

Sue Ryder

# Sue Ryder Neurological Care Centre (Lancashire)

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Outstanding ☆

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Sue Ryder Neurological Care Centre (Lancashire) is a care home providing specialist neurological care and rehabilitation to people aged 18 and over with complex neurological needs, such as multiple sclerosis, acquired brain injury, cerebral palsy, Parkinson's disease, Huntington's disease and motor neurone disease. Care is provided across three floors. One of the floors specialises in providing care for people requiring neurological rehabilitation. Rehabilitation services are provided on a short term basis to support people to regain their abilities after a hospital stay and regain independence. There were 38 people living at the service at the time of the inspection.

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

People told us they received safe care and treatment and measures were in place to monitor risks around people including falls, choking and infections. People were supported to receive their medicines safely, however, there were areas that needed to be improved to enhance the safety of medicines practices.

We have made a recommendation about the management of some medicines.

Staff were committed to enabling people to do as much for themselves as possible and took a positive risk-taking approach to care. Staff knew how to keep people safe and the service learned from near misses, accidents and incidents and used this learning to improve the service. Improvements were required to ensure incidents that required to be reported to other agencies were always reported. We have made a recommendation about reporting incidents to safeguarding. Staff were recruited in a safe way and there were enough staff to meet the needs of each person.

The service was well-led. The registered manager and the management team provided a positive model for all the staff. Feedback about the registered manager was positive and staff felt well supported. Staff were motivated and proud of the service, and morale was high. Systems for monitoring the quality of care and people's experiences were in place and there was a proactive approach to monitoring. While there was oversight on the system for monitoring incidents, we noted improvements were needed to the system for checking incidents and reporting to external agencies.

We made a recommendation about improving the monitoring and reporting incidents.

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. People and professionals' feedback about the effectiveness of the service describes it as exceptional and distinctive. Staff skills knowledge, training and support demonstrated an excellent commitment to providing outstanding care which was embedded into the practices of the staff and the management team. The service worked in partnership with other organisations and keeps up to date with new research and development to make sure staff were trained to follow best practice and contributed to

the development of best practice and good leadership with others. The provider recognised that continuing development of skills, competence and knowledge for staff was integral to ensuring high-quality care and support. We found that this directly impacted positively on people's outcomes. People received a balanced diet which met their individual needs and took into consideration their preferences. There was a holistic approach to assessing, planning and delivering care and support.

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We have made a recommendation about the management of some medicines.

Staff were committed to enabling people to do as much for themselves as possible and took a positive risk-taking approach to care. Staff knew how to keep people safe and the service learned from near misses, accidents and incidents and used this learning to improve the service. Improvements were required to the system for recording and reporting incidents externally. We have made a recommendation about reporting incidents to safeguarding. Staff were recruited in a safe way and there were enough staff to meet the needs of each person.

People were supported by staff who were kind and caring and who maintained their dignity and privacy and treated them with respect. People were fully involved in the service and had opportunities to give feedback about their experiences. People's needs, and wishes were fully met by staff that knew them well and were passionate about people's independence. People were respected and valued as individuals. people's comments included, "I do believe staff cannot do enough for me, I only have to ask."

People received personalised care and support specific to their needs and preferences. Care records were written in a person-centred manner and reviewed regularly. This had been effective in supporting people to achieve their goals and aspirations and encouraged more freedom for people. People's communication needs were assessed, and staff used various tools to assist people with communication needs. People and their relatives were able to share concerns and compliments.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 16 April 2020 and this is the first inspection of this new location. The last rating for the service at the previous premises was good, published on 12 March 2018.

#### Why we inspected

This was a planned inspection based on the previous rating.

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 until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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?

Outstanding ☆

The service was exceptionally 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.

# Sue Ryder Neurological Care Centre (Lancashire)

## **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 Care Act 2014.

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 one inspector and specialist professional advisor who specialised in physiotherapy practices.

### Service and service type

Sue Ryder Neurological Care Centre (Lancashire) is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

### During the inspection

We spoke with nine people across the service, we asked them about their experience of the care provided. We spoke with the registered manager, the operations director, clinical lead and therapist lead. We spoke with 11 staff and two visiting relatives.

We reviewed a range of records. This included seven people's care records, multiple medication records and accident and incident records. We looked at a variety of records related to the management and maintenance of the service and walked around the buildings to make sure the environment was clean and safe for people to live in.

### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We contacted health and social care professionals from the local authority who visited the service.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. The service was previously registered at another location. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

- People received their medicines safely as prescribed and were encouraged to manage their own medicines where safe and possible. Each person had storage to facilitate self-medicines administration.
- The registered manager and their staff carried out regular medicines audits to check people were supported as required. They had started improvement work on their medicine's management with support from a specialist pharmacy professional who had been brought in to work with staff in areas such as training and the overall medicines management practices.
- We identified areas where improvements were required to ensure medicines management was safe. This included increasing staff awareness on the handling and recording of medicines such as thickening powders for people at risk of choking. We were satisfied with the practice around this area and the actions taken to improve recording. Staff asked people who had 'as and when required' pain relief medicine prescribed if they wanted these medicines and acted upon their wishes. However, improvements were required where people could not say if they were in pain, documentation did not give staff indicators on how people displayed pain so medicines could be administered as required. The provider and staff started to take action to address this during the inspection.

We recommend the provider consider current guidance on the use of thickening powders, and the documentation for 'as and when required medicines guidance' and take action to update their practice accordingly.

- We randomly selected several medicines and controlled drugs and checked their stock against the provider's documentation and found it to be correct. Controlled drugs are drugs or other substances that are tightly controlled by the government because they may be abused or cause addiction.

### Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and their human rights were respected and upheld by staff who had received training on safeguarding adults. One person said, "I am safe here I know if I was worried about anything, I can approach staff." And, "The care I receive is as safe as it can be."
- Staff said they felt able to challenge poor practice and report their concerns to the registered manager. We saw examples where staff had positively challenged each other when they had concerns about another staff members' approach. The feedback from families was positive. One family member said, "My [relative] is very safe in the home. Plenty of visible nursing staff around."
- In majority of the cases the registered manager had followed safeguarding procedures and reported concerns and shared relevant information to safeguard people from abuse and avoidable harm. However,

we noted that the provider's system for reporting needed to be robust. While investigations had been carried out, they needed to be shared with safeguarding authorities. The registered manager took immediate action to correct this.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The registered manager and staff assessed and monitored people's safety and risks. There was positive risk taking to enable people to live a fulfilling, safe but adventurous lifestyle with reasonable limits to maintain safety. One person said, "I am out and about if I want to, I am enjoying my independence and working towards living independently."
- There was a focus on sharing learning from significant events across the service and throughout the organisation. Staff were encouraged to reflect after incidents, on how things could have been done differently and where improvements could be made.

Staffing and recruitment

- People were protected against the employment of unsuitable staff because robust recruitment procedures were followed.
- The provider operated systems to ensure there were enough suitably qualified staff to meet people's assessed needs. One person said, "There is surely enough nurse presence here, whenever I need to speak to one there is always one around." Everyone we asked shared the same comments.
- The provider had a system for assessing staffing requirements in the service. Rotas and our observations showed that there were adequate numbers for staff to support people in a timely manner. The registered manager regularly looked at the duration of times that people were waiting for support after summoning for help using call bells. This showed staff were responding promptly to people's requests for support.

Preventing and controlling infection

- The registered provider and the registered manager had systems to protect people, staff and visitors against the risk of infection. They carried out regular infection prevention audits and cleaning schedules were in place. There was adequate signage to inform people about the risks of infection, social distancing and hand hygiene. Staff were observed wearing personal protective equipment (PPE) and the home was visibly clean.
- We were assured that the provider was accessing testing for people using the service and staff.
- 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 was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.



# 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.

This is the first inspection for this newly registered service. The service was previously registered at another location. This key question has been rated outstanding. This meant people's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

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

- People's needs and choices were delivered in line with law and national guidance. The service had a thorough approach to planning and coordinating people's moves from other services into rehabilitation and long-term care. Where people with complex needs were admitted into the service a multidisciplinary therapy approach was implemented with continued links with external specialist professionals to help people settle. This had resulted in a coordinated, holistic and smooth transition for people with exceptional outcomes. One person commented; "Basically I was lucky enough to get a placement to go to the centre. From my experience it was life changing for me. I was on a stretcher. I ended up going to the rehabilitation unit and ended up walking out of there. I really appreciate what they've done for me. It was amazing."
- The staff team comprised of highly skilled and experienced multidisciplinary clinical professionals and care staff workers. This included occupational therapists, physiotherapists, speech and language therapists, nurses and neuro-psychologists. Care staff had vocational qualifications in health and social care as well as extensive experience in physical, neurological conditions and acquired brain injury. In addition, there was an extensive training and development programme that supported and underpinned the excellent knowledge and skills of the staff team. This was enhanced by an in-service specialist training programme that supported the diverse needs of people supported by the service.
- The provider had adopted best practice guidance such as NICE guidance on long term conditions and the UK Rehabilitation Outcomes Collaborative (UKROC) guidance on rehabilitation interventions. This had led to exceptional outcomes for people with long term conditions and unexpected illnesses. One staff member told us, "We focus on good outcomes that are set by the people we treat and driven by their goals."

