

# Nugent Care St Josephs

## Inspection report

Woodlands Road  
Aigburth  
Liverpool  
Merseyside  
L17 0AN

Tel: 01517290888  
Website: [www.nugentcare.org](http://www.nugentcare.org)

Date of inspection visit:  
02 March 2017

Date of publication:  
05 April 2017

### 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

This inspection took place on 02 March 2017 and was unannounced.

St Joseph's is registered to provide accommodation and support for up to 18 people. At the time of this inspection there were 18 people living there. The service provides support to people who have an acquired brain injury, a neurological disorder and/or a physical disability. The home is run by Nugent Care, an organisation that provides support services to people in the North West of England.

The home had a registered manager. 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.

At our last inspection of the home in April 2016 we asked the provider to make improvements with regards to medication management and protecting people's legal rights. At this inspection we found that improvements had been made.

People living at the home told us that they liked the staff team. They said that they felt safe living there, knew how to raise a concern and always got the support they needed. People also told us that they liked the meals provided and that they felt staff listened to them.

No safeguarding incidents or complaints had been reported about the home in the past year. Policies were in place to provide guidance for staff in the event of a safeguarding concern or a complaint and staff knew how to follow these.

People's medication was safely managed and they received support as needed to take it. Support was also provided by staff to help people monitor their health and seek health advice when needed.

People received support to make as many decisions for themselves as they were able to. Where people lacked the ability to make more important decisions then the home had taken step to ensure their legal rights were followed.

There were enough staff working at the home to meet people's needs in a timely manner. Staff were kind and caring and treated people with respect. They spent time talking with people and knew people well. Staff had received training to enable them to undertake their role safely and effectively. They were skilled in altering their communication methods to suit the person they were interacting with.

St Joseph's is a purpose built single story home. There is sufficient space within the home and grounds for people with mobility aids to get around easily. Adaptations to the building including a small kitchen and bathing facilities to help people be as independent as they are able to and wish to be. Regular checks had been carried out on the environment and equipment to ensure the home was a safe place for people to live,

work and visit.

The registered manager knew people well and was a visible presence within the home. We saw that people living there felt confident to approach her and staff told us they felt supported.

Audits and checks were in place and completed to check the safety and quality of the service provided.

## 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.

People felt safe living at the home and staff knew how to follow safeguarding policies.

Systems were followed to ensure the safety of the environment and equipment.

People's medication was safely managed.

Sufficient staff worked at the home to support people safely.

### Is the service effective?

Good ●

The service was effective.

Staff received the training and support they needed to carry out their role safely and well.

People's legal rights were protected and they received the support they needed with their health care.

People liked the meals provided and were given the support they needed to eat and drink.

### Is the service caring?

Good ●

The service was caring.

People liked and trusted the staff team.

Staff were caring and spent time interacting with people as well as meeting their support needs.

People were treated with dignity and respect and supported to make everyday decisions for themselves.

### Is the service responsive?

Good ●

The service was responsive.

Care plans were in up to date and provided guidance on the support people needed.

People were supported to occupy their time doing the things they enjoyed.

People felt confident to raise a concern or complaint.

**Is the service well-led?**

**Good** ●

The service was well led.

A registered manager worked at the home who people knew well, liked and trusted.

Systems were in place for checking the quality of the service and planning improvements.

People's views were listened to.

# St Josephs

## **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 was planned to check 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.

The inspection was carried out on 02 March 2017 and was unannounced. An adult social care (ASC) inspector and an expert by experience with their support worker carried out the inspection. The expert by experience had personal experience of using services.

Prior to our visit we looked at any information we had received about the home including any contact from people using the service or their relatives and any information sent to us by the home.

During the inspection we looked around the premises and met with many of the people living at the home, six of whom we spoke with individually. We also spoke with seven members of staff who held different roles within the home and a visiting health care professional.

We spent time observing the day to day care and support provided to people, looked at a range of records including medication records, care records for four of the people living there, recruitment records for a member of staff and training records for all staff. We also looked at records relating to health and safety and quality assurance.

# Is the service safe?

## Our findings

People who we spoke with told us that they felt safe living at St Joseph's. One person said "Yes I feel very safe and happy here."

A safeguarding policy was in place to guide staff on how to identify and report any potential incidents of abuse that arose. The majority of staff had undertaken training in safeguarding adult's and those we spoke with told us they would not hesitate to report any concerns that they had.

No safeguarding concerns had been reported within the past year. We discussed this with the registered manager who was knowledgeable about safeguarding and confirmed that no reportable incidents had occurred within the past twelve months.

A whistle blowing policy was also available. Whistle blowing protects staff who report something they believe is wrong in the workplace that is in the public interest. Staff we spoke with were aware of this policy and how to use it.

The registered manager told us that they were in the process of arranging for neighbourhood police officers to visit the home to talk to people about safety.

A series of internal and external checks had been undertaken to ensure the environment and equipment was safe to use. This included checks of the electrical and gas systems, moving and handling equipment and small electrical appliances. In addition water and fridge temperatures had been regularly checked.

