as required. Appropriate medicine administration records (MAR) were kept to evidence what medicines were administered and when.
- Protocols were in place for 'as and when' required medicines to offer guidance for staff about when to administer these for people. We checked a sample of medicines and found these corresponded with the records kept, meaning, staff had administered these as prescribed.
- Staff were very clear lessons learned were shared with the team. One staff member told us, "We changed many things following the visit from [local authority]. Including how we administer medicines through PEG. It's now all done individually, and we flush in between all medicines."

Assessing risk, safety monitoring and management

- As part of assessment and care planning, risks to people's health and welfare were identified, and actions taken to mitigate the risk. For example, people on ventilators had 1:1 support in place, and people at risk of their airway blocking had regular airway management carried out by trained staff.
- The provider had additional processes in place to help ensure the care and support people received was safe. For example, some people had a tracheostomy tube in place to help them breathe, and this tube was changed on a two-monthly basis by trained staff. The providers processes ensured two staff were present to help ensure people's safety and wellbeing. People's safety was further protected by the placement of emergency boxes in case staff required equipment quickly. One staff member had qualified as a tracheostomy champion and they checked emergency boxes monthly to ensure they included the equipment needed. Furthermore, they checked it was in date and safe to use.
- People had appropriate risk assessments in place which reflected their individual requirements. This included risks associated with medical conditions, prescribed therapies and specialist equipment. Due to the complex health conditions people lived with we found records were extensive, and hard to see "at a glance". This was a potential risk when new staff were employed, or agency staff worked at the home. The provider had identified this and had plans to transition to an electronic care planning system imminently to

allow for quicker access to information.

- People at risk of pressure ulcers received appropriate care and support. Care plans were developed which identified if people were at risk of pressure sores, and pressure relieving equipment was in place for people as required. Staff were proactive in checking people's skin for any marks and they helped people to reposition as needed. At the time of inspection, no person had developed a pressure sore at the care home. However, external professional support was available if people were admitted to the home with pre-existing pressure ulcers.

Systems and processes to safeguard people from the risk of abuse

- Staff had been trained in how to safeguard people from avoidable harm and were knowledgeable about the potential risks and signs of abuse. Staff were able to describe how they would report any concerns both within the organisation and outside to the local authority safeguarding team. Information and guidance about how to report concerns, together with relevant contact numbers, was displayed in the home and was accessible to staff and visitors alike.
- People told us they felt safe at Jacobs Neurological Centre. Relatives said whilst they were concerned about people due to the conditions they lived with, they were not worried for their safety at the centre.

Staffing and recruitment

- The staff team were busy but there was a calm and organised atmosphere in the home. A staff member told us, "We have enough staff to manage people's needs. The 1:1 are in place and the remaining care staff are allocated to groups. They will support the 1:1 staff when people need personal care. Sometimes it's hard because we need to make sure all staff can have breaks, and someone to cover whilst they are on their break, but it's enough staff and we manage."
- Observations on the day were that the staff team were busy, but care and support was not rushed. Relatives said they thought there was enough staff. One relative said they sometimes struggled to find a member of staff, but expressed that was a good thing because it meant staff spent their time with people.
- The provider operated a robust recruitment process which included appropriate checks to help ensure staff were suitable to work in a care setting. Criminal record checks and references were sought before staff started working with people.

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

- The service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive people of their liberty.
- Mental capacity assessments and best interest decisions were in place for people who lacked capacity to make certain decisions. At times best interest decisions included applying restrictive practices such as the use of mittens for people who, when anxious, could pull their tracheostomy tube out and stop breathing. We discussed with the management team the importance of reviewing these restrictive practices regularly, and ensure they were only used when needed, and only if less restrictive practices were not effective.
- DoLS applications were submitted as required to the local authority for approval. Staff involved health

professionals as well as people's relatives in discussions about what care and support was in people's best interest. However, these were not always clearly documented. For example, discussions about end of life care or Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) orders. The management advised they had identified improvements were needed in some areas of the care planning. They further told us of plans in place to develop and improve these when they moved to electronic care planning systems in December 2022.

Preventing and controlling infection

- We were assured the provider was using personal protective equipment (PPE) effectively and safely.
- 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 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

- People told us they were able to have friends and family visit them freely. Controls, such as wearing a mask, were in place for visitors. This meant they were able to support people with meals, and visit people in communal areas, or in their rooms.

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 Good. This was with a previous provider. The rating for this key question has remained 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; 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

- There was a new provider and new manager since the previous inspection of Jacobs Neurological Centre. The new management and staff team and were proud of the service they delivered and were aware of the importance of their role and the need to have robust quality monitoring systems in place.
- Staff told us the management team were approachable and supportive. A staff member said, "Since the management team changed, we are getting new equipment. We have back up ventilators for everyone now."
- People's relatives were mostly positive about the new management team and the running of the home. All relatives we received feedback from confirmed they were aware of the provider and management changes, but some declined to share opinions yet as it was, "early days".
- The provider had a robust system ensuring any complaints were clearly recorded, investigated and followed up.
- The manager had a clear understanding about the duty of candour, and they encouraged staff to be open and honest in their feedback. The management team and staff understood their roles and respected the impact their roles had for people.

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

- The provider had a clear management structure in place and unit managers had clear lines of responsibilities and reporting for each department.
- The provider operated an overarching governance system to monitor how each department fulfilled their role. For example, the governance system identified environmental audits had not been completed consistently. In response the manager had phased in departmental audits to achieve 100% compliance within a reasonable and workable time frame of three months.
- The provider had a robust system to keep incidents and events under review and outcomes were shared with the staff team to encourage ongoing learning. For example, we noted information shared included lessons learned in areas such as documentation standards and safety protocols.
- The management team had developed a robust service improvement plan that showed where areas for improvement had been identified, and the actions to take to address the shortfalls. For example, relative's engagement sessions had been held 'virtually' in October and November with very few relatives being able to attend. To address this the provider's senior management team planned to hold an evening session to

enable people's relatives to attend after work.

- The provider ensured staff had the necessary support to acquire and maintain their skills and abilities to provide people with effective care and treatment. Nursing staff had support to maintain their professional registration and develop their knowledge in their areas of interest.

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

- There were opportunities for people who used the service, and their relatives, to share their views about the quality of the service provided. For example, regular meetings were held to update people and their relatives about events and changes in the service, and to hear feedback about the quality of the service provided for people. Actions for improvements were taken away from these meetings and addressed with progress shared at the following meeting.
- Staff feedback was sought via satisfaction surveys, and face to face and virtual meetings with the management team. Staff were positive about working at Jacobs Neurological Centre and said they had daily opportunities to speak with the management.

Working in partnership with others

- The service worked closely with a wide range of external professionals to achieve good outcomes for people. For example, speech and language therapists, respiratory health professionals, and tissue viability nurses.