

Neuro Partners Limited

Neuro Partners North West

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

This announced inspection took place on the 22 & 29 April 2015. The provider was given 48 hours' notice of the inspection visit because the location provides personal care and support to people in their own homes. As the people who use this service often accessed community activities we needed to make sure people were available to speak to us.

This inspection was carried out by the lead adult social care inspector.

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 and other complex needs. The provider works with

people and their families, legal representatives and healthcare professionals. They develop, deliver and monitor a package of care for people to meet their needs, support their rehabilitation, and provide for their care and support. At the time of this inspection Neuro Partners were providing care and support for 16 people with nursing needs and 11 people who received personal care and support in their own homes.

The last inspection of this service was completed under the wave 2 project on the 30 July and 1 August 2014. At this inspection the provider was rated good having met all the standards and regulations we looked at during the visit.

Summary of findings

There was a registered manager in post at the time of our inspection visit.

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 and associated Regulations about how the service is run.

Since our previous inspection in July 2014 the operations manager, who was the registered manager for the provision of personal care in the community, had left the organisation. The other registered manager now had overall responsibility for the community care service to people in their own homes and the nursing care for people with acquired brain injury and other complex nursing needs.

We found that the service was safe and members of the staff team were aware of their role and responsibility to keep people safe. There had been safeguarding issues prior to this inspection visit which had been notified to us, The Care Quality Commission (CQC) but these had been dealt with prior to our visit.

We saw that the provider had robust recruitment policies and procedures which ensured only suitable people were employed to care for vulnerable people with complex needs.

We found that the service worked well with external agencies such as social services, Clinical Commissioning Group (CCG), other care providers and mental health professionals to provide appropriate care to meet people's physical and emotional needs.

We found that Neuro Partners employed sufficient suitable and trained staff to provide an appropriate level of care. No new packages of care were set up until there were sufficient numbers of staff to provide care to meet peoples' assessed needs.

Risk assessments covering all aspects of care and support were in place and reviewed every month.

We found that staff training was up to date. Mandatory subjects were covered in the induction programme. Following this staff then completed bespoke training according to the physical and nursing needs of the people they supported.

Staff confirmed they had regular supervision meetings with their line manager.

The service followed the requirements of the Mental Capacity Act 2005 Code of Practice. This helped to protect the rights of people who were not able to make important decisions for themselves.

The service promoted healthy eating with those people who were assisted with eating, drinking and nutrition.

Prior to the service starting each person had a detailed assessment of their needs. This ensured the most appropriate level of care was provided. Suitable personal care and support plans were in place and up to date.

Staff had formed close relationships with the people they supported. Privacy and dignity were respected at all times. People were encouraged to access activities in the community if they were able so to do.

There was an appropriate internal quality monitoring procedure in place to monitor service provision. Checks or audits were completed in respect of, medicines administration, care plans, personal involvement, health and safety and risk assessments. These checks ensured people were cared for and supported in the way they chose themselves.

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 was safe.

The support workers knew how to protect people from harm. There were good systems to ensure people knew the staff that supported them.

There were robust recruitment procedures in place to ensure only suitable people were employed to work in this service.

Care records evidenced people who were supported by this agency were involved in the delivery of their care and support.

Good



Is the service effective?

The service was effective.

People who were able were supported to lead active lives and to follow a range of activities in their home and in the local community.

People were supported by staff who were trained to care for people with complex and varied needs.

The agency worked well with external agencies to provide holistic care and support.

Good



Is the service caring?

The service was caring.

The staff teams had developed individual, caring relationships with the people they supported.

Staff interacted with people in a positive way and support was focussed on the individual and on providing the care they wanted.

People's dignity and privacy were respected at all times.

Good



Is the service responsive?

The service was responsive.

People and their relatives told us they were involved in the care planning process.

There was an out of hours on call team that could be contacted anytime should the need arise.

The service had a policy and procedure for dealing with complaints and concerns.

Good



Is the service well-led?

The service was well-led.

There was a registered manager in post. Staff and people told us that members of the management team were available to discuss any concerns they may have.

The registered provider had systems in place to monitor the quality of the service provided. People who used the service were asked for their views of the service and their comments were acted on.

Records we looked at were up to date and applicable to the service provided.

Good



Neuro Partners North West

Detailed findings

Background to this inspection

This announced inspection took place on the 22 & 29 April 2015. The provider was given 48 hours' notice of the inspection visit because the location provides personal care and support to people in their own homes. As the people who use this service often accessed community activities we needed to make sure people were available to speak to us.

The inspection was carried out by the adult social care lead inspector.

