

Huntercombe Neuro Ltd

Nottingham Neurodisability Service Hucknall

Inspection report

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16 May 2022

20 May 2022

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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

About the service

Nottingham Neurodisability Service Hucknall is a care home that provides nursing and personal care for up to 71 adults with an acquired brain injury and other complex neurological conditions. At the time of the inspection 52 people lived at the home. The service is provided over three units across two floors, part of the home was under refurbishment therefore not all areas of the home were accessible to people using the service.

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

Infection and prevention control measures had been reviewed frequently in order to protect people from the risk of transmission of COVID-19, however we found some areas of the home required deeper cleaning. The registered manager was receptive to our feedback and acted immediately to ensure all areas of the home were clean.

People were protected from the risk of abuse and neglect. Risks were managed, monitored and risk reduction measures were in place when risks were identified. People received their prescribed medicines safely. Staff were recruited safely and there were enough suitably qualified staff deployed to meet the complex needs of people. Lessons were learnt when things went wrong. The registered manager carried out in depth incident investigation and analysis to ensure people were protected from the risk of harm.

People's complex nutritional needs were effectively managed and specialist advice and training had been sought when needed. Staff were trained and competent and care was delivered in line with best practice guidance and the law. 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.

Staff supported people in a dignified way and their privacy was respected. People and their relatives told us they were supported by kind and caring staff. Staff communicated with people respectfully in a format they could understand.

People and their relatives were involved in planning their care. The registered manager was open and honest when issues occurred, they responded and acted upon complaints in a timely manner. People were supported to spend their time undertaking their preferred activities. End of life care plans detailed peoples spiritual and cultural wishes and directed staff in how to support people who were nearing the end of their lives.

Quality assurance and monitoring systems were in place to help drive improvements at the service. The registered manager was aware of their legal responsibilities and had built excellent working relationships with health and social care professionals. Relatives told us the registered manager and individual unit managers were visible, communicated well and without exception would recommend the home to others.

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

Rating at last inspection

The last rating for the service under the previous provider was good, published on 9 February 2018. This provider was registered with us on 5 March 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was 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.

Nottingham Neurodisability Service Hucknall

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by two inspectors, a specialist nurse advisor and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Nottingham Neurodisability Service Hucknall is a 'care home'. People in care homes receive accommodation and nursing and personal care as a single package under one contractual agreement dependent on their registration with us. Nottingham Neurodisability Service Hucknall is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and clinical commissioning group who commissioned care with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We visited the service on 12 May 2022 and 16 May 2022. We spoke with 13 staff members including the registered manager, practice development nurse, registered nurse, care workers, senior care worker, kitchen staff, maintenance staff and housekeeping staff. We spoke with five people who used the service and 11 people's relatives. Not everyone living at the service was able to or wanted to speak with us, therefore we spent time observing interactions between staff and people. We reviewed a range of records. This included six people's care records and multiple medicine records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including concerns and complaints were reviewed.

After the inspection

We sought further information from the provider that we did not review on site, to inform our inspection judgements. This included staff training information, staff rotas and policies. Offsite inspection activity concluded on 20 May 2022.

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 of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Preventing and controlling infection

- The registered manager had continually adapted the practice and policies throughout the COVID-19 pandemic. This ensured infection and prevention control measures were in place and in accordance with local and government guidance. We found some areas in the home required further cleaning and de-cluttering; we fed this back to the registered manager who resolved this immediately.
- 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.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- There were no restrictions in place on visitors to the service during our inspection. The registered manager followed government and health protection advice when the service was in a COVID-19 outbreak. This was in line with current government guidance.

Staffing and recruitment

- Staff were recruited safely and there were enough qualified and competent staff deployed throughout the service to meet people's needs.
- We received mixed feedback from people and staff regarding staffing. For example, one person told us, "There are times when we need more staff", whereas another person told us, "Staff always come whenever I need help, there's always someone around." We reviewed the staffing dependency tool which demonstrated people's individual needs had been reflected when determining the number of staff required. We found the registered manager had acted when shortfalls such as sickness occurred.
- The registered manager had a recruitment action plan in place to address current vacancies within the service. Staffing shortfalls were covered by agency staff who all received a comprehensive induction to the service.
- Staff were recruited safely. All staff had essential safety checks such as a Disclosure and Barring Service (DBS) check prior to starting employment. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- Systems in place ensured people were protected from the risk of abuse and neglect.
- All staff received training and understood safeguarding. Staff we spoke with were aware of what to report and who to report concerns to.
- Safeguarding incidents had been reviewed in a timely manner by the registered manager. Safeguarding records we reviewed detailed what action had been taken to prevent and reduce incidents occurring again. This ensured people were protected from the risk of abuse and neglect.

