

Elysium Healthcare No.2 Limited Gardens Neurological Centre

Inspection report

High Wych Road
Sawbridgeworth
CM21 0HH

Tel: 01279216090
Website: www.elysiumhealthcare.co.uk

Date of inspection visit:
19 September 2023
27 September 2023

Date of publication:
21 December 2023

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Gardens Neurological Centre is a residential care home providing accommodation personal and nursing care to up to 52 people. The service provides support to people with complex neurological conditions, brain or spinal injuries. At the time of our inspection there were 44 people using the service.

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

People did not receive their medicines safely and usually as prescribed and we could not be assured staff were always following prescribers' instructions when administering medicines.

People were not always supported by staff who had received the necessary training to support them. Although when speaking with staff they felt they had the skills and experience to support people.

People's nursing needs were assessed and care and support was delivered in line with current standards, however further consideration needed to be taken to develop care plans detailing people's social and wellbeing needs.

People's individual needs were not always met by the adaptation, design and decoration of the premises. It varied between individuals' rooms; in some instances, they were decorated and personalised for people and others did not. The management team stated they offered the options for people to personalise their bedrooms.

The provider assessed risks to ensure people were safe. Staff took action to mitigate any identified risks.

People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The registered manager and staff worked well with other agencies to do so. People were supported by staff who treated them with respect and staff were kind and caring

Managers completed quality audits which covered all aspects of care, although some of these audits did not identify the issues, we found in the quality of care provided by some staff. There was a recent change in provider; the new provider was starting to implement a number of positive changes. Staff felt supported by managers.

Staff had not always completed people's mental capacity assessments accurately. In some cases, the content of the assessment indicated the person did not have capacity, however when speaking to the person it was evident the person had capacity to make the decision

There had been a change in management over the past 11 months working through an improvement plan for this location, where they identified some poor practices and failings which they are starting to work through. However, we found a range of problems for which we gave the provider breaches in relation to

medicines and care planning. There were other failings which we accept the provider was working on we have asked for an action plan which we will be looking at closely.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

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 25 December 2021.

Why we inspected

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

Enforcement and Recommendations

We have identified breaches in relation to the lack staff training, medicine management and people not receiving person centred care at this inspection.

We have made recommendation about people's social and wellbeing needs.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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?

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 caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive 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 ●

Gardens Neurological Centre

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.

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

This inspection was completed by 2 inspectors, 1 medicine inspector, 1 Specialist Advisor and 1 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

Gardens Neurological care centre a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Gardens Neurological care centre 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was 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 since the last inspection. We sought feedback from the local authority and professionals who work 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 spoke with 12 people who used the service and 6 relatives about their experience of the care provided. We spoke with 18 members of staff including the registered manager, pharmacist, clinical lead, management and care workers. We spoke with 2 professionals. We reviewed a range of records. This included 6 people's care records and a variety of medication records. We looked at 4 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- People did not always receive their medicines safely and as prescribed. We could not be assured staff were always following prescribers' instructions when administering medicines.
- 'When required' (PRN) prescriptions were not updated at the start of a new medicines cycle. Some PRN medicines had been administered at an incorrect dose to the one listed on the prescription. This meant there were sometimes outdated or duplicated prescriptions still active in a person's medicine records which could lead to administration errors.
- Staff had not ensured administration records were completed accurately. Where administration records were handwritten, these lacked additional information required, such as clear doses, or a maximum daily dose. These did not always include a counter signature to ensure the entry was meeting the prescriber's instructions.
- The provider had not ensured there were protocols to support the safe and effective use of epilepsy rescue medicines. These were sometimes missing or lacked person-centred detail to support staff to know how and when to safely use these medicines.
- The provider did not have a robust auditing system as it had failed to identify gaps in MAR (medicines administration record) charts as well as other issues identified during the inspection process.

The provider had not ensured there were effective systems to safely manage people's medicines. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

- Following our first visit the registered manager took immediate action to put new systems in place and took action to ensure the risks identified were mitigated.

Assessing risk, safety monitoring and management

- The provider assessed risks to ensure people were safe. Staff took action to mitigate any identified risks.
- Where risks emerged, staff were proactive in managing these. Relatives and people felt they were safe with the support provided. A relative said, "My mum is cared for here. I feel she is safe here. We get to visit when we want to. We are working up to her being able to leave her bed and get out in the garden." A person said, "Yes, I do feel safe. The place makes me feel safe."

Staffing and recruitment

- The provider ensured there were enough suitable staff.

