

National Neurological Services Ltd

Albert Road

Inspection report

24 Albert Road
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24 July 2020

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Albert Road is a residential care home providing personal care and support for up to seven people with an acquired brain injury. At the time of our inspection five people lived at the service.

The home is a large, converted semi-detached house with four floors. Bedrooms and dining areas are situated to the first and second floor.

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

People felt safe while living at Albert Road and we received positive feedback from the people and their relatives about the care provided.

Significant improvements had been made following the previous inspection in October 2019. Safe medicines practices had been introduced to help ensure people received their medicines safely. Risk assessments and care plans contained sufficient detail and guidance for staff to respond to risk effectively. The provider had made improvements to staff training and competency checks to ensure staff had the skills, knowledge and competence to care for people safely. The provider was aware some courses were still due to be completed by a small number of staff.

People and staff praised the changes in the service since our last inspection. However, a small group of staff felt the communication from the management team needed to be improved. People and staff were regularly asked for their views on how the service operated. Improvements to the governance systems ensured a better oversight of performance and quality.

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 inadequate (published 8 January 2020). The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 18 November 2019. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

We carried out an announced comprehensive inspection of this service in October 2019. Breaches of legal requirements were found and we served two warning notices for Regulations 12 and 17. The provider

completed an action plan for Regulation 11 after the last inspection to show what they would do and by when to improve care quality relating to Safe Care and Treatment, Need for Consent, and Good Governance.

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 'Is the service Safe?' 'Is the service Effective?' and 'Is the Service Well-led?' which contain those requirements.

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 inadequate to requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Albert Road 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?

The service was not always safe.
Details are in our safe findings below.

Requires Improvement



Is the service effective?

The service was not always effective.
Details are in our effective findings below.

Requires Improvement



Is the service well-led?

The service was not always well-led.
Details are in our well-led findings below.

Requires Improvement



Albert Road

Detailed findings

Background to this inspection

The inspection

This was a focussed inspection to check whether the provider had met legal requirements following the inspection in October 2019 where breaches of the Health and Social Care Act 2008 (Regulated Activities) 2014 Regulations were identified relating to Safe Care and Treatment, Need for Consent and Good Governance. Three key questions were inspected; 'Is the Service Safe?' 'Is the Service Effective?' and 'Is the Service Well-Led?'

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a care home. It provides accommodation and personal care to people living at Albert Road.

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

We gave 24 hours' notice of the inspection. Due to the COVID-19 pandemic we wanted to review documentation remotely and make arrangements to speak with people and staff prior to our site visit. This helped minimise the time we spent in face to face contact with the management team.

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 authorities with whom the service works. On this occasion the provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with two people who used the service and two relatives about their experience of the care provided. We spoke with nine members of staff including the regional operations manager, registered manager, peripatetic manager, one team leader and five support workers.

We reviewed a range of records. We reviewed the majority of the documentation remotely by asking the provider to send us key information prior to meeting with them. This included three people's care records and multiple health and safety records. We looked at one staff record in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance records.



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 inadequate. At this inspection this key question has now improved to requires improvement. Whilst improvements had been made, we would need assurance over a longer period that these improvements would become embedded and continue before we were assured that consistently safe care was provided.

Using medicines safely

At the last inspection medicines had not been managed in a safe or proper way. There was a lack of oversight of the medicines system and medicine records did not demonstrate people had received their medicines consistently and safely. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014).

At this inspection improvements had been made and the service was no longer in breach of regulation.

- Medicines systems were now well-organised, and people received their medicines as prescribed. Clear information was recorded within risk assessments and medication plans as to the support people required.
- Medicines administration records (MAR) were appropriately maintained by staff and we found no gaps or omissions in recording. However, we did find some minor inconsistencies of handwritten MAR's that had not been signed by two members of staff to ensure the MAR alongside the medication was correct. The registered manager confirmed they would discuss this area further with the staff.
- Staff received training in medicines management and had their competency to give medicines regularly assessed.
- The registered manager and senior staff ensured auditing of the medicines was routinely carried out to check medicines were being managed in the right way.

Assessing risk, safety monitoring and management

At the last inspection the health and safety of the premises was not well managed. No control measures had been actioned to reduce the risk of legionella in water systems. Not all risks specific to people had been assessed to ensure staff received accurate information and guidance to help them support people in the safest way. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014).

At this inspection improvements had been made and the service was no longer in breach of regulation.

- The service was better organised and introduced effective systems to identify risks connected to the service.
- Checks on the premises and equipment took place. Safe water checks had been completed to monitor the risk of Legionella. Legionnaires' disease is a potentially fatal form of pneumonia caused by Legionella bacteria which is commonly found in water.

