PJ Care Limited

Eagle Wood Neurological Care Centre

Inspection report

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12 May 2017
16 May 2017

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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

Eagle Wood Neurological Centre is registered to provide accommodation, nursing and personal care for up to 105 adults. The registered manager confirmed that the regulated activity diagnostics and screening was not carried out at this service. We therefore did not assess this during our inspection and the provider has applied to remove this regulated activity.

At the time of the inspection there were 93 people accommodated at the home. The home is divided into four separate units. These units provide accommodation for people who have high dependency complex care, neuro-rehabilitation, long term neurological conditions and early onset dementia. All bedrooms have en-suite bathrooms and there are external and internal communal areas for people and their visitors to use. In addition, there is a gymnasium, hydrotherapy spa pool and occupational therapy kitchen on the ground floor.

At our last inspection which took place on 23 April and 21 May 2016, we rated the service as good.

This unannounced inspection took place on 8, 12 and 16 May 2017 the service remained good.

People were cared for by staff who provided care and treatment that ensured people's safety and welfare and took into account each person's individual preferences. People were supported to manage their medicines safely.

People were cared for by staff who had been recruited and employed only after appropriate checks had been completed. Staff were sufficiently skilled, experienced and supported to enable them to meet people's needs effectively.

People were supported with decision-making and to have control over their lives. People were supported to maintain a balanced diet and received suitable food and fluid. People were supported to access healthcare when they required it.

People received care and support from staff who were kind and respectful. Staff treated people with respect and dignity. Staff knew the people they supported well, and understood, and met, their individual preferences and care needs. People were involved in planning their care. There were systems in place to ensure the care was person centred. Care plans provided staff with sufficient guidance to provide consistent care to each person.

People were encouraged to develop individual interests and hobbies and access the community. Staff supported people to maintain existing, relationships that were important to them and to develop new relationships.

The provider continued to have a robust complaints procedure in place. There were effective systems in

place to monitor the quality of the service people received. Staff looked for ways to improve their knowledge and the service offered to people. The service had a positive ethos that placed the people receiving the service at its centre.

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 remained safe.	**Good**
Is the service effective? The service remained effective.	**Good**
Is the service caring? The service remained caring.	**Good**
Is the service responsive? The service remained responsive.	**Good**
Is the service well-led? The service remained well-led.	**Good**

Eagle Wood Neurological Care 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 planned 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 unannounced inspection took place on 8, 12 and 16 May 2017. It was undertaken by four inspectors, an inspection manager and a specialist adviser. The specialist adviser had extensive knowledge of various disabilities including head, back and spinal injuries, neurological disorders and brain injury.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service including what the service does well and improvements they plan to make.

We looked at all the information we held about the service including notifications. A notification is information about events that the registered persons are required, by law, to tell us about.

We received feedback via email from four commissioners of people's care, and three healthcare professionals we also spoke on the telephone with a further two healthcare professionals.

During our inspection we spoke with 12 people and four relatives about the service provided. We also spoke with one person who had previously stayed at the service and still regularly visits to offer support to other people and receive support from staff. We spoke with 18 staff who provide direct care. These included three unit manager, five nurses, a senior health care worker and nine health care workers. In addition, we spoke with the registered manager, the general manager, the director of nursing, four activities champions, a physiotherapist, a practice development nurse, a senior physiotherapist, an assistant psychologist and an administrator. Throughout the inspection we observed how the staff interacted with people who received

the service.

We looked at nine people's care records, staff training records and other records relating to the management of the service. These included audits, meeting minutes and draft emergency protocols relating to serious incidents.

Following our inspection visits we received further feedback from a care commissioner about the service provided.

Good

Is the service safe?

Our findings

Prior to completion of our inspection, we received information that the provider had been made aware of four incidents of potential harm that may have occurred to people living at the service and that the provider had failed to report these incidents. However, following investigation, we found that the provider had followed an agreed reporting process that had been put in place with the local authority.

A healthcare professional described how the "organisation has learned from [an incident]" as a result of an investigation. The registered manager told us they were in the process of updating the protocols to guide staff in the management of serious incidents and the management of escalating and threatening behaviour that may put others at risk. In addition, the provider had arranged further training for all staff. This programme of training had started shortly before our inspection took place.

All of the staff we spoke with were knowledgeable about safeguarding and described how to escalate any concerns to protect people from harm. One staff member said, "I would speak to senior [staff member]. I would go to [the unit manager] if nothing has been done about [something I reported]." Another staff member told us a concern they reported about the way a staff member assisted a person to move had been dealt with appropriately. We found staff members had been trained to recognise and report incidents of potential abuse. Following our inspection we received notification that staff had made appropriate safeguarding referrals when people may have been placed at risk of harm.

