Nugent Care

Margaret Roper House

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

An unannounced comprehensive inspection took place of Margaret Roper House on 14 & 15 November 2017.

The previous inspection was conducted on 8 March 2017. This was a focused inspection to follow up on two previous breaches for the safe administration and management of medicines. At that inspection although we found some improvements we raised a new concern around the management of medicines for people outside of the care home. For example, people going on 'home leave' or for trips out from the care home. Medicine audits (at service and senior management level) were completed, however, monitoring and audit arrangements for supporting people to receive their medicines when outside of the care home were not robust to assure people's health and wellbeing. The existing audits and governance arrangements had not identified the shortfalls we found during this inspection.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the administration and management of medicines for people who were taking their medicines out of the home to at least good. We found at this inspection that improvements had been made to ensure this practice was adhered to safely to enable people to take their medicines outside of the service. A policy and procedure was in place which staff understood and followed. Medicine audits were completed to ensure the safe management of medicines in and outside of the care home. This breach of regulation was met.

Margaret Roper House 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. Margaret Roper House provides nursing care and accommodates people who have mental health care needs. The accommodation is registered for 23 people. The registered provider (owner) is Nugent Care.

There was a new registered manager in post at the time of our inspection. 'A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run'.

People's needs were recorded in a plan of care. Where a change in a person's needs had been identified their care plan was updated to reflect this. Information was made available to people in an accessible format.

Care records showed that people's health care needs were addressed with appropriate referral and liaison with external health care professionals when needed.

People's medicines were managed safely. Staff received medicine training to ensure they had the skills and

knowledge to administer them.

Risks to people' safety were assessed and risk management plans were in place to support people safely.

The environment and home's equipment were maintained and subject to safety checks and service contracts.

Staff knew the different types of abuse and how to recognise and report any concerns they had.

Staff were aware of how to respect people's rights to independence and staff told us how they empowered people to make their own decisions where able.

When people were unable to consent, the principles of the Mental Capacity Act 2005 (MCA) were followed. This included an assessment of a person's mental capacity and decisions made in the person's best interest. This could be further developed by better evidencing assessment around individual decisions for people.

People's consent was obtained prior to the delivery of any care and support though this was not consistently recorded in people's plan of care.

People told us they were able to make individual menu requests and that their dietary needs were met by the staff. People were complimentary regarding the menu choices available to them.

Recruitment was safely and effectively managed within the home. Staff personnel files which were reviewed during the inspection demonstrated robust recruitment practices.

There were enough staff on duty to help ensure people's care needs were consistently met. People told us the staff supported them at the appropriate time.

We found staff were trained in a range of subjects which were relevant to the needs of people living at the home. Staff told us they received good support from the registered manager.

People were treated with dignity and respect and staff supported people to maintain positive and close relationships with relatives and friends.

Social activities were planned and well managed. People told us how much they enjoyed the social aspect of the home and in and outside of the care home. A person said, "There is so much always going on, it's great."

People at the home had access to a complaints policy and procedure should they wish to raise a concern. People told us they felt confident in raising any issue and that this would be addressed by the registered manager.

Quality assurance systems and processes were in place to maintain standards and drive forward improvements within the service. This included a number of audits (checks) on how the service was operating. Staff were complimentary regarding the new registered manager and the changes made within the service.

Feedback from people living in the home was sought to ensure they were satisfied with the overall service provision. This included the provision of meetings and surveys. The feedback we received was very positive.

People told us how much they liked living at Margaret Roper House.

The registered manager was aware of their responsibilities and had notified the Care Quality Commission (CQC) of events and incidents that occurred in the home in accordance with the CQC's statutory notifications procedures.

Ratings from the previous inspection were on display within the home and these were also available for the public to review on the provider website, as required.

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

Risks to people's health were recorded with actions to help keep people safe.

Systems were in place to ensure medicines were administered safely. This is an improvement following the last inspection.

Sufficient numbers of staff were on duty to help ensure people's care needs were consistently met.

Staff described how they would recognise abuse and the action they would take to ensure actual or potential harm was reported.

The environment and home's equipment was well maintained and subject to safety checks.

Is the service effective?

Good

The service was effective

Staff received an induction, training, supervision and appraisals to enable them to care for people safely and effectively.