- All people's associated risks, such as skin integrity, falls and safe eating and drinking was assessed and documented. Generally, staff demonstrated a good understanding of the risks people might face and how to prevent or manage them. However, two staff we spoke with did not know a particular person has a smoking risk assessment in place. The registered manager commented that the staff should have been aware.
- Risk assessments relating to the environment were in place. This included evacuation plans and equipment to be used in case of fire.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding and whistleblowing policies were in place and staff had training on these. Staff had a good awareness of safeguarding procedures. They knew who to contact if they had any concerns.
- The service reinforced safeguarding protocols through supervision, staff handovers and meetings. The registered manager had liaised with the local authority when safeguarding concerns were raised.
- People looked at ease and comfortable with staff. They consistently told us they felt safe. One person said, "I love living here, it's a nice home and I am safe as I can be."

Staffing and recruitment

At this inspection improvements had been made and the service was no longer in breach of regulation.

- Safe recruitment procedures were in place. The providers oversight of the recruitment process had improved, with the service recruiting new staff. This meant there was a reduction in the use of agency staff.
- We reviewed one staff file and found this staff member received the appropriate pre-employment checks prior to commencing employment.
- Staffing levels were appropriate to meet the needs of the people using the service. Sufficient staff were available to meet people's needs promptly throughout our inspection and to enable people to follow their chosen activities.
- People and their relatives told us staff were kind and caring and had the right character and personal attributes to care for them.

Preventing and controlling infection

- Staff and management had a good understanding of the required COVID-19 infection control precautions and we found there was enough personal protective equipment (PPE) in stock. Staff told us they always wore the required PPE when on duty and we found this to be the case when we visited the home.
- Guidance and training on infection control had been provided to staff to promote safe working practices. Contingency plans were in place detailing measures to be taken to help reduce the risk and impact of the COVID-19 pandemic.
- Relatives said they had confidence in staff to manage the risks of infection. Staff had kept relatives up to date with latest guidance and how their family member was doing. They said they were happy with the action which had been taken.

Learning lessons when things go wrong

- Accidents and incidents clearly documented details of what happened, action taken to manage the accident/incident and lessons learnt.
- The registered manager continued to monitor accidents and incidents for any themes or trends, which might indicate they could make changes to improve the safety of 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.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. Whilst improvements had been made, we would need assurance over a longer period that these improvements would become embedded and continue before we were assured that consistently effective care was provided.

At the last inspection the service had not ensured the principles of the Mental Capacity Act were followed. It was not always clear how decisions in relation to people's care and lives at the service were decided. This was a breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014).

At this inspection improvements had been made and the service was no longer in breach of regulation.

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.

- Improvements had been made to the way the service approached mental capacity. The service ensured timely DoLS applications had been submitted to the local authority and were monitored to make sure they were adhered to.
- Capacity assessments and best interest decisions were made. The service now ensured these were decision specific and evidenced the involvement from the person and significant others. There was no evidence that people had been unduly restricted.
- The staff we spoke with had a good understanding of what was considered a deprivation of liberty and we found all staff had completed MCA training.

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

At the last inspection the service did not ensure people always have timely input from healthcare professionals due to a lack of management oversight. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014).

At this inspection improvements had been made and the service was no longer in breach of regulation.

- We found the service now had a robust overview of people's health and wellbeing needs. Staff monitored people's weight and any nutritional concerns, and this was discussed in monthly meetings with the registered manager.
- Management and staff worked well with external agencies such as the community nursing teams and social workers. The registered manager supplied evidence when the service accessed health professionals if people's needs increased or mental health deteriorated.
- At the last inspection we found the service approach to health appointments was inconsistent. At this inspection we were assured people were receiving the appropriate checks and these were recorded. We found timely medical advice had been sought by the service for one person who was noted to have lost weight, this had a positive impact with the person gaining weight since the GP involvement. One person told us, "Oh the staff are on the ball, they make sure I go to all of my appointments."

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

- At the last inspection we made a recommendation the service considers how to involve people in discussions about lifestyle choices and following a balanced diet. At this inspection we found the necessary improvements had been made.
- The menu was on display in the home and updated daily. The service encouraged people to take part with the preparation of their meals where possible. One person told us, "I have a very particular diet, but the staff respect this and will help me shop for what I need."
- There was now a strong emphasis on healthy eating and giving people to opportunities to contribute to meal ideas.
- People continued to be able to prepare their own breakfast, make drinks and snacks if this was their choice in the small satellite kitchen on the first floor.