During our inspection we found that systems were in place to help keep people safe. One person told us, "[The service] is my safe place. I come here to feel safe. [Staff] are like my family. It's the only place I feel secure." Another said they felt safe because, "The building locks. The whole building feels nice and I feel relaxed in my room." A relative said, "It's lovely here. [My family member] is safe." A healthcare professional told us, "I have found the nursing staff very caring and concerned for residents and appropriately apply guidance taking ethical and safeguarding concerns into account." Another healthcare professional told us that they had been consulted about improving the procedures for staff to manage people's behaviour that were challenging. They told us they had "no concerns" about the safety of people at the service.

Systems were in place that ensured that people received their medicines in line with the prescriber's instructions and that medicines were stored safely. However, we noted that health care assistants applied prescribed creams to people's skin but that nurses signed the records to show these had been administered. The director of nursing advised us that this policy was in the process of being reviewed and the person administering these topical medicines would sign the administration records in the future. Staff had access to guidance that explained when medicines, prescribed to be given 'when required', should be administered. Senior staff checked medicines and the associated records to help identify and resolve any discrepancies. We observed that people received their medicines at the appropriate times. This showed us that people were supported to safely receive their prescribed medicines.

Staff understood how to minimise risks and continued to support people to be as safe as possible. A commissioner told us they were impressed with how staff had accepted a person's behaviour patterns,

recognising these were due to their cognitive impairment. They said that staff had worked to "problem solve" together with a healthcare professional to meet the person's needs with the aim of minimising the risk of any harm occurring. We saw that staff had carried out risk assessments to help reduce the risk of harm occurring to people. These included, for example, risks associated with people's mobility, health conditions and anxiety. Staff members showed that they were aware of, and followed, the guidance and took appropriate actions to minimise risks. One staff member told us, "Everything you need to know [to care for a person safely] is in [the person's care plan]."

Only staff suitable to work with people were employed. Staff told us that the required checks were carried out before they started working with people and described robust recruitment procedures.

There continued to be sufficient staff available safely meet people's needs. People told us that there were enough staff to safely meet their needs. One person told us that when they called for assistance, staff "come quickly." Another person said, "Sometimes staff take a few minutes but not a problem. You can't expect staff to jump." Healthcare professionals told us there were enough staff. One told us, "There a more staff on duty at Eagle Wood than at any other establishment I have consulted to." A commissioner said staff were "available at all times." Staff agreed that there were sufficient staff to safely meet people's needs and that staffing levels varied depending on people's needs. One staff member told us, "There are enough staff to give the care required. It's a 100 times better [than my previous workplace]. There are enough staff and … if agency staff are used they send the same person where possible."

Good

Is the service effective?

Our findings

Staff continued to be sufficiently skilled, experienced and supported to enable them to meet people's needs effectively. People praised the staff. One person told us, "[The staff] have supported me tremendously…. They are amazing people." Relatives told us the care staff provided was good and met their family member's needs. A relative said, "I can only praise the staff. They're really helpful. Staff go beyond the call of duty." Commissioners and healthcare professionals also felt staff were well trained. One told us, "[Staff] are trained, supervised and mentored to ensure that they develop the requisite knowledge and skills necessary to support the [people receiving a service]."

Staff praised the training and support provided. Staff described comprehensive induction training that included classroom learning and shadowing a more experienced staff member. This was followed by regular refresher training in key areas. One staff member said, "Training is regular and we get updates." Staff confirmed they received training in relation to the specific needs of the people they cared for. For example, in relation to specific conditions such as dementia and Huntington's Disease. Staff also talked positively about the training they received in de-escalation techniques to help people manage their anxieties. Staff confirmed that a programme of breakaway and conflict resolution training was in the process of being rolled out.

Staff members confirmed that they received regular supervision and annual appraisal. Staff members said they could discuss issues with the management team at other times and this gave them with the guidance and support to carry out their roles. One staff member said, "This is a very cheerful unit to work on and we get lots of support. [Senior staff are] very good. They listen to you. That enables you to look for solutions. [They] give you a little bit of a push to try to improve your skills."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Where appropriate, staff had made applications to authorise DoLS and were waiting for decisions to be made.

