Care Quality Commission

Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Nottingham Neurodisability Service Hucknall - Millwood

Hankin Street, Hucknall, Nottingham, NG15 7RR

Tel: 01159680202

Date of Inspection: 08 November 2013

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We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Management of medicines	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Four Seasons Homes (Ilkeston) Limited
Registered Manager	Ms. Jane Howden
Overview of the service	Nottingham Neurodisability service Millwood is part of Huntercombe Services Nottingham. It is a rehabilitation unit for adults with acquired brain injury and other complex neurological conditions. It is registered to provide care for up to 22 people.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 8 November 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members and talked with staff.

What people told us and what we found

During our inspection we spoke with five people who lived at Millwood and a relative of one of those people. We spoke with the manager, service administrator, three support workers and two healthcare professional s employed by the provider. We reviewed three care records and a number of documents relating to the management of the service.

People told us they were well supported by staff who were good at their jobs and who they trusted. They told us that they felt safe at Millwood and knew how to pursue concerns and complaints. People said they felt listened to and involved in determining how their care was planned and delivered. We saw that care and treatment was planned and delivered according to individually assessed need. We observed that interactions between staff and people who used the service were positive, warm and laced with appropriate humour. One person told us, "It's brilliant, I love it here." A relative told us, "It's a happy place, very friendly and welcoming."

We noted that the provider had systems in place to ensure medication was safely managed and administered. We saw that staff recruitment and training provision helped ensure the delivery of safe and effective care and treatment. We found that the provider evaluated the quality of care provided, by consulting people who received a service and their relatives. We noted that service evaluation and learning was shared with staff in order to improve the care and support provided.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

The provider promoted the values of respect and person centred care in "Dignity Challenge" posters within the care home. People told us that they felt respected. One person told us that staff apologised to them for the inconvenience caused by an equipment malfunction. They told us that staff, "Went the extra mile" to explain and address the problem while ensuring their comfort and safety. The person told us they felt the provider's response and action to address the problem demonstrated respect and regard for their feelings and welfare.

In minutes of a recent resident's meeting we noted a concern regarding laundry was discussed and action agreed. We saw subsequent correspondence from the manager to laundry services addressing the issue raised. This meant that people's views regarding service quality were sought and acted upon.

A healthcare professional told us that the timing of therapy services were negotiated with a person to ensure they could continue with routine activities they valued and enjoyed. This person confirmed their involvement in and satisfaction with these negotiations. They told us that their relationship with staff, "From a respect point of view was fantastic."

We saw that 83% of people who responded to a recent provider survey confirmed that they had been involved in deciding what was in their care plan. Only 46% however emphasised a high degree of involvement. In one of the three care records we looked at we found a "life story" completed by a member of staff in consultation with the person they were supporting. This life story helped to convey the interests, values, wishes and needs of the person. The provider may wish to note that the absence of this first person biographical information in two care records emphasised a predominance of clinical information and focus in care records. Without this life story work the voice of the person within their own care records was significantly diminished.

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

While only one of the three care records we looked at included assessments provided by the referring agency we found in each record a detailed admission assessment completed by provider staff. We noted a range of specialist healthcare assessments completed by Huntercombe healthcare professionals and the consistent use of healthcare assessment tools including those relating to mobility, maintaining skin integrity and nutrition. One healthcare professional told us about their recent involvement with a colleague in a pre-placement assessment. We noted in one record an occupational therapy assessment of one person's home circumstances in preparation for time spent at home with their family. A healthcare professional and the care home manager separately told us of plans to enhance the involvement of families in weekly multidisciplinary planning and review meetings. This meant that the initial assessment of a person's care and treatment needs was reviewed and developed in line with their changing needs.

Two of the care records we looked at included care plans and risk assessments which were signed and dated as agreed by the person receiving care. These plans were reviewed regularly, confirmed by date and staff signature. Both of the people for whom these plans were designed told us that care was delivered effectively and as agreed.

A care record for a person assessed as lacking capacity included a consent form signed by a family member. We saw communication records including e-mails and telephone calls to their relative and involved professionals which sought consultation regarding care and treatment decisions. This meant that people themselves or those best placed to make decisions in their best interests were informed and involved in decisions regarding their care and treatment.

We saw from menu plans that people were offered choice at meal times. People told us that they enjoyed the food provided. We saw that daily activities were planned and a timetable was posted for information. People told us that they enjoyed a range of activities including trips out to concerts and to city pubs. One member of staff told us about plans for Christmas shopping trips with one person they supported as key worker. This meant that the provider worked to enhance the quality of life of people they supported.

Safeguarding people who use services from abuse ✓ Met this standard

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People told us that they felt safe and well supported at Millwood. They knew how to raise concerns and complaints and named senior staff or outside agencies they would speak to. One person told us they would "go to the manager and take it from there." The relative we spoke with told us they were confident that Millwood staff were trustworthy and worked to ensure the safety and wellbeing of their relative.