Staff support: induction, training, skills and experience

- The service worked in partnership with other organisations and kept up to date with new research and development. The service contributed to the development of best practice by collaborating with local universities and colleges in research projects and providing professional practice education to local students. Staff received guidance from an external specialist professional who continually reviewed whether staff were adequately meeting people's complex needs.
- People were supported by a varied staff team who were trained specialists in their field who linked effectively with people's needs to achieve excellent outcomes. One person said; "The team was fantastic. For me to walk again was the main thing. To be given that was amazing, because I didn't really appreciate being able to walk, but then you have to re-learn and have the right team there to show you and help you achieve it."

- People and relatives felt staff were exceptionally well able to support them, and often went over and above to support people. One family member said; "I am very happy with the care my [relative] receives. It is of a very high standard. The staff always know how to calm your anxieties with their approach."

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported with their nutritional needs and to live healthier lives. The majority of people at the service had complex dietary requirements including swallowing difficulties and requiring specialist nutritional support such as percutaneous endoscopic gastrostomy (PEG), a procedure in which a flexible feeding tube is placed through the abdominal wall and into the stomach. We saw people were adequately supported and clear guidance provided on supporting people.
- Staff worked alongside other professionals during assessments to facilitate transition from other services and took a collaborative approach to their own staff team compositions.
- Feedback from people showed the support had a positive impact on their lives. One person told us, "I came here paralysed unable to walk, now I can walk, and I have been able to put my contact lenses in for the first time in 7 months, my hands are so much better since music therapy, I have been using the keyboard with the music therapist to improve strength in my hands and fine motor skills."

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

- The service was purpose built, designed and decorated to a high standard. The care delivered and the practices in the service helped people to be as independent as possible. State of art facilities had also been provided to assist the holistic and innovative methods of meeting people's long term and short-term needs. This included a hydrotherapy pool, a fully equipped physiotherapy gymnasium and a rehabilitation kitchen. One person told us, "I have been to the breakfast club, it allows me to make my own breakfast as I like it, beans on toast."
- The registered provider had provided bungalows alongside the service where people who were able to live independently could transfer to after rehabilitation, these were in the process of being registered with CQC at the time of inspection. One person was happy with this and said, "I am looking forward to transferring to the bungalow, it will allow me more independence, the kitchen worktops can be adjusted up and down so will be able to cook from my wheel chair."
- Staff used tablet computers and pictures to engage people in discussions and decisions about the environment they lived in. People's environment reflected their individual preferences and culture and supported their physical needs in the way they chose. This included accessible outdoor areas.

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 Act 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being

met.

- The provider was working within the principles of the MCA. Applications had been made to deprive people of their liberties for their safety. Staff were following conditions where authorisations had been approved. In addition, there was a significant effort to enhance people's freedom of movement and access to community facilities.
- The provider had procedures to seek people's consent in various areas of their care. Staff had assessed people's ability to make decisions regarding their care and treatment. They had received training in the MCA and showed a good understanding of the MCA principles.

# 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.

This is the first inspection for this newly registered service. The service was previously registered at another location. This key question has been rated 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;

- People were well treated with respect and as equals. Staff had a person-centred approach and people were encouraged to do as much for themselves as they possibly could, being actively involved in every aspect of their support. Comments from one relative included; "The staff are extremely welcoming and helpful, it seems engrained in their culture from the cleaner, reception to care staff."
- People's feedback was positive. For instance, one person said, "I am as happy as ever here. I love it and get to go out when the weather is nice, and my mum and daughter visit when they want."

Respecting and promoting people's privacy, dignity and independence

- The service had a person-centred culture. We observed staff in all roles were motivated and offered care and support that was compassionate and kind. They demonstrated real empathy for people they cared for. One visitor told us; "They arranged a meal with balloons and candles for me and my [relative] on our anniversary so we could celebrate it together, I thought that was kind of them."
- All staff members we spoke with were passionate about encouraging people and supporting them to achieve best outcomes and were proud of the difference they made to people's lives.
- Staff treated people well and respected each person's individuality. People told us they valued the support they received. People were supported to meet their religious and cultural needs with regular religious services on Zoom. All new staff completed induction which included sessions on values and behaviours, with a focus on human rights and equality and diversity.

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

- People were supported to express their views and with decision making. Care records contained evidence the person who received care or a family member, (where the person had asked for them to do so on their behalf) had consented to the care and were at the centre of developing their care plans. The registered manager involved all relevant people in decisions about the care provided.
- Staff discussed with people and helped them explore their needs and preferences in relation to personal goals and preferred outcomes. One person told us; "I have been involved in my goal setting meeting and had a meeting to review them." We saw evidence of this in care records. In addition, staff welcomed the involvement of family members and advocates.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. The service was previously registered at another location. This key question has been rated 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

- The registered manager and staff completed an assessment of people's needs before they started using the service. They worked in partnership with other agencies to ensure smooth transition. This ensured the service was right for the person and they could meet the person's needs.
- Records we reviewed and conversations with staff showed they had been responsive to people's needs. Changes in people's needs resulted in a review of their needs. Staff knew people's likes, dislikes and preferences and used this information to care for people in the way they wanted. The registered manager and staff followed the guidance in the care plans and reviewed people's needs without delay.
- People's records were detailed and comprehensive and provided precise guidance on how best to support people and what works for them. Specialist guidance from other professionals had been included and was reviewed frequently.