Staff sought consent from people before providing support. When people were unable to consent, the principles of the Mental Capacity Act 2005 were followed in that an assessment of the person's mental capacity was made.

Staff supported people with their care needs and reviews were undertaken with external health professionals to help monitor people's health and welfare.

People told us they received a well-balanced menu and their dietary needs were known by the staff.

Is the service caring?

Good

The service was caring

People we spoke with told us that staff were kind, polite and caring.

Staff communicated well with people and their approach was compassionate and sensitive.

People told us they were involved in the care planning process. Care records showed some evidence of people and /or their families involvement though this was limited.

Is the service responsive?

Good

The service was responsive

Care plans were individualised and reviewed to monitor people health and welfare.

People could take part in a wide range of social activities in the home and within the community.

People told us they could were supported to make decisions around their daily life.

A complaints policy and procedure was displayed so that people and visitors to the home had the information they needed should they wish to raise a concern.

Is the service well-led?

Good

The service was well led

There was a registered manager in place.

Staff and people living at the home were complimentary regarding the management of the service.

Quality assurance systems and processes were in place to assure the service. Monitoring arrangements were robust regarding the management of medicines. This was an improvement from our last inspection.

The Care Quality Commission (CQC) had been notified of reportable incidents in the home.

Feedback from people living at the home was sought. People told us their views were listened to and staff responded accordingly.

Margaret Roper House

Detailed findings

Background to this inspection

'We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.'

An unannounced comprehensive inspection took place on 14 & 15 November 2017. A comprehensive inspection looks at all of the five key questions we ask, if the service safe, effective, caring, responsive and well led? We award a rating for reach question and also award an overall rating for the service.

The inspection team comprised of an adult social care inspector, a medicines inspector and an 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.' The expert by experience had expertise with people with experience of using substance misuse services and young adults with learning and physical disabilities.

Before our inspection we reviewed the information we held about the home. This included the Provider Information Return (PIR). A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Prior to the inspection, we reviewed the information held on Margaret Roper House. This included notifications we had received from the provider about important events which the service is required to send to us by law, such as incidents which had occurred in relation to the people who lived at the home.

During the inspection we spoke with the head of quality assurance and a quality assurance officer for Nugent Care, two nurses, five support workers, one chef, one domestic member of staff, one maintenance person and one administrator. We spoke with 10 people living at the home and we contacted one relative following the inspection.

We undertook observations of the home over the course of the two days. This included some aspects of care and support for people living at the home and a tour of the general environment, décor and furnishings, bedrooms and bathrooms, lounges, dining/kitchen areas and external grounds. During the inspection we spent time reviewing records and documents. These included the care records of four people who used the

service, three staff personnel files for recruitment purposes, staff training matrix, medication administration records and audits and other records relating to the management of the service. There had been no recent accident/ incident reports or complaints to review at the time of the inspection.

Prior to the inspection we contacted a commissioner of services and also a local clinical commissioning group (CCG) to gain their views about the service who had involvement with the service to ask for their views.

Good

Is the service safe?

Our findings

We previously inspected this home in November 2015, April/May 2016 and September/October 2016 and found the home to be in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) in respect of the safe administration of medicines. At the inspection in September/October 2016 we followed up on our enforcement action as we had previously issued a warning notice to the service for the continued breach around the safe management of medicines. At the September/ October 2016 inspection we found a number of improvements had been made however people were still not fully protected. At the inspection in March 2017, the CQC pharmacist had found that improvements had been made to medicines storage and administration. Systems were in place to keep residents safe. There was a breach in regulations however which related to how medicines were managed when people left the home. This area of medicine management had not been previously assessed by CQC.

We asked the provider to take action to address these concerns. The provider submitted an action report which told us the improvements they had made to meet this breach. At this inspection we found improvements regarding the management of people's medicines when leaving the home. This breach of regulation had been met.

At this inspection, a CQC medicines inspector looked at all aspects of medicines management including, storage, documentation and administration and looked at the actions taken since March 2017. We found that medicines were managed safely.

Medicines were stored in a dedicated treatment room that was clean, tidy and secure. There were prompts to staff regarding early morning medicines and medicines required weekly.

