

National Neurological Services Ltd

Primrose Neurological Centre

Inspection report

Middleton Road
Middleton
Morecambe
Lancashire
LA3 3JJ

Tel: 01524853385

Website: www.nationalcaregroup.com

Date of inspection visit:
29 September 2020

Date of publication:
16 October 2020

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service

Primrose Neurological Centre is a residential care home for adults who have experienced a brain injury or have a neurological condition, which may include associated complex needs. The service can support up to 7 people in one adapted building. At the time of the inspection 4 people were living at the service.

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

Medicines were managed safely. Records reflected the help people need and audits identified when improvements were required. Recruitment procedures were followed to ensure staff were suitable to work with people who may be vulnerable. People were supported by staff who responded to their needs quickly.

People said they were happy at the service and they liked the staff. People were cared for in a clean environment by staff who were caring, competent and keen to improve the service provided. Risk assessments were carried out and staff could explain the reason for the assessments and how they followed them to help keep people safe.

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. People's rights were upheld, and people received health professional advice when this was needed. The manager and staff worked with other agencies to improve the service provided.

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 coronavirus and other infection outbreaks effectively.

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

Rating at last inspection and update. The last rating for this service was requires improvement (published 27 August 2019) and there were multiple breaches of regulation. 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.

Why we inspected

We carried out an unannounced comprehensive inspection of this service in July 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve in the areas of safe care and treatment, person – centred care, staffing 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 safe, effective

and well-led which contain those requirements.

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

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them.

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. Therefore, the overall rating for the service has not changed.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Primrose Neurological Centre 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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Primrose 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 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 was carried out by one inspector and a medicines pharmacist inspector.

Service and service type

Primrose Neurological Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 did not have a manager registered with the Care Quality Commission at the time of the inspection. However, a new manager had been appointed and intended to begin the process of registering with us. This means that they, when registered, 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 announced our inspection on the day of the inspection. This was because we needed to ensure we

worked closely with the provider to ensure the risk of infection was minimised and national guidance in infection prevention and control were followed.

What we did before the inspection

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.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. This information helps support our inspections. We used all this information to plan our inspection.

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 ten members of staff including the manager and the regional manager. We also spoke with the new manager who had just been appointed at the service and the operations manager.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including environmental information were also reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at environmental records, policies, training records and care records. We spoke with relatives and staff by phone.

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 now improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At the last inspection we found the provider had did not always manage medicines 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.

- The provider had acted to improve medicines handling. Systems were in place for the safe handling, administration and storage of medicines.
- People's individual choices and needs were considered when administering medicines and the appropriate safeguards were in place should the covert (hidden) administration of medicines be needed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong;

At the last inspection the provider had failed to carry out comprehensive assessments prior to people moving into the home and as their needs changed. Risk assessments were not always carried out debriefs and post incident forms were not being used to try and understand what may have contributed to people's behaviours were not being completed. 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.

- Staff carried out comprehensive assessments of people's needs, and these were reviewed when people's needs changed. Due to the challenges presented by the Covid-19 the provider had adapted the way in which they assessed people's needs prior to them moving to the service. Documentation showed people's individual needs were considered and a health professional we spoke with confirmed there was close interagency working to support the person to achieve their best outcome.
- Staff knew the help and support people required. Risk assessments were documented and updated to provide written guidance to staff on how risks could be minimised.
- The manager and staff completed debrief and incident forms if these were needed. The outcomes of these were analysed and used to improve people's care.
- Access to potentially hazardous materials was restricted to minimise risk.
- Individual evacuation plans were completed for people who lived at the service. Staff told us they knew the help people would need to evacuate the home safely.

Preventing and controlling infection

- 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 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.

Staffing and recruitment

At the last inspection we found suitable numbers of qualified, competent, skilled and competent staff had not been deployed. This was a breach of regulation 18 (Staffing) 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 18.

- The provider ensured staff could access training to enable them to fulfil their role. Staff told us they had benefitted from the training and felt competent to support people. If staff had not been able to access training due to the challenges presented by the Covid 19 pandemic, a plan was in place to remedy this. .
- Staff told us they had enough time to support people safely and they could access additional staff if this was required.
- The provider followed procedures to help ensure prospective employees were suitable to work with people who may be vulnerable. References and criminal record checks were carried out prior to prospective employees starting to work at the home. In addition, any gaps in employment were explored and reasons for leaving previous employment were documented.
- People told us they were satisfied with the staffing provision at the home and they were respected and valued. One person commented, "There's none of that awkwardness, no them and us."

