

Cheer Health Limited

London Road Neurological & Specialist Care Unit

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

London Road Neurological & Specialist Care Unit is a residential care home providing personal and nursing care for up to 33 people. At the time of the inspection there were 20 people in residence. The service provides care for people with a genetic or acquired brain injury, people with degenerative conditions and people with stroke or cardiac conditions, who require palliative and long-term care.

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

Family members spoke positively about the care and support their relative received, and how staff from the service kept them informed about any changes in their relative's health and well-being. A family member told us, "I've always been a co-ordinator in my mum's care, and the staff really respect my role by working in partnership with me."

People's records provided clear information for staff about their role in promoting health, safety and welfare. Potential risks were assessed and kept under review. Staff undertook training in topics which promoted people's health, welfare and safety. Medicine was managed consistent with the provider's policy and procedure. Medication was administered in accordance with people's personalised protocols and guidance.

The service had set up a visiting area within the conservatory reflective of COVID-19 guidance. Staff wore personal protective equipment (PPE) and they understood the importance of infection prevention and control. Both people and staff were routinely tested for COVID, consistent with the current government guidance.

Relatives and staff spoke positively about the open and effective communication between themselves and the management team, and how this enabled all parties to work in partnership with regards to key decisions about people's care.

Staff were supported through ongoing supervision, and meetings were held to share ideas and good practice guidance. The management team kept under review the quality of the service through routine quality monitoring and ongoing and open communication with external organisations to share ideas and keep up to date with good practice guidance.

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 this service was requires improvement (published 22 October 2019).

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 16 and 17 September 2019. A

breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions Safe, which contained the legal requirement and Well-led.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from Requires improvement to Good. This is based on the findings at this inspection.

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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for London Road Neurological & Specialist Care Unit on our website at www.cqc.org.uk.

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

London Road Neurological & Specialist Care Unit

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 team comprised of one inspector and a member of the CQC medicine team.

Service and service type

London Road Neurological & Specialist Care Unit is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. 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

The inspection was announced. We gave the service a short notice period of the inspection. We telephoned to announce the inspection on the afternoon prior to the site visit. This was to help the service and us manage the risks associated with COVID-19.

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 health commissioners 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 this information to plan our inspection.

During the inspection

We spoke with the registered manager and a nurse when we visited the service. We spoke with three family members whose relatives used the service and two care staff by telephone.

We reviewed a range of records. This included two people's care records, seven medicine administration records, medicines storage, policies and audits. We looked at two staff files in relation to recruitment and range of records relating to the maintenance of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, maintenance records, quality monitoring and auditing tools, and the minutes of staff meetings.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires improvement. At this inspection this key question has improved to Good. This meant people were safe and protected from avoidable harm.

At the last inspection the provider had failed to implement safe systems and processes to support people with their medicine safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

Using medicines safely

- The policy for the preparation and administration of medicine via a feeding tube had been reviewed to reflect good practice guidance. Staff were able to describe how they would administer medicines following the policy.
- Records were now being kept which detailed where medicinal skin patches were applied. This meant we could be confident that they were being used in accordance with manufacturers guidance.
- At the last inspection we found staff administered antibiotics for people which had been prescribed in advance, without first consulting with a doctor or without guidance from an individualised care plan or protocol. Detailed person specific care plans were now in place, describing the symptoms to look for and if seen, to seek medical advice prior to starting.
- Records were kept of medicines prescribed for and given to people. These showed that people who used the service received their medicines at the times they needed them.
- When people had been prescribed medicines to be given on a 'when required' basis detailed person specific care plans were in place to support people to have their medicines in a clear and consistent way.
- Medicines were stored securely and at the correct temperature.
- Staff who administer medicines had completed additional medicines training since the last inspection. Annual checks were made to assess the competency of staff when they gave people their medicines.
- Monthly medicine audits were completed with action plans for any identified issues.

Systems and processes to safeguard people from the risk of abuse

- Staff had been trained in safeguarding procedures and they knew what action to take to protect people from harm and abuse, and knew who to raise concerns with, which included external organisations.
- Information about safeguarding, including external agencies contact information was displayed throughout the service.
- The registered manager worked consistent with local safeguarding protocols and worked with the local authority to safeguard people and keep them safe.