We looked at the medicine administration records (MAR) for the six of the 21 people living in the home. All records had photographs, allergy status and doctor contact details included, that helped staff when giving medicines. There were no gaps in administration and stock checks were accurate which meant all residents received their medicines correctly. Any handwritten records were signed by two members of staff to ensure accuracy.

People that were prescribed one or more medicines to be taken 'when required' had extra guidelines explaining why the medicine had been prescribed and how it should be given to help staff give the medicine correctly.

The PIR told us that people living at the home had the 'the opportunity to self-medicate in a safe environment; this includes risk assessments, support and recently a bespoke training session for people wanting to self-medicate'. We saw people were encouraged to self-medicate where appropriate, and we saw documentation to support the process. We spoke to a person who administered their own medicines. The person was confident and explained how the medicines were managed and what they were for. This was a step towards achieving their goal of going on holiday.

Since the last inspection, a procedure had been developed to manage medicines when people were away from the home. Four carers, who regularly escorted people off the premises, had received training and were competent to administer medicines. An arrangement had been made with the supplying pharmacy to provide medicines in single doses, which were issued to the person or carer when required. We saw evidence in the MAR chart when medicines had been taken out of the home.

Stock control records were kept and were accurate to support the safe management of medicines.

We asked people living at the home to tell us if they felt safe and to provide us with examples of this. Their comments included, "I definitely feel safe here, the people are nice, staff give me my medication and they put my eye drops in for me each day. They support when I get my shower to wash my hair", "Security wise I feel safe and the care we get is good, if we get ill we are looked after. I feel I can talk to the staff whenever I need to. I have my medication four times a day but soon I'm going on to self-medicate, it will be in a pack and I can keep it secure and safe in my cupboard in my room, so I can take it when I need it. It's easier, if I go out and they haven't started medication yet, I can take it myself before I go out. I keep my own key for the safe.", "I have had my room decorated and chose my own paper, the decorators were the usual ones we have decorating, so I know them and feel safe" and "I feel safe as I don't have to worry about banking, and they're all nice people here."

Another person who has been self-medicating for two months said, "I self-medicate and I have it locked in my drawer, I refill my tablet boxes every Wednesday as the medication week starts on Thursday."

People's records were kept secure and were accessible to the staff. Care documents were kept electronically (password protected) and also hand written documentation was available in people's files. We saw staff accessing the electronic and hand written documentation during the inspection to record and update people's care and support.

People had a plan of care which included a personal emergency evacuation plan (PEEP) for use in the event of any major incidents/emergencies. These were sufficiently detailed to ensure staff knew what level of support each person needed. In the hallway there was a fire roll document which stated the level of risk for each person, for example, low, medium or high. We discussed with the quality assurance officer the need to record more detailed information for this document in respect of the level of support each person needed. This would be of benefit for staff who were not familiar with people's dependencies should there be an emergency. We received assurance that this would be actioned. Talking with staff confirmed their knowledge about the support people needed and what they would do in the event of an emergency.

We looked at how risks to people's health and safety were assessed and recorded. Care records recorded risks in areas such as, nutrition, falls and mobility with the involvement of the relevant person or their representative. The risk assessments were subject to review to reflect any change in dependency which could affect the level of risk. We were shown an example where a risk had been identified and carefully monitored. Action had been taken to minimise this risk to the person to keep them safe and lessons learnt shared with the staff. Care documents contained information regarding 'what made people feel safe'. Staff informed us there had been no recent accidents; they were however aware of how these needed to be recorded and monitored.

Staff told us that people's rights to independence were paramount but were aware of the importance of assessing and recording risk to ensure people safety and wellbeing. A person told us how they went out each day into 'the village' and staff respected their decision regarding this. They told us they were aware that they had to take care when out from the home and the staff went over the importance of keeping 'safe' when out

and staff checked to make sure they were 'okay' when they got back.

Essential safety checks, for example, gas, electrical and fire safety and legionella compliance were completed in accordance with the relevant schedule by suitably qualified external contractors. The service also completed its own checks such as, checks on the emergency lighting, fire alarms, hot water temperatures and equipment. Health and safety audits were completed where obvious hazards were identified and maintenance work completed in a timely manner to ensure people lived in a safe well maintained home. Records seen for these checks were up to date.