Assessing risk, safety monitoring and management

- Risks were monitored, managed and risk reduction measures in place in order to protect people from the risk of harm.
- People's individual risks had been fully assessed and risks associated with people's health needs were managed well. For example, choking and aspiration risks were fully assessed and clear risk reduction measures in place. Care plans we reviewed detailed how staff should support each person in order to minimise these risks.
- Essential safety checks were completed to ensure people were kept safe from risks associated with their environment. Regular checks of people's equipment and their environment were undertaken to ensure people were kept safe from harm.
- All people had personal emergency evacuation plans in place which documented vital information in case of an emergency occurring.

Using medicines safely

- Medicines were managed safely, and people received their prescribed medicines according to their individual need.
- Medicines were stored securely in temperature-controlled conditions. Medicines administration records were completed and signed by two staff when required.
- Detailed care plans were in place for all people. For example, people who lived with a radiologically inserted gastrostomy tube (RIG) and received their medicines via this tube had detailed care plans and medicine administration records in place. This ensured people received their prescribed medicines safely.
- Medicine audits carried out by trained and competent staff ensured issues were picked up and acted upon in a timely manner.

Learning lessons when things go wrong

- Lessons were learnt when things went wrong. The registered manager and senior management team within the home had a robust incident investigation process in place.
- All incidents were logged and acted upon immediately by the registered manager. For example, one incident we reviewed involving poor moving and handling had an outcome detailing the steps the service had taken to ensure the incident did not happen again.
- Lessons were shared amongst staff to ensure incidents were used as a learning opportunity in order to improve the safety and quality of care provided.

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. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were fully assessed, and detailed assessments were in place for staff to support people safely.
- People's needs were assessed in line with best practice guidance and the law. For example, the service implemented specialist best practice guidance from the Royal Hospital for Neuro-disability.
- People and their relatives were fully involved in planning care. For example, one relative we spoke with told us, "We are very involved with [relatives] care and they speak with us regularly, my relative has really come on in leaps and bounds with their care."
- People's needs were reassessed as their needs changed. For example, specialist staff implemented care, reviewed people's rehab progress and updated care plans as people's needs changed. This meant staff had accurate information to ensure they could support people safely.

Staff support: induction, training, skills and experience

- Induction and training programmes were in place for all staff. This ensured staff supported people safely.
- Staff received regular supervisions to identify any training.
- Agency staff we spoke with all had access to care plans and our observations showed they knew people well. One agency staff member we spoke with told us, "I feel like part of the team, I know what care each person needs and I had a good induction to the home."
- Competency assessments were in place for specialist nursing tasks such as tracheostomy care.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink in order to maintain a balanced diet. Where people could not eat or drink they were supported to ensure their nutritional needs were met.
- A wide choice of nutritious food was on offer, including multiple options for people who required a modified or vegan diet.
- Weight, diet and fluid monitoring was in place and reviewed to ensure people who were at risk of malnutrition and dehydration were identified. These were referred to health care professionals for advice and guidance which was followed.
- Individual nutritional regimes prescribed by specialist dieticians were in place and followed. This ensured people's nutritional needs were met.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's health needs were managed safely and effectively.
- Timely referrals to health and social care professionals were made when specialist advice was needed. For example, specialist advice and care was sought and implemented immediately when problems occurred with one person's tracheostomy tube.
- Staff supported people to gain access to their named doctor and specialist therapists when needed. For example, one relative told us, "Any extra medical attention needed, be it a team or GP, it is always within the day. They are on the ball."
- Care plans detailed oral health assessments and optical assessments were undertaken. People were supported to access the dentist and opticians when needed.

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

- The premises and environment had been adapted to meet people's needs.
- People's rooms had been personalised and decorated with items of their choice. People with specific religious beliefs had religious items within their rooms.
- Visual aids were used to signpost areas around the home. For example, specific signs were around the home in clear large font to direct a person back to their room when they became disorientated.
- Parts of the home had been refurbished to ensure vital medical equipment was built into the walls. This meant for those people living with very complex needs equipment was easily accessible to ensure their needs could be met. The registered manager had further refurbishment plans in place to ensure the environment continues to adapt to meet people's needs.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Where restrictions were identified a DoLS application had been made to ensure these restrictions were lawful. Systems in place ensured that any DoLS in place remained lawful.
- Where people lacked capacity mental capacity assessments were in place and were completed for specific decisions. For example, where a person was not able to maintain their personal hygiene or consent to personal care, a detailed mental capacity assessment was in place. Assessments detailed care was given in the persons best interest to keep them safe from harm.
- Staff received training in the MCA and DoLS and understand their responsibility in regard to these areas.

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. 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

- Staff delivered care with kindness and compassion. We observed staff to be patient and supportive to all people.
- People's choices were fully respected. For example, one relative we spoke with told us, "They listen to everything my relative wants and needs, straight away it's done, nothing is too much trouble, I feel like they look after me as well as my relative."
- People and their relatives told us they felt staff were caring and treated their loved ones with kindness. For example, one person we spoke with told us, "Staff go out of their way to do things for me, if I can't get out and there is something I want, all I have to do is ask a member of staff and straightaway they go and get it for me."
- People's diverse needs were fully respected. For example, one relative told us their relative's religious needs had been completely supported by staff throughout the pandemic when visiting had not been allowed.