Assessing risk, safety monitoring and management

- Potential risks to people were assessed, were regularly reviewed, and covered a range of areas which included the risk of malnutrition, dehydration, choking or aspiration and skin integrity. Assessments identified how the level of risk was to be reduced, and clearly documented the action staff were to take to promote people's safety.
- People's needs were kept under review and referrals and updates made to the relevant health care professional. Any recommendations made were implemented, and people's assessments and care records were updated.
- People's relatives told us they were involved in decisions about their family members care and were kept informed of any changes in their health and wellbeing.
- Systems were in place to ensure equipment within the service was maintained. For example, fire systems, moving and handling equipment, and utilities such as electrical and gas installation.

Staffing and recruitment

- The registered manager kept under review the needs of people to ensure there were enough staff, who had the right skills and experience to keep people safe and meet their needs.
- Peoples' relatives spoke positively about staff and expressed confidence in their abilities to care for their family members. A relative told us, "They [staff] all know what they're doing, and it works well."
- Staff underwent a robust recruitment process. Staff records included all required information to evidence their suitability to work with people. Records were in place to evidence nursing staff were registered with the Nursing and Midwifery Council (NMC).
- Staff were supported through a programme of induction, ongoing training and assessment of their competency to ensure they had the appropriate skills to meet people's needs and keep them safe.

Preventing and controlling infection

- 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 personal protective equipment (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 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's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- Staff were clear about their role and responsibilities in raising concerns, which included escalating their concerns about people's health with both nursing and managerial staff.
- Staff were kept informed of any accidents or incidents, and any changes made to practices were implemented and shared. A member of staff told us, "All staff are informed of an incident and a risk assessment is completed. We also consider whether there is any wider potential impact for others, so that lessons can be learnt to prevent further incidents."

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.

At the last inspection this key question was rated as Requires improvement. At this inspection this key question has now improved to 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

- People were at the centre of the service and received care that focused on their individual needs. People or their representative were fully involved in the initial assessment and ongoing review of their needs.
- The registered manager and management team regularly met with staff, and the registered manager had an open-door policy. Staff spoke positively about the support they received from the management team, for both work and personal issues. A staff member told us, "If I have a problem there is always someone there to help. Always a manager to sit down and talk with. During COVID the director has been here straight away to reassure staff, offering support and boosting moral and well-being."
- Relatives and staff commented on the duration in which many of the staff had worked at the service, and how this in its self-spoke to the atmosphere of the service, and the quality of care provided. A staff member told us, "Many staff have worked at the service for 20 years and that is a testament to the service, the people we look after and the management team."

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 of the service were open and honest in their communication with people, staff and outside agencies.
- The registered manager understood their role and responsibilities, and a policy and procedure detailed how the provider would meet its obligations. No incidents had met the criteria under the duty of candour. The duty of candour requires providers to be open and honest with people when things go wrong with their care, giving people support, and providing truthful information and a written apology.

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

- The registered manager understood their role and responsibilities. Notifiable incidents were reported to the Care Quality Commission (CQC) and other agencies. The provider had displayed the last inspection rating on their website and within the service as required
- Staff performance was monitored through quality monitoring, including the auditing of records, staff supervision, observed practice and competency assessments. A staff member told us, "[registered manager] will observe us providing care, ask us questions about what we're doing and why to ensure we understand and follow people's care plans."
- The provider had a business continuity plan in place, which detailed how people's needs were to be met

in the event of an emergency. A Covid-19 contingency plan had been developed in response to the pandemic, which outlined the provider's actions to ensure essential care continued to be provided.

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

- Opportunities for staff to comment and reflect upon the service were in place. For example, staff contributed to the review of people's care during daily staff handovers, and supervision and staff meetings were regularly held to encourage feedback.
- Relatives told us there was open communication between them and the service, and that they were kept informed of any changes and consulted about any decision related to their family members care.
- A relative told us some staff were able to speak with their family member in their first language, and that it was of comfort to them that staff had considered this a key element of the provision of individualised care.

Continuous learning and improving care

- The registered manager was committed to their personal development and that of staff to ensure good outcomes for people and the continuous improvement of the service.
- Meetings were held with nursing staff to reflect upon changes in good practice guidance. For example, changes revising the categorisation of medicines and what it meant for nurses in their everyday practices.
- The registered manager attended a series of webinars regarding COVID-19 as a resource for information, planning and support networks.
- Quality monitoring of the service and action plans, which identified the resources to continually drive improvement were discussed by the registered manager and management team at regularly held meetings.

Working in partnership with others

- The management team had kept in contact, sharing information with external agencies including the local authority, the Clinical Commissioning Group and family members throughout the COVID-19 pandemic.
- Staff worked with other health and social care professionals to ensure people's needs were consistently met.