

Four Seasons Health Care Properties (Frenchay) Limited

Heathside Neurodisability Unit

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service effective?	Requires Improvement ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Heathside Neurodisability Unit is a care home providing accommodation, nursing care and rehabilitation for up to 18 people. The home specialises in providing rehabilitation for people with a brain injury and/or progressive neurological conditions.

We carried out an unannounced comprehensive inspection of the service on 18 November 2015. The service was in breach of regulations related to staff support. Staff were not provided with regular supervision and appraisal as required. We also found that PRN protocols were not in place to ensure that people were given their medicines as prescribed. A PRN protocol explains how people should receive their medicines that were to be taken only when they needed it, such as pain killers. Following our last inspection the service had provided us with an action plan telling us how they were going to ensure that the concerns raised were addressed. This report only covers our findings in relation to those legal requirements that were not met by the provider at our previous inspection.

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

At this inspection we found that the service had addressed some of the concerns we raised, but required further improvement in supporting staff. Staff were not provided with regular appraisal meetings to review their performance and address skill gaps to ensure effective service delivery for people.

Staff told us they received regular supervision that enabled them to carry out their responsibilities as required. Staff had support to identify and address their professional development needs as necessary. Records showed that staff's knowledge was assessed during the supervision sessions. This meant that staff's performance was in line with good practice.

People had individual PRN protocols in place, which ensured they were supported to take their medicines safely. Staff easily accessed PRN protocols for information when required. The service followed appropriate record keeping procedures to ensure that information about PRN medicines taken by people was accurate and available to the team.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service effective?

The service continued to require improvements to ensure it was effective. Staff were not provided with regular appraisal meetings to review their performance.

The service provided staff with regular supervision to discuss their training needs and assess their knowledge, which ensured effective care delivery for people.

Requires Improvement ●

Is the service well-led?

The service was well-led. Individual to people PRN protocols were in place, which enabled staff to support people with their care needs as required.

Good ●

Heathside Neurodisability Unit

Detailed findings

Background to this inspection

On 3 June 2016 we carried out a focused and unannounced inspection of the service. This inspection was done to check that improvements had been made to meet legal requirements planned by the provider after our inspection on 18 November 2015. We inspected the service against two of the five questions we ask about services: is the service effective? Is the service well-led?

This inspection was carried out by one inspector. Prior to the inspection, we reviewed the information we held about the service including records of notifications sent to us. A notification is information about important events which the service is required to send us by law. During our inspection we spoke to five staff members. We reviewed seven staff files, policies and procedures, PRN protocols and other records related to the management of the service.

The manager of the service was on leave on the day of inspection. After the inspection we contacted the manager for further information and feedback about the services provided for people.

Is the service effective?

Our findings

At the inspection of the service on 18 November 2015 we found that the service was in breach of regulations related to staff support. The service did not provide regular supervision and appraisal for staff to ensure they had the support required to meet people's needs effectively.

At this inspection we saw that staff had regular supervision to ensure they provided good care for people. Records showed that staff had supervisions every six to eight weeks. We saw that supervision notes were fully completed and had information about staff's professional developmental needs. These included discussions around training courses attended and application of gained knowledge in practice. This meant that staff's training needs were identified and followed-up to improve the service delivery. Records showed that staff's knowledge was assessed during the supervision sessions. For example, discussions took place around staff understanding of safeguarding procedure and actions to be carried out to ensure people's safety. We also saw that staff were supported to discuss their personal circumstances where they required support to effectively carry out their duties. The service ensured that staff were given time to attend health appointments where necessary.

Staff told us they received supervision that enabled them to carry out their duties effectively. Staff said that in the last six months some improvements were made in supporting the staff team. According to staff, these changes were implemented after the last CQC inspection and with the new manager in post. The service provided on-going support to ensure that staff improved the quality of care provided for people. A staff member said to us, "I have good supervision. They tell me everything I have to do. This helps me to do my job as needed." One other staff told us, "Systems had improved, regular training is provided and notes are more accessible for staff now." Another staff said, "Now I get good support. Manager is very supportive, she will do what is required from her as a manager. If the manager is not on shift, I use on-call number for advice."

At our previous inspection on 18 November 2015 we found that the service had not provided regular appraisal for staff. At this inspection we found that further improvements were required to address our concerns. Records showed that staff had not had appraisal since the last inspection. We viewed the service policy, which recommended yearly appraisal for staff. Staff told us they had not been appraised in the last couple of years. Before the inspection, we contacted the manager who told us that the service was planning to carry out the appraisal meetings. The inspector was provided on the day of the inspection with a plan which showed the dates of scheduled appraisals for all staff, these were planned between May and December 2016. However, the manager told us that two appraisal meetings planned for May 2016 had not taken place because the provider had asked the manager to facilitate a training course for staff. We were also concerned that some staff's appraisal meetings were planned to be carried out only in the next 6 months. The manager told us this was because they had to get to know staff for at least a year before carrying out appraisals for them. The manager started working for the service 9 months ago. This meant that systems in place were not sufficient to ensure that staff's progress and skills gaps were addressed as required. There was a risk that staff did not have the necessary guidance and support to carry out their jobs effectively.

Is the service well-led?

Our findings

At our previous inspection on 18 November 2015 we found that people did not have PRN protocols in place to ensure the medicines were taken safely. A PRN protocol explains how people should receive their medicines that were to be taken only when they needed it, such as pain killers. Following our last inspection the service had provided us with a report detailing the actions they were going to take to ensure that the PRN medicines were taken by people as prescribed. The service told us that individual PRN protocols will be available for staff to use as required. At this inspection we found that sufficient actions had been taken to address our concerns.

At the time of inspection we found that people had the PRN protocols in place. Staff told us they followed individual guidelines on how to administer when required medicines, including the best time and environment when the PRN medicines should be given to people. The PRN protocols were kept alongside medicine administration records for each person which enabled staff quickly access the information when required. Staff also used a PRN policy that included information on safe record keeping and administration of PRN medicines to people. For example, after people took their PRN medicines, staff were instructed to monitor people for side effects. Staff recorded PRN medicines taken by people in medicine administration records to ensure they received it as prescribed. The service reviewed PRN protocols when people's needs changed and made changes after routine GP checks-ups. The manager of the service provided copies of audits carried out by an independent pharmacist. The audits showed improvements in practice regarding PRN protocols. This meant that people were supported to meet their care needs in line with good care.