- Staff confirmed there was enough staff to support people, however reflected that at times there was a lot of agency usage which at times impacted on the delivery of care. The provider was actively recruiting staff. The provider had implemented an action plan focusing on recruitment, this was successful and by December they will have over recruited healthcare assistants.
- The provider operated a safe recruitment process. Appropriate checks were undertaken to help ensure staff were suitable to work at the service. A disclosure and barring service (DBS) check and satisfactory references had been obtained for all staff before they worked with people. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. On our first visit there was a number of items in the corridor, and this could have posed a risk. The management team were proactive and on the second visit we found this was rectified.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The registered manager and staff worked well with other agencies to do so.
- People and those who matter to them had safeguarding information in a form they could use, and they knew how and when to raise a safeguarding concern.
- The registered manager reviewed incidents affecting people's safety. Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learned. When things went wrong, staff apologised and gave people honest information and suitable support.

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- People were not always supported by staff who had received the necessary training to support them. Although when speaking with staff they felt they had the skills and experience to support people.
- For example, records showed that only 27% of staff received epilepsy training, 29% of staff received medicine training and 33% of staff had received learning disability training. Learning disability training is required due to the service user group they supported.
- The management team explained that due to the changeover of provider this brought new policies which meant the frequency of refresher training increased, which meant there was a decrease in compliance in the training. Following the inspection, the registered manager set out plans to rectify this.

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

- People's nursing needs were assessed, and care and support was delivered in line with current standards. However, further consideration needed to be taken to develop a holistic assessment people's social and wellbeing need.

We recommend as part of the assessment process information is captured relating to people's social and wellbeing needs, looking at their long term goals and aspirations from a clinical and social side.

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.

- Mental capacity assessments were in place, however there needed further information within the assessment which indicates how they came to the decision.

- Where people were deprived of their liberty correct assessments and decisions were made.

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

- People's individual needs were not always met by the adaptation, design, and decoration of the premises. It varied between individuals' rooms; in some instances, they were decorated and personalised for people, but other rooms were not.

- The environment and design of the home did not always allow enough space for people to have a place to relax. We found parts of the home being used that was not appropriate. For example, a corridor was used as a space for where people would be sitting in a line.

- Staff spoke about how they felt they needed more communal space to support people.

We recommend the provider looks at the use of the environment to ensure it is fit for purpose and offers a relaxing living environment for people.

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

- People were supported to eat and drink enough to maintain a balanced diet. A person said, "I enjoy the food here."

- Staff managed people's modified diets well. We found people had their food modified in line with guidance from the health professionals.

- The provider had a dietician that regularly visited the service to ensure people's weight was maintained and that they were able to review people's support needs in relation to their diet.

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

- The provider worked well within and across organisations. People were supported to live healthier lives, access healthcare services and support.

- The provider had in house therapy teams, such as physiotherapists, occupational therapists, tissue viability nurses and a dietician, which supported people with their health needs. This meant people were able to have responsive, immediate care to help with their rehabilitation.

- People and relatives spoke highly of the service they received from the therapy teams. One relative said, "I am very happy about the physiotherapy [relative] gets."

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.

At our last inspection we rated this key question good. The rating for this key question has remained 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

- People were supported by staff who treated them with respect. A person said, "Yes, I must admit my son and wife were impressed. From the inset there was a fine camaraderie across all the staff. The staff here make it very appealing and welcoming. They are also very pleasant to my family. Very pleased with the physiotherapy I am receiving and very pleased with the progress so far too. It is all very cordial in the way everything is done."
- People and relatives said staff were kind and caring. A person said, "Yes I am treated with kindness and respect." A relative said, "The staff calm me down when feeling extremely anxious about visiting because of the circumstances of my relative. They are a great support."

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

- Staff showed commitment when speaking about people they supported. We found examples of staff demonstrating a great understanding of people's support needs, likes and dislikes and a passion about why they do the job.
- People's protected characteristics under the Equalities Act 2010, such as age, disability, gender, religion, and ethnicity were identified as part of their support and respected.
- Staff listened and acted promptly when people and relatives spoke about changes, they wanted to make to the support. One relative said, "I have raised concerns in the past and they have listened, and things are better."
- Staff encouraged and empowered people to become independent and there was a clear balance in making sure people had control of their lives as much as possible, but also family views were respected.