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

- People were supported to develop and maintain relationships with the wider community and their families if they wish to do so and in line with current guidance on the COVID-19 pandemic.
- Arrangements for indoor and outdoor social activities where appropriate, inclusive, met people's individual needs, and followed best practice guidance so people could live as full a life as possible. The provider and staff used technology to enhance people's experiences and activities.
- Activities were designed to link in with people's goals and to support their short and longer-term rehabilitation goals. One professional told us; "The service also has input from a music therapist, whose contribution has been highly valued by patients and I can think of several examples where the availability of music therapy has unlocked progress in rehabilitation and adjustment to disability which would have not been achieved without it."

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure that was shared with people when they started using service.
- We saw that complaints had been dealt with in line with regulations and measures had been put in place to address the complaint satisfactorily. The registered manager told us they had used the learning from complaints to reflect on staff practice. One relative told us; "They are responsive to feedback and comments and I have seen them acting on my contributions especially on visiting the service."

Meeting people's communication needs:

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service took steps to meet people's information and communication needs to comply with the Accessible Information Standard. Staff ensured information was available to people in an accessible way.
- People had care plans that set out how they should be supported in communication and where required staff had communication aids to support people who had communication difficulties. We saw staff had translated documents, where people's first language was not English, this supported effective communication and provision of care.
- Speech and language therapists were also available to support people with their communication.

End of life care and support;

- People and their relatives were supported to plan for their end of life care. The registered manager had ensured staff had up to date training in supporting people towards the end of their life. They had worked with a local hospice to ensure people received dignified end of life care.
- The provider had arrangements and accommodation for families to use should they need an overnight stay if their relative has reached an end of life stage. In addition, people, their relatives and staff were offered bereavement support services which included access to grief counselling and links with an online community support group.

# 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.

This is the first inspection for this newly registered service. The service was previously registered at another location. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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 registered manager was committed to transparency in the management of the service and to deliver the best service possible. They also recognised the importance of learning when things went wrong and sharing that learning with others. However, improvements were required to improve the systems for reporting incidents to other external agencies such as safeguarding and the Care Quality Commission.

We recommend the provider consider current guidance on reporting incidents and take action to update their practice accordingly.

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

- The registered manager and the provider showed an understanding of regulatory requirements, how to monitor people's experiences and address shortfalls. The registered manager and staff were clear about their role and were accountable. There was a positive culture within the service, encouraged by the leadership and implemented by a staff team who were passionate and motivated about achieving the best outcomes for people.
- There was oversight on the registered manager and the staff to monitor compliance with regulatory requirements. This included regular meetings with the provider's clinical governance directors and quality monitoring reviews.
- The provider had introduced a management team with a strong clinical background to enhance the care provision and provide all-inclusive care. They had an effective quality assurance system for monitoring the staff performance and people's experiences and outcomes. Audits gave clear actions for staff to take and where improvements were identified there was evidence discussions took place and if necessary further training and support provided.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered provider and management team had established clear, person-centred vision and values that include honesty, involvement, compassion and dignity. People and their relatives told us the service was well-led. One person told us, "The place is one of the best really, the staff are respectful and supportive."

- People, their relatives and professionals gave us positive feedback regarding the leadership of the service. One professional told us, "I think the quality of care and patient experience has been excellent, Sue Ryder have achieved what was asked in terms of moving the neurological rehabilitation out of the hospital, but also exceeded expectations in that patient feedback has been universally excellent."
- Staff shared positive feedback about management and support from the provider. There was a strong emphasis in investing in staff learning and well-being. This included availability of professional training for staff to gain professional qualifications and basic life skills training for staff. Counselling was also available for staff should they require emotional support.
- The provider maintained an open culture and encouraged people to provide their views about how the service was run. The service had sought the views of people they supported and family members through care plan reviews, goal setting meetings, and meetings held by people who used the service.

#### Working in partnership with others

- Staff in the service had developed and promoted positive working relationships with commissioners, other social care staff, advocates and health care professionals. The service was working in partnership with local universities, hospitals and other agencies to support professional training. There was a significant effort to seek improvements through research and evidence-based practice and working with various other agencies.
- Staff told us they could contribute to the way the service was run through meetings and supervision. Meetings had been used to communicate changes, challenges and expectations.