The service had an 'open' door policy so that people who were independent were able to leave the home when they wanted. People told us they told the staff when going out and coming back to the home. A person said, "I make sure the staff know as they would worry." Security arrangements for the home included locking the main front door at night, a visitors' book at the main entrance and a door lock for people to use for their room.

Safeguarding systems and processes were in place to protect people from abuse. This included a safeguarding policy/procedure for staff to refer to and staff received adult and children's safeguarding training. Staff interviewed told us they would not hesitate to speak up and report a concern to management and/or to the local authority in accordance with local guidance.

The registered manager had informed us of a safeguarded incident involving a person who lived at the home. An incident of this nature can expose people at risk of abuse and neglect and require investigation. The registered manager had informed us in accordance with our regulations and also notified the local authority safeguarding team. Prompt action was taken to protect the person and to minimise the risk of re-occurrence. An investigation took place with plans put in place to protect the individual and lessons learnt shared with staff. This approach helped ensure the person' safety and their rights were upheld. We saw that the local contact number for the local authority's safeguarding team was displayed for everyone to refer to.

We saw staff received equality and diversity training and care documents recorded information in respect of gender, sexuality, spiritual and cultural beliefs. A person made reference to the staff knowing them and 'understanding me' and how they wanted to be treated.

We talked to people about staffing in the home. People told us there were always staff available to help them and we observed staff supporting people when this was requested. People also said the staff had time to sit with them at different times of the day for a chat; either on a 'one to one' basis or within a group. This we observed over morning coffee and at lunch time.

At the time of the inspection 19 people were accommodated at the home. A nurse was on duty with three support workers, a member of domestic staff, maintenance person, administrator and cook. A quality assurance officer for Nugent Care, along with another nurse, arrived to support the inspection. At night the staffing rota was for one nurse and one support worker. Staff told us the staffing numbers were maintained and the use of agency and bank staff had decreased. Staffing numbers appeared satisfactory and there was a good skill mix of staff to support people safely. A support worker said, "There is always someone senior on duty you can go to." When we looked at the duty rotas for November 2017 we saw that the designated numbers of staff were recorded.

We looked at recruitment practices and found them to be robust. Staff records contained a minimum of two references, photographic identification and an application form. There were disclosure and barring service (DBS) checks on file. These checks helped to ensure employees were suitable to work with vulnerable

people.

We found the home to be clean and there was satisfactory adherence to the prevention and control of infection. This included the completion of cleaning records and the use of personal protective equipment (aprons and gloves) and we saw these being used by the staff when providing care and support. Cleaning records were also completed each day by the domestic staff.

Good

Is the service effective?

Our findings

We talked with people about their care and support. People told us, "A-star care, fabulous and great", "I think so, they are really good, they are here if you want them" "I know they get training and I trust them", "I have to use the hoist when I get a bath, as I have had an hip replacement, staff support me in the bath with the hoist" and "I had to pull the alarm one day, as I went dizzy and staff came at once and saw to me", "My diabetes is managed well, I just eat in moderation and just have a treat now and then and I have sugar free drinks, water or tea" "I have a review every two or three months, I'm (name of medical condition) and the doctor comes out to see me" and "A member of staff is taking me to Aintree Hospital next week as I need to get my results from my tests."

The PIR recorded information regarding how staff supported people with their care needs and how reviews were undertaken with external health professionals to help monitor people's conditions.

Care records recorded appointments with external health and social care professionals. Their advice and support had been accessed at the appropriate time, this included visits by GPs, chiropody, optical and hospital appointments with community psychiatric nurses and consultants.

We reviewed the care of four people by tracking their care through observation and care records. We saw people's medical conditions were monitored effectively. People were weighed to help monitor weight gain or loss and some people had their blood pressure and blood sugars checked by the staff. This formed part of people' treatment plan to help optimise their health and ensure effective outcomes. For a person who needed support with their mobility there was limited information recorded in respect of staff support. Further information was recorded at the time of the inspection to reflect this care need. Staff we spoke with were fully aware of the level of support the person required. At the time of the inspection staff confirmed people's dependencies were not high and people did not require extra care monitoring around their diet/ fluids or skin condition.

For people who been assessed as having a mental health need and/or a behaviour that may challenge, staff discussed with us the triggers, coping strategies and intervention needed to support people effectively. We saw care records which evidenced this care and support.