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

- People were encouraged and supported to express their views.
- People were encouraged to express their opinions and views. One person told us, "The registered manager is the best we've had, they speak to me every time I see them, they treat me like an equal and ask me my opinion on how things are."
- The registered manager supported people to engage with advocacy services if people needed help to express their views or make decisions.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect.
- Promoting independence was at the heart of the service. Dedicated and skilled staff supported people to regain skills previously lost in order to rebuild their independence. A relative we spoke to told us, "Staff have done so much, my relative couldn't walk or talk and now they can, I am getting them back, six months ago I wouldn't have believed it could have happened."
- People and their relatives told us they felt all staff respected their right to privacy and dignity and our observations supported this. For example, we observed one interaction between a person and staff where the discussion led to a sensitive subject, staff sensitively asked if the person would like to speak privately. This ensured people's right to privacy was respected.

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. 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

- People received personalised care and support tailored to their needs and preferences.
- People and their relatives told us they felt staff knew their likes and dislikes. For example, one person we spoke with told us, "My relative does not like certain foods and music, they know exactly what they like in every aspect of their life."
- People and their relatives told us they had been fully involved in planning their care and records we reviewed supported this. For example, one care plan we reviewed detailed specific needs and preferences surrounding gender health conditions. The care plan detailed how staff should support the person surrounding this area to ensure their needs and preferences were met.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed and documented within care plans. For example, one care plan we reviewed detailed how staff should communicate with and support a person who uses their eyes to communicate.
- The service had a specialist speech and language therapist employed who worked with people with communication difficulties. Relatives we spoke with told us input from staff had been invaluable. For example, a relative we spoke with told us, "My relative has improved a lot since being at the home. They've done great with therapy and is communicating now."
- Key information such as safeguarding and information relating to COVID-19 was available for people in easy read formats and in picture form. This ensured information was accessible to all people who lived at the service.

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 choose and engage in a range of activities.
- Activities on offer were developed in line with people's interests. For example, we observed gardening club and people we spoke with told us, they had always enjoyed gardening. People were engaged and enjoying one another's company.
- People who were nursed in bed or did not want to engage in group activities, were given the choice to

engage in 1:1 support of their choosing from dedicated activity staff.

- People were supported to maintain contact with their relatives. The registered manager followed government guidance on care home visiting during an outbreak of COVID-19, this included maintaining visits from essential care givers at all times.

Improving care quality in response to complaints or concerns

- Complaints and concerns were documented and investigated thoroughly by the registered manager and senior management team.
- The registered manager and management team within the service were committed to improving the quality of care provided. People told us any concerns were listened to and acted upon immediately to ensure improvements were made.
- Formal complaints were responded to appropriately and in line with the provider's complaints policy.

End of life care and support

- Care plans relating to end of life care and support were detailed and person centred.
- End of life discussions were clearly documented and reflected peoples cultural and religious needs as well as where they would like to be cared for during the end of their lives. This ensured people would receive the support they require or want at the end of their lives.
- Staff received training in end of life care and policies were in place to support staff.

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. 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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager and management team ensured the service was person centred, open and inclusive.
- Staff spoke with pride about working at the home and the positive impact they have on people's lives. For example, one staff told us, "We are a good team, that's what I love about working here, we work together for people. I never thought I'd enjoy a job as much as I do."
- Staff and people told us the registered manager was honest and approachable. Staff were confident the registered manager would address any issues raised with them immediately.

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 and management team understood their responsibility to be open and honest with people and had acted when things went wrong.
- Records we reviewed evidenced incidents had been communicated to people and their relatives. For example, we reviewed a letter sent to a person with a full apology and a full explanation of what the service had done to ensure the incident would not happen again.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was aware of their legal requirement to inform CQC of certain incidents.
- Systems and processes in place ensured audits and checks of the service were completed. Areas of improvement were identified, and action was taken to rectify these.
- Staff told us the registered manager and quality lead fed back results of audits. Tasks were delegated to appropriately trained staff in order to drive service improvement.

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

- Staff meetings were held monthly to give staff the opportunity to raise issues and share ideas. Staff also received regular supervision sessions.
- Feedback was obtained from people using the service and changes made when required. For example, one person we spoke told us, "I fed something back that I wanted changing and staff changed it straight away."

- Staff received training in equality and diversity. Policies in place had been reviewed to include all protected characteristics.

Continuous learning and improving care; Working in partnership with others

- The registered manager and internal managers worked exceptionally well with health and social care partners to improve the care provided.
- One professional we spoke with told us, "The registered manager is always receptive to any suggestions we make." A second professional we spoke with told us, "The staff and registered manager are passionate about what they do and how they care for people, if a loved one of mine needed specialist support, this is where they would absolutely be."
- Lessons were learnt, and action taken to prevent incidents reoccurring. For example, following an incident where a person dislodged breathing equipment, immediate action was taken, and outcomes shared to ensure lessons were learnt.