Staff support: induction, training, skills and experience

- At this inspection newly developed training systems were introduced, ensuring the registered manager was aware of staff skill and competencies of when each staff member was due for refresher training.
- The staff team received key training the provider considered mandatory, in areas such as safeguarding, fire safety and communication, with a 100% completion rate in these topics.
- The service also provided the staff team with training in relation to people's specific health needs and associated risks, such as diabetes and epilepsy. We found the service had made steady progress, however due to COVID-19 some of the courses such as emergency first aid, moving and handling practical and diabetes awareness had been postponed. The service was working to a training schedule to ensure the staff received this training within the next two months.
- Supervision and appraisal systems, and staff meetings continued, this supported the development of staff. However, during our staff calls three staff members felt the registered manager's communication could be improved. The operations manager confirmed they would hold a staff meeting to find a way forward for staff to express their feelings on this matter. We will review the progress of this at our next inspection.

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

- People's assessments included advice from other professionals and how the staff could support people to achieve their agreed goals.
- One person has recently moved to the home from another of the providers services. We viewed this person risk assessments and support plan, which we found was person centred.

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

- At the last inspection we recommended that the provider reviews the accommodation and ensures that the home was fit for purpose and outside areas are fully accessible to all. At this inspection we found the provider had made a number of positive adaptations to the home.
- Communal areas in the home were previously limited and small, especially on the ground floor. The service extended the lounge area, this made a positive difference and people often accessed the homely lounge.
- The service installed a bespoke lift at the front entrance, this was previously steps and not wheelchair friendly. The service had also invested in a new outdoor seating area and newly installed anti slip decking area that was previously a carpark at the home. One person told us, "The home is beautiful, my son has been to visit, and he is amazed with the work that's been done.
- The provider had invested in the home and we found several rooms had benefited from redecoration and new flooring installed.

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 inadequate. At this inspection this key question has now improved to requires improvement. Whilst improvements had been made, the service was not yet able to demonstrate over a sustained period of time that management and leadership was consistent and that the culture supported the delivery of high quality and person-centred care.

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

At the last inspection, there was a lack of proper oversight of the service, policies were not followed and auditing and checking processes were not sufficiently robust. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made and the service was no longer in breach of regulation.

- Overall performance at the service had significantly improved. Key improvements to areas such as medicines, risk assessments, health and safety and audits had been introduced.
- It was clear that this process had identified new ways of working and the provider had implemented new systems in care planning, the management of medicines as well as having thorough oversight of the service. Staff told us they felt the home was a better place to work and felt people received a much better service than before.
- We received positive comments from the staff about the improvements, they included, "I cannot fault what the owners have done, the home is a million times better" and "The poor report we got from CQC was needed. This has had a massive impact and finally the provider has put money in to Albert Road."
- Audits and checks had been improved. The service ensured medicine and daily records of care were consistently audited. Where issues were identified we saw action was taken to address. For example, formal 1:1 meeting with staff took place help raise performance.
- Staff we spoke with felt well supported. However, three of the six care staff we spoke with felt the communication between the registered manager was not always effective. Comments received from staff included, "I feel supported, but I know there is a small group of staff not happy", "I think staff morale has improved, but some have not yet accepted the changes the service is trying to make. [Registered managers name] is a great manager along with the [peripatetic managers name] and they're both working hard to change the culture" and "Its hard at times the manager either is very complimentary about you or she will completely blank you, it's so frustrating at times."

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

- The service now offered a person-centred and open culture. Since our last inspection we found the

provider had been proactive at making a number of fundamental changes at Albert Road, such as upgrading the homes facilities and implementing a new governance framework that ensured people's needs were met.

- People and relatives were satisfied with the quality of care they received from the service. One person said, "I love the staff, they do so much to help you." Another person's relative said "[Person's name] has not been at the home long, but the progress they have made in that time has been remarkable. I am so pleased, I feel like I am getting [person's name] back."
- Staff spoke positively about the service and the journey of changes they had been on.
- Regular meetings were held with staff and people including a daily handover where the staff on duty met to raise any concerns or information to be aware of.
- The provider had been supported by the local authority, performance and quality improvement team to improve their overall rating. The provider also worked with health and social care professionals to ensure people received high quality, personalised 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

- People and relatives spoke positively about the management team. They told us they were able to speak with them and observations showed people approached the registered manager without hesitation if they wanted to speak with her.
- The provider had fulfilled their legal obligations in relation to notifying CQC of important events, and action they had taken to resolve or improve things. The provider had displayed their inspection rating clearly in the entrance to the service.

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

- People provided consistently good feedback about the service. This matched feedback the service had gained which showed people were very happy with care and support. Feedback consisted of surveys and care reviews. Once feedback had been received, this was then analysed, and measures put in place to support continuous improvement of the service.
- Staff told us that they received surveys, which gave them the opportunity to provide feedback on the service. Feedback was generally positive, however there was a mixed response in regards to whether staff received praise when they do a good job and some staff felt communication was not working well at all levels from management through to support teams. The operations manager confirmed the service would complete a meeting to discuss staff morale further.

Working in partnership with others

- The service worked effectively with partner agencies. We spoke with a commissioning organisation who told us the service had been improving and working with them effectively.