Systems and processes to safeguard people from the risk of abuse

- The provider had processes in place to protect people from harm. Staff we spoke with told us they had received training in safeguarding, and they would act to keep people safe. They were able to give examples of abuse and said they would raise any concerns with the provider, manager or the local safeguarding authority to ensure people were protected.
- People told us they felt safe and they trusted staff. The details of the local safeguarding authority, their role and contact details were available throughout the service for people and staff to access if this was needed.

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 requires improvement. At this inspection this key question has now improved to 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; supporting people to eat and drink enough to maintain a balanced diet; staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support

At our last inspection the provider failed to ensure people's individual preferences were sought or recorded. Important health needs were not always recorded, and staff did not always know people's needs. Advice given by health professionals was not always consistently applied and people had limited choice at mealtimes. This was a breach of regulation 9 (Person centred care) 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 9.

- Staff sought and recorded people's preferences and staff knew these and people's needs. For example, one person had a specific strategy to support their memory. This was recorded within the care records and staff were aware of this strategy.
- Staff worked with people to enable them to set goals and work towards their chosen goal. These were recorded in care records and staff knew the hopes and targets of each person.
- Staff delivered person-centred care and followed health professionals' instructions. For example, one person had a treatment plan to improve their health. They told us staff supported them to follow this.
- A health professional told us they were satisfied with the way staff had supported a person at the home.
- Staff enabled people to make decisions regarding their food choices. People told us and we saw in records, people were asked what meals they wanted, and this was accommodated.
- Fresh fruit was freely available at the home and the kitchen was well stocked with dry goods, and fresh and frozen meats and vegetables.
- Relatives voiced no concerns with the care currently provided at the home. One relative shared management team supported their family member to access specialist support and guidance.

Staff support: induction, training, skills and experience

At our last inspection the provider failed to ensure staff received appropriate support and training as is necessary to enable them to carry out the duties they are employed to perform. This was a breach of regulation 18 (Staffing) 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 18.

- The provider ensured staff had access to training and guidance to meet people's needs. Staff told us the training they received helped them deliver good care and their knowledge was refreshed regularly.
- Where staff had not been able to receive face to face training due to challenges presented by the Covid-19 pandemic, a plan was in place to ensure this was provided as soon as possible.
- The provider ensured staff had private meetings with the manager to discuss any concerns or successes. Staff told us they had regular supervisions with the manager, and they were able to discuss any concerns, training needs or seek clarity on anything they wished.
- Staff told us they had received an induction on joining the service and this had helped them fulfil their role.

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.

- The provider and staff were working within the principles of the MCA. The manager carried out assessments of people's mental capacity and records of these were kept.
- Staff had completed training on the MCA and DoLS. They understood their responsibilities in relation to these and how it affected the people they supported.

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

- The building was bright and airy with a fully accessible garden area. Bedrooms had ensuite facilities with walk in showers or adapted baths.
- People had personalized their rooms with their personal effects. Rooms felt homely and reflected individual personalities and preferences.

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

At our last inspection the provider failed to effectively lead and quality assure the service. This was a breach of regulation 17 (Good governance) 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 17.

- The manager sought people's views by speaking with them on an individual basis and by holding meetings with them. Changes were made whenever possible.
- The manager and staff supported people to remain engaged with others who were important to them during the Covid-19 pandemic. This helped maintain and develop relationships.
- Staff shared they could approach the manager and they felt there was an open and honest culture at the home. Staff said the emphasis was on learning and making improvements and they received praise and feedback from the manager.
- The manager told us when things went wrong or could have been done differently, investigations took place to check if there were any lessons learned. The manager explained the culture was to learn and improve and if apologies needed to be made, this would happen.

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

- The provider ensured leadership and guidance was provided. The previous manager was no longer employed at the home. The provider had responded by ensuring a manager from within the organisation worked at the home to give direction and support.
- A new manager had been appointed and had just started work at the home. The temporary manager said they would continue to work at the service for the immediate future to ensure a smooth transition to the new manager.
- Effective quality audits were carried out in areas such as medicines, environment, infection prevention control and incidents and accidents.
- Staff told us they were clear about their responsibilities and the expectations of the existing manager to

provide high quality care. They said they welcomed leadership and feedback on what had gone well and what could be improved. Staff shared they felt the service had improved and people were better supported at the home.

Working in partnership with others

- The manager engaged with the local authority to share and learn information and best practice about the current Covid19 pandemic.
- Health and social care professionals raised no concerns regarding the working relationships between the management team and themselves.
- The manager was planning to work closely with a charity that had specialist knowledge of acquired brain injury and best practice. They explained they wanted to drive improvement and would seek specialist guidance on how this could be done.