Prior to the inspection visit we gathered information from a number of sources including the local authority and the health care providers. We looked at the information received about the service from notifications sent to the CQC by the registered manager. We did not receive a Provider Information form (PIR) as one was not sent to the provider for completion.

The inspector visited the agency office on the 22 & 29 April 2015 to look at records around how people were cared for and supported. We looked at care and support plans belonging to five people currently supported by Neuro Partners, five staff recruitment files, staff training records, details of internal quality audits and copies of the policies and procedures. We spent time with the registered manager, spoke to one of the service managers, four members of the staff team who were in the office on the day of our visit and the apprentice who was working in administration at the time of our inspection. One of the directors of the organisation visited the service on the second day of the inspection and discussed the running of the agency with the inspector and registered manager.

We also contacted by telephone staff who worked at the agency and people who were supported by Neuro Partners to gather further information to assist us with this inspection.

Is the service safe?

Our findings

As part of our inspection process we were able to contact people by telephone who received support from Neuro Partners or family members. We spoke to six people and received, on the whole, positive comments from all of them. Comments included, "I am totally happy with the support provided. I was able to have a week's holiday last year and know my relative was completely safe whilst I was away". Another person said, "I always feel safe so no worries there". One relative said, "We have had the same team of carers through Neuro Partners for about seven years and we know them well. I have no concerns about my relative's safety and if I did I know what to do". We asked people if they were unhappy or concerned about the safety of the service what they would do. We were told, "I would immediately contact the office to report any concerns".

The staff we spoke to told us they had received training in the protection of vulnerable people and knew the signs to look for. They said they would not hesitate to report anything they were concerned about to the senior management team knowing the matter would be dealt with in accordance with the organisation's policies and procedures. The registered manager and other members of the management team were aware of their responsibility to inform the Care Quality Commission (CQC) of any safeguarding issues.

Risk assessments on the home environment were completed prior to the service starting. This meant the people supported by the agency and the staff were safe from any hazards within the home. Staff told us that any new hazards were reported to a member of the management team in order for an updated risk assessment to be completed.

We looked in detail at five care and support plans and saw intervention and risk management plans were in place covering all aspects of the care and support provided. There were risk assessments in place that identified actual and potential risks and the control measures in place to minimise them. This included risks associated with the use of equipment to people for use in their home, such as bath aids and bed rails.

Details of medication were held in the support plans and the registered manager confirmed that they had measures in place to ensure medicines were held safely in peoples'

homes. Senior staff had completed 'Train the Trainer' courses in safe handling of medicines to assist people with their medicines if this was necessary. Most of the people who were supported by Neuro Partners had relatives to assist or they were responsible for their own medicines. This was noted on each of the care plans we looked at during our inspection visit. Medicine administration records were held in peoples' homes and were regularly checked each week by the team leads for the community service or the case lead for the nursing service.

The risk assessments we saw were reviewed and updated at the same time as the care and support plans. This meant that risks could be managed appropriately and people received suitable support to remain safe. We saw risk assessments for skin and pressure care, falls, moving and handling, mobility and nutrition. Where people had specific and/or complex needs appropriate risk assessments were in place. These covered things such as catheter care, the need for oxygen, the use of a ventilator and suctioning.

We saw that Neuro Partners had a robust system in place for the recruitment of staff. We looked at five staff personnel files and saw that a comprehensive procedure for the appointment of new staff had been followed. All the information required by law had been obtained before new staff were offered employment with the agency. We saw completed application forms showing full employment history, two references, documents confirming identity, equal opportunity details and a contract of employment. The registered manager told us that no new package of care was undertaken until there was a suitably trained staff team in place to provide appropriate care and support.

The staff files evidenced that a Disclosure and Barring Service (DBS) check had been completed before the staff started working in the home. 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 ensured only suitable people were employed by this service. The registered manager confirmed that the DBS checks are renewed every three years for all staff.

The staff we spoke to told us that there were good lines of communication and they were able to contact members of the management team if ever they were concerned about any of the people they supported.

Is the service effective?

Our findings

People and their relatives were, on the whole, positive and complimentary about the support provided by the support staff at Neuro Partners. However, we were told by one person there had been occasions when communications with the office staff could have been better although this had improved over the last few weeks. People told us the staff had the skills and training to provide the most appropriate level of support. One person said, “The carers come in five days a week and I love them all. They know their jobs really well and I would be lost without them”.

We spoke to the registered manager and staff about the training and support provided and discussed the training programme in place for this year. All support staff who worked for Neuro Partners received mandatory induction training in the care and support of older people, some of whom had very complex needs. This included manual handling, duty of care, privacy and dignity, fluids and nutrition, protection of vulnerable people care of people with dementia and health and safety. Staff also received training that was specific to the more complex needs of the people they cared for and in line with their roles and responsibilities. We found a wide range of bespoke training specific to the needs of people who used this service which included, for example, use of ventilators, oral suctioning, oxygen therapy and tracheostomy care.