Staff we spoke with communicated a good understanding of safeguarding practice. All confirmed a detailed recollection of safeguarding training they had received. Staff identified forms of abuse and their responsibilities to alert and support the management of safeguarding concerns. One support worker told us of their involvement in alerting concerns which resulted in appropriate safeguarding investigation and protective action. Protective steps included the implementation by the provider of Deprivation of Liberty Safeguards (DoLS). These safeguards ensured legal authorisation and independent review of steps taken to ensure that any restrictions imposed within the care provided to a person assessed as lacking capacity were necessary, protective, proportionate and in the person's best interests.

We noted the identification of safeguarding alerts and action taken was a standing item in monthly governance audits. These audits included a review of health and safety incidents and action taken in each case to reduce and manage identified risk. This meant the provider had systems in place to monitor and review their effectiveness in ensuring the safety and wellbeing of people they supported.

We observed respect for and the protection of people's privacy and confidentiality in the discretion displayed by staff when discussing people and their needs in public areas.

Management of medicines ✓ Met this standard

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

Our inspection in March 2013 found that medication was not always managed safely. The provider wrote to us on 3 May 2013 and told us their actions in response would be completed by 31 May 2013.

The current manager who at the time of the March 2013 inspection was a senior nurse confirmed that they were briefed fully by the manager regarding the issue raised. They stated that these briefings were not minuted but they were able to confirm verbally the details of the action plan.

We saw that monthly medication audits were being completed by qualified nurses. Checks included the expiry dates of all stored medications and creams. These audits confirmed safe practice and included prompts regarding pending expiry dates of medication stored at the time of audit.

The manager confirmed their own expiry date checks and their attendance and contribution to provider governance meetings. Monthly governance reports included medication management review and identification of any problems. No problems had been identified since the implementation of the action plan.

We reviewed stored blister and non-blister pack medication with the manager. We saw that all stored medication, including controlled drugs were within date. This meant that the provider had taken the specified actions designed to ensure safe practice.

Requirements relating to workers ✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

Three Staff records we looked at included documentation confirming appropriate checks were carried out to ensure job applicants were qualified and trustworthy. These included criminal records checks, and two personal references. Where necessary work permits were sought and confirmed by the UK border agency. We observed the provider's administrator screening job applications for gaps which might indicate applicant's unsuitability for interview. We saw copies of health screening questionnaires and equal opportunities monitoring forms signed and dated by successful candidates prior to the formal offer of employment.

Within employment records we saw copies of workers training records and training certificates achieved. The administrator showed us a spread sheet of professional registration renewal dates by worker. To support monitoring and timely re-registration the administrator reviewed this data monthly and e-mailed staff in good time to ensure they maintained their professional registration to practice.

We noted that staff skills were maintained and enhanced by a range of mandatory and role specific training opportunities. Mandatory training was supported by on site champions in specific work key tasks such as moving and handling. We noted the successful completion of nationally accredited health and social care qualifications by more than 50 percent of employed care workers. This meant that the provider ensured staff were appropriately trained, qualified and authorised to provide assessment care and treatment.

Within staff files we saw records confirming effective and transparent disciplinary process and sickness management. We noted support to staff in relation to cultural/religious observance and compassionate leave. This meant that the provider worked to ensure that safe practice and staff fitness was assessed and managed and that cultural awareness and support was valued and implemented.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

We looked at a series of monthly provider governance reports which monitored problems and progress in key performance areas including safeguarding, maintenance and staff absence cover. These reports confirmed no recent safeguarding alerts. We saw that refurbishment and maintenance issues were identified and improvements actioned.These reports confirmed minimal need for the use of agency staff in recent months.

We looked at training records and saw high levels of attendance in relation to practical courses including moving and handling and first aid. We noted some gaps in staff attending challenging behaviour training. The administrator told us that it had been difficult sourcing an external training provider. We saw a series of e-mails which had identified and secured external training to begin in January 2014. This meant that the provider was identifying gaps in skills training and actively working to address them.

We looked at a detailed six monthly infection control audit and the provider's annual infection control statement. We saw that biological risk assessments and care plans were put in place to support recovery and minimise the risk of infection spread. To support safe management we confirmed from training spread sheets that a high level of annual mandatory infection control training had been completed.

We saw that the views of people who used the service and their families had been sought via provider surveys carried out in 2013. We noted generally high satisfaction ratings in relation to the quality of care provided and the respect and dignity people were shown. We noted that a relatively low 62% of people felt their cultural needs were being met. The provider's training matrix showed a low uptake of a nationally recognised certificate in equality and diversity training. The provider may wish to consider whether increased training in this area may improve outcomes for people in relation to their cultural needs.

While the manager was unable to identify a comprehensive business continuity plan we saw key elements of contingency planning including a fire evacuation protocol which identified the individual support needs of each person. This meant that some contingency planning to safeguard and support people in the event of unforeseen crisis was in place.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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