A fire risk assessment was in place and we saw individual personal emergency evacuation plans had been undertaken for people living at the home. These were stored near to the front exit along with a 'grab bag' to use in an emergency. Staff were aware of the actions they needed to take in the event of a health or environmental emergency.

We visited the laundry room and saw that a system was in use for separating clean and un-washed laundry as well as for dealing with any potentially infected laundry. Glove and aprons were available throughout the home. This helps to minimise the risk of cross infection occurring.

One person liked to take their medication with a drink of juice and they told us this had always been accommodated by staff. We looked at how medication was ordered, stored and recorded. This included medication that was prescribed daily, on different days and as required. We found that medication including medication requiring refrigeration was stored correctly. Records were clear and easy to follow and tallied with stocks of medication. A clear system was in place so that stocks of medication did not build up.

The temperature of the fridge and medication room had been recorded although we saw some gaps in this recording that we brought to the registered manager's attention. The room temperature record showed that it had reached 25 degrees on some days in February 2017 which is a maximum temperature for safe storage

of some medication. A senior member of staff told us that they were aware of this and ensured a fan was placed in the room in warmer months.

Accident and incidents were recorded on individual forms before being reviewed by the registered manager. They were then sent to head office for further review. This system helped to identify any patterns that may emerge and ensure that appropriate action was taken to minimise the risk of recurrences.

People living at the home and staff told us that there were sufficient staff available to support them. One person told us "Overall I cannot fault the staff. There are more than enough."

Throughout the inspection we observed that although staff were busy there were sufficient staff available to meet people's care needs and spend time sitting with people and interacting with them.

Since our last inspection of the home in April 2016 only one new member of staff had been recruited. We looked at their recruitment records which confirmed that prior to them commencing work a series of checks had been carried out. This included obtaining references and a disclosure and barring service check along with undertaking a formal interview process. These checks help to ensure staff are suitable to work with people who may be vulnerable.



# Is the service effective?

## Our findings

Staff we spoke with told us that they had received the training they needed to undertake their role. One member of staff explained that training was discussed within their supervision and if they needed relevant training in any areas they only had to ask and the registered manager would 'oblige.'

Records showed that staff had undertaken training to enable them to carry out their role safely and well.

The provider had a training department and had recently introduced an online training and monitoring system. This highlighted the training each member of staff needed to undertake for their role. It could also be filtered to show how many staff within the home had undertaken a particular training course. We looked at a sample of these and saw that staff had undertaken training in areas including moving and handling and safeguarding adults. The registered manager had allocated dates for staff to undertake particular training and we saw that she was monitoring this.

Training was also accessed from external training sources for example twenty members of staff had undertaken training in the past year on acquired brain injury. The registered manager had recently requested the training department access training in 'as required' medication for epilepsy as the training staff had undertaken was due for renewal in May 2017.

Staff meetings had taken place and a system was in place for providing staff with one to one supervision. This provides staff with the opportunity to discuss any training needs they may have and how they are operating within their role. We saw that the majority of staff had received supervision in January 2017 and that this was being monitored.

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 be 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).

We checked whether the service was working within the principles of the MCA, and whether any conditions or authorisations to deprive a person of their liberty were being met and found that they were.

People had been assessed to establish whether they would benefit from the protection of a DoLS. Where needed an application had been forwarded to the relevant authorities. A register was maintained of who had a DoLS in place and who had an outstanding application. This helped to ensure relevant staff knew when a renewed application should be submitted if required and who had a DoLS in place.

People told us that they liked the meals provided and always got a choice. One person explained that they were 'fussy' about their meal but staff went shopping with them to help them choose food they liked.

Since our last inspection the dining room had been decorated as an 'American Diner'. This had been carried out to a good standard and helped to create more of a relaxed dining experience for people. We saw that people were able to eat their meals where and when they wished. For example some people were just finishing their breakfast at 10.30 other people chose to eat in the lounge or their bedroom.

Throughout the day people were supported with drinks and snacks. We observed that staff supported people with their meals and drinks in a very patient and unhurried manner, sitting with people and taking their time.

The cook was knowledgeable about the different meal requirements people had and how to prepare these. She explained the philosophy they worked towards regarding meals was, "It's a home from home," and therefore people could always request alternative meals or a cooked breakfast.

The home had been awarded a five star food hygiene rating. This is the highest rating that can be awarded for food hygiene under the Food Hygiene Rating Scheme.

A visiting healthcare professional told us they had no concerns about the support staff provided to people with their health care. They explained, "Staff are very good. They alert us if there is anything untoward."

Records showed that staff supported people to monitor their health, access health care when needed and attend health care appointments.

St Joseph's is a purpose built single story building. Corridors are wide enough for people who use a wheelchair to get around easily and all rooms used by the people living there were big enough to accommodate people using mobility aids. A ramp was fitted to the front of the building and the rear garden was enclosed and accessible. Bathrooms, toilets and a small kitchen had also been adapted so they could be easily used by people using mobility aids with or without support as needed. Other available adaptations included specialist beds, call bells and mobility aids.