The majority of people had lived at the home for a number of years and therefore there was little movement between external services. Staff were however aware of how to coordinate people's care with external professionals to support people's rights to independence. We saw evidence of how this was working with Nugent Care's strategy for people who had mental health needs. The aim was to support people with their own recovery by treating 'every individual as unique and to truly offer person centred care'.

The PIR recorded information around staff training and support. We found staff were trained in a range of subjects which were relevant to the needs of people living at the service. For example, safeguarding, infection control, moving and handling, dementia, medicines, Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Standards (DoLS), equality and diversity, first aid, challenging behaviour, fluids and

nutrition and care planning. A number of staff required a refresher in moving and handling and the quality assurance officer advised this would be completed as soon as possible.

Training was primarily facilitated by the organisation's e-learning training system. There were no staff being inducted on the principles of the Care Certificate. The Care Certificate requires new staff to be trained, observed and their competency assessed within 12 weeks of starting. This is currently considered as 'best practice'. Support workers had completed formal qualifications in care, for example, a National Vocational Qualification (NVQ) and therefore were not undertaking the Care Certificate. Nugent Care provided an in-house induction and a new member of staff told us this had been comprehensive. Induction material was available and had been signed off on completion.

Staff told us that they received supervision and appraisal from the registered manager. We saw evidence that these meetings had taken place. Staff went on to say the support from management was very good. Support workers told us, "Really good support, you can always go to (manager) if you have a worry or want a chat" and "We have time to do e-Learning and get allocated time to go to the resources room to do this on the computer." They went on to tell us about the training they had received on pressure ulcers which had helped to improve a person's condition. This was evidenced in the person's plan of care.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The records that we saw demonstrated that the home was operating in accordance with the principles of the MCA. We saw assessments and documentation which supported practice in this area. This included mental capacity assessments, supporting care plans and liaison with social care professionals and people and their relatives. The staff showed an understanding that people's mental capacity could fluctuate depending on circumstance and the decision in question.

Staff told us that people's capacity to consent to care had been assessed as part of their plan of care though there was a lack of written evidence held within the electronic care records to evidence this. We discussed ways of improving records around consent and the use of the mental capacity assessments for assessing key decisions. Staff we spoke with understood the importance of gaining consent from people before offering support and we observed this during the inspection.

People we spoke with told us the staff discussed with them their care and support, seeking their consent before assisting them. People said they were involved in key decisions about their health and daily routine. A person said, "I am always asked, (support worker) would never presume or just go ahead without checking."

Staff had applied for a number of people to be supported on a Deprivation of Liberty Safeguards (DoLS) authorisation. The applications were being monitored by the registered manager and reference was made to DoLS within people's plan of care.

People had a nutritional assessment and plan of care to support their dietary requirements. We saw people

were able to help themselves to drinks and snacks during the day, as they had their own dining areas with table and chairs, fridge, toaster, kettle and radio. The dining room tables were laid for lunch and there was a lot of social interaction over the lunch time period. People told us they were able to choose what meals they would like to have. Their comments included, "It's a nice place to live, the chef is brilliant, they also ask us to let them know if there is anything we don't want by 10-30am that morning" and "I like the food here, if you don't like something that is on the menu, you mark your form to have an alternative meal, which could be jacket potato with cheese or beans, a sandwich, beans on toast or an omelette."

The chef showed us the menus, including a festive Christmas menu. We saw the menus were varied and provided a good choice of nutritionally balanced meals. Healthy options and specialist diets were catered for. The chef said, "We will prepare any meals for the residents, whatever they would like." We saw meal times were flexible to support people who were out all day.

People told us they were able to choose colour schemes for their own room and staff had supported them with these decisions. " A person reported, "I didn't feel at home in my room at first but the domestic and an activities organiser supported me to move my belongings out of my room. I chose my own wallpaper I wanted and the decorator's decorated my room. I chose my own wardrobe, set of drawers, of dressing table and I also have a cabinet with all my little belongings in, I feel at home now."

Good

Is the service caring?