We found that the registered manager was knowledgeable about the Mental Capacity Act 2005, (the Act) and the Act Code of practice. They knew how to ensure that the rights of people who were not able to make or to communicate their own decisions were protected. Training was to be provided to all staff to ensure they fully understood the rights of people who had nobody to help them make meaningful decisions for themselves. The registered manager told us that the agency did not currently support any person who had neither relatives nor an advocate to act on their behalf.

Since our previous inspection visit we found that new systems to record staff training had been introduced. Each member of staff had been given a training portfolio with instructions of how to use it. Each portfolio contained details of the training staff had to complete before they began to support people who used this service. This was then signed off by the training manager to confirm competency in their role and procedures to be undertaken.

Staff we spoke to confirmed they received regular supervision from their line manager. The one to one meetings gave them the opportunity to discuss their work and their personal and professional development. The supervision process included on the job spot checks to assess on their competency.

We saw evidence in the care plans that people or their relatives if appropriate were involved in the care planning process. Where possible people signed to say they agreed to their care and any treatment that may be necessary.

Some people live in their own homes and received care and support up to seven days a week and they told us the care staff supported them with their shopping. Staff also assisted them to prepare their meals. We saw they were supported to eat healthily as well as their choosing favourite meals.

Relatives told us that as well as support from Neuro Partners their family members were supported by other health care professional such as district nurses, occupational therapists and other specialised clinical input. We saw the agency sought advice from these professionals as well and from the mental health teams when necessary. This ensured all health care and psychological needs were met in the most applicable way.

We saw that health care needs were fully assessed and documented in the care and support plans prior to the service from the agency commenced. This information provided by the health care professionals was used by the registered manager to formulate an appropriate plan of care and support.

Is the service caring?

Our findings

contacted five people by telephone to ask their opinions about the agency and the staff who worked there. People were very happy with the care provided and one person said, “The staff give 120% all the time and I could not manage without their help”. Family members said, “The support workers are very caring and help my relative to live independently in his own home”.

Another relative said, “There have been problems with changes of staff in the past but it has improved lately. The two lassies that support our relative at the moment are fantastic, spot on with a really lovely, caring attitude. It is sometimes difficult to speak to the senior staff in the office though”. We did speak to the registered manager about this.

All the people we spoke to appreciated that support was provided by the same team of carers as this had helped them to develop meaningful and caring relationships with the team. One person said, “It can be a little difficult when new people have to be added to the care team if staff moved on but, as the new staff shadow the experienced staff, the situation soon settles down”.

We saw, in the support plans, that people were consulted about the care provided and were involved in the care plan review process if this was possible. Relatives were also

consulted about how the care was provided if this was appropriate and the person was not able to verbally make their wishes known. When asked, the manager told us that, where necessary family members had lasting Power of Attorney so they were able to make decisions on behalf of their family member. This was confirmed by one relative we contacted by telephone.

When we spoke to relatives they told us that staff from the office either visited or telephoned to make sure they were happy with the care they or their relative received. One person said, “I get regular phone calls and the case manager visits as well to check the care is good”.

People told us their privacy and dignity were respected in particular when they received any personal care. People with complex nursing needs were very vulnerable and staff we spoke to told us they were careful to ensure every person’s dignity was respected at all times.

We saw, from the care plans we looked at, people received care when they needed it and in a way that took account of their expressed wishes and preferences. If people were unable or had difficulties in communicating verbally, family members were able to discuss the care provided. An advocacy service could be arranged if required but the registered manager confirmed that the agency did not currently provide support to anyone requiring this type of service.

Is the service responsive?

Our findings

Relatives we spoke to after our visit to the agency office told us they were involved in the care planning process. One person told us, “The staff come each month to review and update the care plan and we have always been involved in this process”. Another person said, “I have always been involved in the care of my relative. The staff organised a visit from an occupational therapist when this was needed”. However one family member did say, “The care plan has not been updated recently and a review is necessary as we have had a lift installed so the manual handling part of the care plan needs to be reviewed”.

We checked on how the service responded to setting up new care packages for people. We were told that requests for packages of care were received from health or social care commissioners outlining details the level of support required to meet the assessed needs of the person requiring support. Meetings were then arranged with people and their relatives, if appropriate, to discuss how to provide support that was responsive to all the assessed needs. As well as providing care to people with complex nursing needs Neuro Partners also provided care in the community to people who needed help with personal care and visits to the shops and other activities of their choice.