## Is the service caring?

### Our findings

People living at St Joseph's told us that staff were caring towards them and said they liked the staff team. One person said "Staff are brilliant and kind. Never had a problem," and a second person told us "The staff are great. Really happy with the services provided by them and always enough staff on hand to help with personal care."

People told us they were supported to make choices for themselves. This was supported by a health care professional who told us that staff supported a person's right to make decisions about their health care. Daily notes and records showed that people were given every day choices such as what time they wanted to get up and how they wished to spend their day. We saw people choosing to sit in their room, lounges or the dining room as they preferred throughout the day.

One of the people living there told us that they had been involved in choosing the décor for the dining room and pointed out how they had helped chose furniture, decorations and a juke box to fit the chosen theme.

We observed staff spending time in the lounge areas with people sitting and chatting with them. One person appeared to become distressed and a member of staff sat with them answering their questions and offering them a drink. They also tried to distract them by discussing things the person was interested in and holding their hand.

Staff engaged in discussions and answered people's repeated questions patiently. We observed that staff changed the way they communicated with people depending on the person's understanding. For example they asked open or closed questions with different people and used easier to understand language when talking to some people whilst engaging in more complex discussions with others.

Throughout the day we saw staff asking people before offering support and we observed staff knocked on people's bedrooms doors before entering.

A small kitchen and dining area in the home could be used by people living there to make a meal or snack or do their own washing. The room had been adapted so the appliances and work surfaces were accessible for people sitting in a wheelchair.

Relevant information was located in the foyer for people living at the home and visitors. This included information on independent advocates, how to raise a concern or complaint and the latest CQC report.

## Is the service responsive?

### Our findings

People told us they knew how to raise a concern or complaint and felt confident to do so. One person said "I would know who to turn to for a complaint."

People also told us that they had received the support they needed with their personal care. One person explained "The personal care side of things is good. I get every bit of help I need."

Throughout our inspection we saw staff respond in a timely manner to requests for support. We also observed that staff anticipated the needs of people who could not verbally communicate.

An electronic system of care plans had been introduced at St Joseph's and we looked at a sample of these. We saw that assessments of people's care and support needs had been undertaken and where needed a care plan was in place to guide staff on how to support the person. The registered manager and a team leader explained that this system was in a constant stage of development with the provider updating it regularly as they identified areas of information they would like adding to the template. For example it was not easy to locate information about when people had last attended routine healthcare checks. A senior member of staff within the home passed this to the provider for consideration during the inspection.

We found that care plans contained the information needed to support people but were written quite clinically. Although they contained a section entitled 'about me' the plans did not reflect individual's personalities or the details staff knew about them and their day. The registered manager agreed with this and explained that this was a further area they intended to develop.

People told us that they were supported to go out and about and take part in activities. One person explained they had recently gone on a trip to New Brighton. Another person told us staff regularly accompanied them to the shops to choose food they liked. During the afternoon we saw staff sitting with people engaged in supporting them with activities they enjoyed. One person was doing a jigsaw another person was sewing with support from a member of staff. Other staff were sitting next to people in the afternoon engaging in conversation. Volunteers worked at the home supporting people with activities such as board games.

St Joseph's has a mini bus and one of the people living there told us that they regularly used accessible taxis to get out and about.

People living at the home told us that they would speak to the registered manager or a member of staff if they had any complaints or concerns. An easy to read leaflet in the foyer provided information to people on how to raise concern or complaint. A policy was in place to guide staff on how to deal with any complaints received. No complaints had been recorded within the past twelve months and the registered manager confirmed that no formal complaints had been received about the home.

## Is the service well-led?

### Our findings

St Joseph's had a registered manager in post. We found that she knew the people living there well, was a visible presence within the home and spent time each day talking with people and checking how they were. The registered manager was supported by a clear management structure consisting of seven team leaders and a number of relief team leaders. Staff told us that they found the management team approachable and supportive.

The provider had carried out a staff survey within the organisation in 2016. The results for St Joseph's had been positive with no actions identified for improvements. Following the survey an 'away day' had been held by the provider to discuss overall results and plan improvements within the organisation.

A survey of people living at St Joseph's had been carried out in April 2016 along with a separate survey of their relatives. The majority of these responses were positive. In addition the registered manager had held a service user meeting at the home to obtain the views of people living there in September 2016. The registered manager explained that not everyone living at the home felt comfortable speaking at meetings and some people did not wish to attend or were unable to contribute. Several people had required support from staff working at the home to complete their survey form which may have affected their answers.

We discussed with the registered manager different ways of obtaining people's view such as recording her daily discussions with people and the actions she takes as a result. The provider had appointed a new quality assurance officer who was meeting with the registered manager of St Joseph's the week following our inspection. The registered manager told us she intended to discuss different ways to obtain people's opinions and plan how to make future improvements to the service they provided.

A series of audits and checks were in place at the home to check the safety and quality of the service. These included audits of medication, care plans, health and safety and documentation. The results of these had then been analysed and action plans put into place to carry forward any improvements needed.

The various systems and checks in place helped to plan and carry out improvements to the safety and quality of the service provided.