Our findings

We asked people to tell us if they thought the staff's approach was kind, respectful and compassionate. People's comments included, "Everyone is brilliant, staff knock on my door, they would not come in before I answer the door", "The staff always ask how I am and chat generally about family and friends, everyone has a keyworker and when it's your birthday they ask what you would like and get you a present, they're lovely", "I can sit and chat to the staff when I want, I've no complaints, they treat me with dignity and respect my privacy, I like to keep to myself and they respect this and don't mither me. I am doing the dishes today as we have different chores (agreed on an individual basis) each day and I enjoy doing this" and "Yes, they listen to me, they know me very well and I like that." A relative described the care as 'wonderful'. They went on to say that the home had been a 'life saver' for their family member and staff were very caring arranging health appointments.

The PIR recorded Nugent Care's 'rehabilitative approach to support people to achieve their goals'. Staff we spoke with were signed up to these values. This included 'integrity', 'ambition', 'courage', 'compassion', 'optimism', 'respect' and 'dignity' (I ACCORD) . During the inspection we observed how this was put into practice.

We observed staff supporting people in accordance with their individual requests and needs. This included support with aspects of personal care, meals, social activities and 'going out from the care home'. The support was given in a caring and respectful manner and staff were mindful or how people wished to be treated and how best to support their independence. People we said the staff were good at explaining their care and advising them of any change in treatment.

When we spoke with staff they came across as caring and knowledgeable regarding people's care and support. Staff told us about peoples' preferences, choices and routines and how they respected these. Staff told us, "The residents are like our extended family and we make sure they have all the care and support they need" and "Even if I've had a bad time at home when I come to work I treat it as their home as that is what it is." There were sufficient numbers of staff available to enable them to spend time with people without being rushed. A new member of staff said, "It's so nice to have time to sit and chat and get to know all the residents."

For a person who had found a shopping trip too busy, a staff member supported them with arranging another trip out from the home at a less busy time. For a person who wanted some 'quiet' time to talk about how they were feeling, a support worker provided this support immediately and on a 'one to one' basis. They displayed good listening skills and support to help alleviate the emotional distress the person was feeling. The person appeared very reassured with this interaction. The person concerned said, "I like to talk, it does make me feel less worried. I can go to anyone and I have a key worker."

Care records showed some evidence of people and /or their families being involved in the care planning process though this was limited. There was however plenty of information recorded around people's social care needs and people told us they were supported where possible to maintain links with family and friends

outside of the home. A person told us that their involvement in a community based project had helped forge good friendships with people outside of the home. We saw family and friends were encouraged to visit and a number of people went out independently to see family members and also arranged their own holidays.

There was information displayed for people about the service. This included a guide to the home, social activities and who to speak with if people had a concern. We saw that staff made very possible effort to make people feel at home and to understand what was important for people. We saw people had their own personal belongings, including books, photos and CDs; one person had a desk to write poems as this was important for them. A person said, "Everyone has gone out of their way to make my room feel nice for me."

People had access to advocacy support and contact details were displayed in the home. Staff told us that a person had the support of an independent mental capacity advocate (IMCA) as they lacked capacity to make important decisions. This was recorded in their care file.

Good

Is the service responsive?

Our findings

We talked with people about whether they felt empowered to make their own choices and decisions. People told us they could make choices, for example, how they wished to spend their day, get up and retire at night, social arrangements and what meals they would like. They also told us that staff understood what was important to them and how they wanted this support given.

People's comments included, "I choose when to get up", "I was asked if I had a preference around receiving support from male or female staff", "I wanted to become more independent and with the help of everyone I feel I am", "I can go out independently and I go to Southport to see my friend who lives there", "I'm going to Southport this afternoon to go to the shops, I get the 49 bus. If I don't feel like going out the staff will always get what I need", "My keyworker helps me as I have trouble spelling, I use the tablet to play the word game, it gives letters to make words, she supports me to spell the words right." The person went on to tell us how much this had helped them to be more confident. For people who needed staff support, calls for assistance were answered promptly by the staff.

People had a plan of care which was centred round their individual needs and accessible. Care plans provide direction on the type of care an individual may need following their needs assessment. The care plans we saw recorded information regarding people's physical, mental, emotional and social needs. This included details around peoples' preferences and choices for daily living. Two people living at the home showed us their plan of care which they kept in their own room. They told us the staff discussed the plan of care with them and that they were happy with what was recorded.