Staff continued to respect people's rights to make decisions about their care and support. Throughout our inspection we saw staff consulting people about their care. Where people were assessed not to have the mental capacity to make a specific decision, they had been supported in the decision making process. All staff said they had received training in MCA and DoLS and understood the implications for the people they supported. They spoke knowledgeably about supporting people to make informed decisions and the use of best interest decisions where people were not able to make the decision themselves. We saw that relevant people were involved in best interest decision making, including relatives and healthcare professionals and that the DoLS process had been followed where appropriate. However, we noted that one person's DoLS application did not include all the restrictions recorded on their care plan. We raised this with the unit manager who immediately amended the application and told us they would review any other applications that had been made to ensure all information was included.

The service remained good at providing people with enough to eat and drink. People told us that food was satisfactory and they were given a choice of what to eat and drink. One person told us, "The portions of food are very big. There's no need to go hungry." We observed that refreshments were offered throughout the day. One person confirmed this and said, "Staff check on me regularly to give me drinks and meals." We saw that people were sensitively supported with eating and drinking. One healthcare professional said, "People are supported to choose what to eat and drink. Staff bend over backwards to accommodate this." Staff monitored people at risk of not eating or drinking enough and took action to reduce this. This included referring people to healthcare professionals such as dieticians.

People saw healthcare professionals on a regular basis. One person said, "The health care is good." They went on to tell us they regularly received therapy and felt their healthcare was "well organised." We saw that staff recorded people's contact with healthcare professionals and that they followed the guidance healthcare professionals gave them. One healthcare professional told us, "I have found the staff entirely cooperative and they follow medical advice and guidance provided by me." Another said, "I find excellent adherence to the suggestions I make and the recordings and data collection that inform the … formulation, and treatment are consistently of a high standard." A third healthcare professional told is the service had "Strong multidisciplinary links where the resident is at the centre of personalised goals." Staff told us of the importance of monitoring people's healthcare and how ensuring people's well-being reduced people's anxieties and incidents of challenging behaviours within the service.

Good

Is the service caring?

Our findings

The service remained good at caring for people. People and their relatives continued to praise staff. One person said about the staff, "The staff are kind and help me with all I need. They treat me well. They are my family. Everything's really good." A relative told us, "The staff are kind and respectful." Commissioners and healthcare professionals all described staff as caring. One commissioner told us, "Staff [are] calm, understanding, give time." Another said staff treated people with, "care and compassion. I often see [a staff member's] arm round [a person's] shoulders…[Staff have a] nice attitude."

Staff looked for ways of reducing people's anxiety and involving them in decisions about their care. They told us that when one person became anxious, they displayed behaviours that could harm themselves or others. One staff member told us, "[We follow] the guidelines tailored to each person's behaviours and triggers." Another staff member said, "We use distraction as a good technique." They explained they tried to "be where [the person is] in their mind" in order to understand and empathise them. They explained this helped people to reduce their anxiety.

Staff told us they would be happy for a family member to receive care from the service. One staff member said this was because the staff team showed, "Such compassion and concern for [people]. We spend a long time with them and they are life and extended family. I'm proud to work here."

People and their family members were involved as much as possible in their care and treatment arrangements. One person told us, they had "a review coming up." Two relatives said they felt consulted about their family member's care and had been invited to reviews. One relative said, "I have been involved in reviews of care…and they let me know of any changes." However, a third relative told us they felt there was "not a lot of communication" from staff. A healthcare professional told us, "[Staff] communicate well with family/next of kin and always involved other health professional as required.

The service ensured that people were treated with dignity and respect. One person told us, "They always respect my wishes." A relative said, "They treat [my family member] with respect." A commissioner told us staff treated people "as individuals. With dignity and respect." Another told us, "I was very impressed by [staff member's] attitude to [person] without being judgemental [of the person's behaviours]." We observed staff being discreet when supporting people to have their care needs met.

Good

Is the service responsive?

Our findings

People's health and welfare continued to be met by staff who remained responsive to their needs. One person said, "[Staff] know about my [health condition] and help me with exercises. They are my lifeline." Another person told us, "[Staff] know my routines and what I like." A third person told us, "[Staff] have coped very well with the care I need."

A healthcare professional told us that some people cared for at the service would normally be cared for on acute wards of hospitals. However, they said that because the staff knew people well, and healthcare professionals "kept a close eye" and regularly reviewed people's treatment to ensure the service was able to meet their needs. A commissioner told us they felt the care provided was "person centred" and that they were "impressed with the proactive approach" of staff when meeting people's individual needs. They said, "People are allowed and given [the] freedom to be themselves even when that looks unusual or is more time consuming for staff."

Staff spoke knowledgably about people, their preferences and their care needs. This information corresponded with that in people's care plans, which provided staff with sufficient guidance to provide consistent care to each person. Staff told us they were given time to read people's care plans before they provided care to people.