Respecting and promoting people's privacy, dignity and independence

- People were supported by staff who wanted to encourage people to have choice and control and maintain their dignity, privacy and independence. In particular supporting people to gain independence to be able to move back into their own homes.
- All interactions we saw between staff and people were kind and promoted people's privacy when they required support.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences;

- People's care plans did not consider their holistic needs. Although the care plans were extremely detailed relating to health needs and how to manage these, there was a lack of information about what was important to people relating to their wellbeing and life goals.
- People were not always supported in a way that gave them control of their day and staff did not always consider what was meaningful interactions. For example, people used a space that was a sensory room, as well as a living room. This room was not used effectively and in some cases people were sitting in the same position all day.
- We found people were lined up in a corridor, when speaking with staff they said this was so they could monitor their health needs easily as they were near the nurses station, however there was not consideration as to if this was what people wanted to do and did not promote people to have respectful, person centred care.
- In some instances, we found people's rooms not being personalised, and in some cases, people did not have any personal belongings including clothes in their wardrobes.
- Staff and people told us there was a blanket restriction imposed, where people were allowed 2 showers a week. Although some people were happy with this arrangement, others felt this was restrictive and wanted to have the option daily.
- During feedback the registered manager said this was not the case and that they would look to communicate this to people and staff.

The provider did not ensure that care was provided to people that was appropriate, met their needs and reflected their preferences. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- During the inspection the provider was recruiting a Neuro-Psychologist which would take a focus on people's wellbeing and social needs, their function would also be to provide support to families and staff members.

End of life care and support

- People had end of life care plans, however these lacked important information about what was important for the person to ensure it was personal to their individual wants and wishes.

This was further evidence that the care provided to people was not appropriate or met their needs and reflected their preferences. This was a breach of regulation 9 (Person-centred care) of the Health and Social

Care Act 2008 (Regulated Activities) Regulations 2014.

- At the time of the inspection there was not anyone receiving end of life care.
- The provider had started a working group to address the end of life pathway for people and the management team said that this piece of work would address this improvement.

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 fed back that they were not always involved in activities or aware these were going on and, in some cases, would like to be more involved. A person said, "We definitely do the gardens and visitors. There aren't any activities, nor do they come into your room, didn't know they did that." Another person said, "I like going outside. Sometimes I am asleep, sometimes they just say we are going out."

- People were supported to maintain relationships. Relatives were able to visit at any time. In addition, there was a volunteer group that came to visit people and befriend them where people did not have family or friends. This group worked with Gardens Neurological centre to provide resources and activities of interest for people.

- The provider had employed an activities team to encourage people to be a part of activities in the home and out of the home. A staff member said, "We adapt our activities based on people's support and what is more suitable for them. We do have a programme of activities, but you have to judge by the day."

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.

- The provider was able to provide documents in an accessible format for people if they required it.
- People felt they were listened to, and staff adapted the way they communicated with people based on their individual needs. Staff supported people to express their views using their preferred method of communication.

Improving care quality in response to complaints or concerns

- Any complaints received by the service were recorded and followed up appropriately, in line with the provider's procedure.

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service was not consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Managers completed quality audits which covered all aspects of care, and filtered through to an action plan, a lot of what we found the provider had already identified as an area of improvement. This showed us that the management team were aware of the areas of improvement required.

However, some of these audits did not identify failings in the quality of care. For example, identifying people's long-term goals and medicine management.

- The registered manager had detailed trackers to monitor incidents, safeguarding concerns and DoLS applications as well as staff training, competencies and supervisions.
- People and staff were positive about the management changes and felt supported by the management team. A staff member said, "I think it was a positive change. The management have offered good support and advice when needed. We hold regular team meetings which are very beneficial. We have daily handovers."

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; Continuous learning and improving care

- The registered manager understood their duties in relation to duty of candour. In addition, the registered manager was aware of their responsibility to submit relevant notifications to the relevant partner agencies and CQC.
- The registered manager had plans to improve the service. They told us their priority was to address issues with the environment and had identified improvements to develop people's wellbeing and a coproduced service.
- The registered manager was responsive to the concerns we raised and had started to implement changes to the service.

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

- The management team was passionate about gaining experiences of people to shape the way they supported them with the aim to provide a great life. This was done through meetings and informal conversation where people were listened to, and action was taken.
- Staff gave feedback through individual face to face meetings with the management team and via surveys. Where improvements were highlighted, these were listened to and actioned.

- The provider had regular contact with the registered manager, staff, people and relatives to gain feedback.
- Relatives and staff gave positive feedback on the responsiveness of the management team. A staff member said, "My senior ticks all the boxes for what is required in support, guidance and advice, I fully appreciate all the work she puts in as they works countless hours to make sure Gardens runs smoothly."

Working in partnership with others

- The registered manager gave examples of regular input from other professionals to achieve good outcomes for people.
- Professionals we spoke with told us that when they had involvement in the service, they witnessed staff having the right values and were kind and caring. A professional said, "Staff have been very helpful and attentive. Rapport between staff and residents is good, with residents often being cared for by staff who know them well as they are more receptive and engaging when familiar with their primary nurse."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care
Treatment of disease, disorder or injury	The provider did not ensure that care was provided to people that was appropriate, met their needs and reflected their preferences. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The provider did not ensure there were effective systems in place to ensure medicines were safely managed. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.