We spoke with one family member whose relative had been receiving support from Neuro Partners for two years. They told us the support provided ensured the person was able to live in their own flat and lead a meaningful life. The relative said, “He goes out every day and is helped with shopping and cooking his meals. He chooses what he wants to do and where to go. The staff are so supportive”.

We looked at the care and support plans for five of the people who were supported by Neuro Partners and found each plan contained details outlining what staff had to do to meet people’s assessed needs. We saw that, at the initial meeting with the people needing support, times and length of visits were discussed and agreed, after which people decided what they wanted to do and how to spend their time with the support worker. All the care and support plans we looked at included how to provide support in respect of nutrition, mobility, manual handling, catheter care and personal care. We saw there were up to date risk assessments in place covering all these elements of care and that these were updated according to the changing needs of people.

The service worked well with external health and social care providers to ensure there was an appropriate provision of care that met people’s needs in the most suitable way. The registered manager informed us that the district nurses were the case managers for those people who received nursing care.

Hospital admission sheets containing details of prescribed medicines and preferences about peoples care needs were also prepared and available in case people needed to be admitted to hospital for any reason. This also ensured continuity for people and ensured that they received care and treatment that was safe and in ways that people had chosen.

The care plans we looked at during our inspection visit had all been reviewed in April 2015 although we were told by one relative the care plan for their family member was not up to date. We did discuss this with the registered manager who confirmed that she would look into this matter right away. We saw that intervention and risk management plans were in place

In order that the packages of care put in place by Neuro Partners were responsive to peoples’ needs Neuro partners set up teams of up to three support workers that were allocated to provide support each person. This included allocating other staff, known to the people they supported, 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.

We looked at one of the care plans for a person who received support in the community after time spent in a nursing home. There was a rehabilitation intervention plan in place setting out both short and long term goals. Risk assessments with regards to activities of daily living were in place and up to date.

Neuro Partners had a complaints policy and procedure in place together with a record of the complaint and the outcome of any investigation. All, except one person we contacted, had no complaints about the service but they all said they would not hesitate to contact staff in the office if they had reason to. The only negative comment we received was regarding the care and support plan which had not been reviewed recently and the problems the person concerned had in speaking to one of the management team about the matter. We have spoken to the registered manager about this.

Is the service well-led?

Our findings

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

Comments we received from support workers about the management of the service were all very positive. They appreciated the support they received from the registered manager and other members of the management team. They told us that the registered manager had recently reorganised the service to integrate both the nursing care and community care services into one combined service with one registered manager.

The registered manager told us it was an improved way of working now that the service was no longer fragmented into two separate parts. The management team had also been restructured and people who received care and support and their relatives had all been notified of the changes.

The staff we spoke to said they would not hesitate to contact any member of the management team if they were concerned or unhappy about anything. They were able to contact staff in the office easily as there was always a senior member of staff available even out of hours.

We saw that the agency had a formal internal system in place to monitor the quality of the service provided. Spot visits to speak to people who received care were carried out by team leaders to ensure care was being delivered in the most appropriate way and that people were satisfied with the service provided.

The registered manager confirmed that survey questionnaires were sent to people and their relatives throughout the year through a rolling programme. Results were analysed and discussed with the directors and the senior team and used to implement changes to improve the service for the people supported by this agency.

We saw that audits were completed on care plans, environmental standards within the houses the staff worked in, risk assessments, health and safety and infection control. Medicines audits were completed each month by the team leaders and drugs liable to mis-use called controlled drugs were checked every day. Random checks on the quality audits were completed by the registered manager to ensure all were up to date and reflected the provision of care.

There had been a recent problem with a member of staff sleeping on night duty. As a result of the internal investigation carried out by the registered manager a result of the investigation a new policy and procedure has been put in place so that all staff are now aware of their role and responsibility when working as waking night staff.

We discussed the support provided to the registered manager in her role and she confirmed one of the directors now visited the agency every week to discuss the operation of the service and deal with any concerns the registered manager may have. Clinical supervision for the registered manager and the qualified nurses was provided by an external professional. The registered manager had organised a training course for herself in clinical supervision. This would allow her to line-manage the qualified nurses on completion of the course.

We saw that the management team worked closely with the local authority, Cumbria Clinical Commissioning Group (CCG) and other external agencies to provide holistic and seamless support and care. We, CQC hold regular joint meetings with Carlisle Adult Social Care and the CCG during which we were able to speak to one of the clinical leads in the CCG prior to our visit. They confirmed they worked closely with Neuro Partners and organised packages of care for people with complex nursing needs. At a recent meeting they told us that they had no problems with the service provision.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.