People were encouraged to maintain and develop relationships. Relatives told us that they could visit at any time and that staff made them welcome. A relative told us that they thought it was "good" that they could stay overnight at the service when they visited their family member. A commissioner told us how staff had supported a person, after many years separation, to contact, and visit, their family.

People were supported to develop and maintain interests and hobbies and a range of activities were available. One person told us, "I go out and do lots. I go to the gym, shopping and go to see [a football team]. I've got lots of autographs." We saw that people were supported with a range of activities within the service. For example, newspaper reading, crosswords and arts and crafts. Some activities were linked with therapies that had been recommended by a healthcare professional. For example, one person regularly took part in reminisce sessions. Another person told us, "The facilities are fantastic. I've had more OT [occupational therapy] and physio than for the last four years. I go to the gym and swimming every day. On Sunday's I go boating and I have my hair done once a week."

The provider continued to have a robust complaints procedure in place. One person told us, "I would speak to the unit manager if I wasn't happy. The unit manager will always listen if there's a problem. I talked to them about the food – I couldn't chew it properly and they got the speech and language therapist to see me. They put me on a soft diet." Records showed that complaints had been thoroughly investigated and responded to appropriately.

Good

Is the service well-led?

Our findings

The registered manager had been registered with the Commission since April 2017. 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. A new manager took up post in April 2017 and told us of their intention to register with the CQC.

Records we held about the service showed that the provider had not sent all required notifications to the Care Quality Commission (CQC). A notification is information about important events that the provider is required by law to notify us about. However, since the new manager had taken up post in April 2017 we had received notifications appropriately.

The registered manager was supported by a team of senior staff. Each unit had a manager and staff team. Most people told us they took any concerns they had to the unit manager, but they were aware that they could also raise concerns with the registered manager, who was also the provider's representative.

Commissioners told us that they had a good relationship with the service. One commissioner said, "The [registered] and [unit] manager responded immediately to my concerns, investigated and reported back." Another commissioner told us, "I have a sense of being listened to although it's usually in the form of discussion rather than specific feedback."

The registered manager and staff continued to have a good knowledge and understanding of the needs and preferences of the people supported by this service. A relative told us, "The care is very good overall." A commissioner said, "I am impressed by the staff's knowledge of [people]. [Staff] are familiar with the patient's needs."

The provider and registered manager had an effective quality assurance system to monitor and improve the service. Audits had been completed in areas including medicines and health and safety. Members of the provider's board of directors and senior staff regularly accompanied staff carrying out audits. People confirmed they knew the board members and could speak with them if they wished. The provider was carrying out a quality assurance survey at the time of our inspection. We viewed a sample of the responses they had received. These were very positive and contained comments such as, "[The service] is a very well run care home and very organised." And, "I have been very impressed with the care given by nursing staff and carers… I have been impressed by the positive energy of [the service]." A third person said, "Communications have always had room for improvement." But they went on to say that this was "still the care home I would pick."

People and relatives told us they had opportunities to attend meetings to share their views of the service. A list of items discussed were available for each meeting. However, these did not contain any outcomes or actions. This meant people not at the meeting would not be aware of the outcome of the discussions. The provider continued to issue newsletters to people, their relatives and staff, providing information about, and

changes to, the service.

The provider's representatives and the registered manager regularly sought staff member's views both formally and informally. These included ad-hoc discussions, staff meetings and 'Tea for 12' where board members met with 12 staff members and provided the staff with an opportunity to raise any issues or ideas they had about the service. These meetings took place bi-monthly and involved different staff members on each occasion. One staff member said, "We have a tea for 12, which is a meeting where we can meet up with senior management team members which is very good. We can speak about what we want to say."

The service continued to have good links with the local community and had sponsored local sports events. People were supported to access the local and wider community. These included local shops and leisure facilities, such as the cinema and sports venues.

The service had a positive ethos that placed the people receiving the service at its centre. A healthcare professional described the culture of the service as, "Professional, friendly, [people are] paramount. A great ethos." A commissioner told us, "The culture of the service is very person centred. Kind, interactive and inclusive. The impression I get is that [the service] is a place where the residents are the centre and the reason…It's all about the residents, not all about the staff!" To this end a healthcare professional who visited the service told us their staff had been invited to attend dementia awareness training at the service, to increase their knowledge of people's needs.

The provider continued to strive for excellence and had recently been awarded the platinum standard from Investors in People (IIP). This standard had been awarded to only 0.5% of companies with an IIP accreditation.