Staff told us the care documents provided sufficient information around people's physical and social care needs with emphasis on people taking part in activities that they enjoyed and how to maintain and develop personal relationships with people that were important to them. A staff member told us about the support they were providing for two people regarding their relationship and this was recorded in their plan of care.

The Wellness Recovery Plan had been introduced for a person living at the home. This plan was to 'help people move on from Margaret Roper House and either maintain their recovery or to make further progress'. The person concerned advised us how this plan had helped promote their independence and their wellbeing. They told us how they took 'small steps' and set themselves achievable goals. For example, the person was now managing their own medicines with staff support and using public transport more confidently. The care documents provided good information about this plan. It was subject to review to ensure it was working effectively and in response to the person's current needs. The staff we spoke with had a good working knowledge about the plan and were able to describe the benefits.

Ways in which people communicated were recorded and staff were aware of how to ensure good communication by listening and being aware of people's body language. A staff member said, "I just know if (person) is not well by the way they are with me, I know how to support them."

We saw people were encouraged to take part in daily activities such as, laundry duties, light cleaning and

laying the tables for meals to encourage life skills. A person said, "I love cooking cakes and biscuits. I also have my own fridge so can sort my meals if I want."

The PIR told us how people were encouraged to participate in activities in the community to assist 'integration and inclusion'. A person told us how much they enjoyed going to the cinema, taking part in a luncheon club and making crafts with people outside of the care home.

The service had two activities organisers. One of the activities organisers told us about the guided meditation, garden walks and singing that took place. We saw one person making Christmas decorations and the activities organiser said, "We're doing some covers and stockings to hang on the Christmas tree with sweets in, and the funds raised will go to the (named charity), which is the charity the school children from (named school) have chosen. The residents will sell their items at the Christmas fair at the school but there is no pressure on the residents to have to make a lot, as they can just sell them on someone else's stall, this stops the residents from becoming anxious."

We saw people were able to take part in quizzes, guided meditation, music and singing karaoke. At 11am and 3pm people met in the conservatory and they had tea/coffee and biscuits. During the inspection a general knowledge quiz was held and also a trip to the cinema was arranged in the afternoon. Both activities were well attended and people appeared to enjoy them. A number of people went out independently during our visit and a person told us all about their recent holiday. A relative said the social side of the home was 'excellent'.

Staff we spoke with were all aware of how to report any concerns if a person or visitor wished to raise a complaint. We saw people had access to a complaints policy and procedure and this was displayed for people to see. There had been no complaints received since the last inspection and no one raised any concerns during the inspection. A 'Don't Suffer in Silence' leaflet was available on the noticeboard.. A person said, "I would speak to (registered manager) and tell them why I was worried."

We saw people had an end of life care plan and this recorded information in respect of whether people wished to remain at the home for end of life care rather than being nursed in hospital and their funeral arrangements. Staff told us people could see a member of the clergy at any time and pastoral needs were recorded in people's end of life care plan. A person told us the staff knew exactly what they wanted at their funeral, for example, colour of flowers and hymns.

Although no person was approaching end of life there was awareness by the organisation that further staff training was needed around symptom management, use of equipment and input from specialist palliative care professionals to support the staff team. The quality assurance officer told us that two members of staff were undertaking end of life training; this learning would be cascaded to the staff team and further training provided.

Good

Is the service well-led?

Our findings

We had previously visited the home in September/October 2016 and found the home in breach around the monitoring arrangements for medicines. Although a number of significant improvements had been made regarding the management of medicines the current auditing arrangements for medicines had not picked up on the shortfalls we identified during that inspection. This was a breach of Regulation 17(1)(2)(b) of the HSCA 2008 (Regulated Activities). At the focused inspection conducted in March 2017 we again found more improvement however monitoring arrangements for supporting people to receive their medicines outside of the care home were not robust to assure people's health and wellbeing.

We asked the provider to take action to address these concerns. The provider submitted a provider action report which told us the improvements they had made to meet this breach. At this inspection we found improvements regarding the management of people's medicines when leaving the home. This breach had been met.

At this inspection we saw evidence of medicine audits being done and actions taken when issues were found. All appropriate staff had undertaken medicines administration competency training in the last 12 months as recommended in national guidance. They received training and support to safely manage medicines outside of the care home.

The registered manager promoted a positive culture that was centred on people's needs, was inclusive, relaxed and friendly. People spoke positively regarding the registered manager and their management of the home, "There's enough staff to see to everyone, they know what they're doing" and "There's been a few staff that have come and gone, but the manager here is brilliant." Staff said, "(registered manager) is very good, they listen" and "Could not be better." Staff said the registered manager was making lots of positive changes and all staff were 'on board'. They felt the use of agency staff had ceased therefore this helped to 'keep consistency for the residents'. In respect of food hygiene the chef told us, "Feel so lucky to have the new manageress, they like to improve things and check that things are done." A relative commented on how well the service 'ran' and they had not concerns at all.

Staff were familiar with I ACCORD and aware of their roles and responsibilities to ensure these values were promote and put in to every day practice. We saw that people's care was centred on individual need and staff demonstrated a commitment and resolve to empower people to enable them to make key decisions about their life. A person said, "I make so many more decisions now thanks to the staff." Staff informed us they were well trained to support this action.

With regards assuring the quality of the service the PIR recorded, 'there is a shared quality assurance approach by both the staff in the home and through the Quality Assurance Department' (for Nugent Care).

We looked at systems and processes in place to monitor standards and drive forward improvements. A number of audits (checks) on the service were completed within the home and by the organisation's quality assurance team. This included checks on medicines, electronic care documents, health and safety, cleaning,

environment and equipment. Although there were no issues of cleanliness in the home, we discussed with the quality assurance officer the use of a formal infection control audit to help oversee infection control standards. The quality assurance officer said an appropriate tool would be implemented. A new ambience audit was completed in July 2017. The themes included the general environment, identified hazards, information available for people in the home, staff interaction and attention to privacy when supporting people. The findings were positive and plans included future decoration input from people living. People had requested a new shower room and a new 'wet' room was being installed at the time of the inspection to improve this facility. We saw that findings from the audits were shared at operations level and therefore there was a good oversight by the governing board for how the service was operating.

The service had a continuous improvement plan to help monitor and provide an effective and well led service. The plan covered a number of improvements, required actions and progress to date. For example, we saw the required actions had been taken to improve the overall management of medicines and people's end of life wishes had been recorded following discussion with them. The plan also took raised the importance of seeking people's views about the home and empowering people with key decisions. This was in accordance with the organisation's philosophy.

A recent external clinical quality audit helped to show how the service was operating. High scores (fully compliant) were achieved for a number of care documents and those areas which did not score so highly were subject to a review to improve the standard of information recorded. We saw this was work in progress. An external health professional was able to confirm the service was working to full compliance in all areas.

Staff informed us about the development of case conferences to enable the staff and relevant others to conduct an in-depth review of people's care (with people's involvement), looking at 'what is working well' and 'what is not working so well'.

People's views were sought regarding how the home was operating. This included participation in residents' meetings and the completion of surveys. People said they enjoyed the meetings and could make suggestions in key areas, for example, the menus, colour schemes in the home and social activities. Surveys were given to people in May 2017 and we were shown a summary of the findings. The summary findings were positive and staff told us how they were working with people around the menu choice, improving the décor and making sure people knew how to raise a complaint. Agenda items for a recent residents' meeting included how to raise a complaint and the concept of safeguarding. This was to ensure people were fully aware of their rights and the process to follow should they need to raise an issue. People's comments from the surveys included, 'staff are very kind and helpful' and 'I am happy here and wouldn't want to go anywhere else'.

Staff told us their views were listened to and the culture of the service was open and transparent. Staff told us about the concept of whistle blowing and said they were confident in speaking up. We saw staff attended meetings; the agenda covered a range of subjects such as, staff training and development, confidentiality, roles and responsibilities and any emerging risks.

Policies and procedures were available to ensure staff worked in accordance with current guidance and good practice. These were reviewed and updated to reflect any change and these details cascaded to the staff.

The registered manager was aware of their responsibilities and had notified CQC of events and incidents that occurred in the home in accordance with the CQC's statutory notifications procedures.

From April 2015 it is a legal requirement for providers to display their CQC rating. 'The ratings are designed to improve transparency by providing people who use services, and the public, with a clear statement about the quality and safety of care provided'. The ratings tell the public whether a service is outstanding, good, requires improvement or inadequate. The rating from the previous inspection for Margaret Roper House was displayed for people to see.