

Nugent Care

James Nugent Court

Inspection report

14 Ullet Road
Aigburth
Liverpool
L8 3SR

Tel: 0151 728 2722

Website: www.nugentcare.org

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Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Requires Improvement



Is the service caring?

Requires Improvement



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



Overall summary

This was an unannounced inspection carried out on 07 and 08 January 2015. James Nugent Court provides accommodation for up to 56 people who have residential care needs or who are living with dementia. The building is modern and purpose built for residential care. There are three floors with bedrooms and communal rooms on each. A lift is available to access all floors. All bedrooms provide single accommodation and have en-suite shower rooms with toilets. A car park and gardens are available within the grounds.

There were 39 people living at the home when we visited. During our inspection we spoke with 16 people living at the home, six relatives, and 14 staff including agency workers. We also took the opportunity to talk with staff from the local authority teams. We spoke with the acting manager and a senior manager, the provider's nominated individual. The home had not had a registered manager in post since August 2014.

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'.

Summary of findings

Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how a service is run. This service is required to have a registered manager in post. At the time of the inspection this post was vacant although we saw evidence that a person had been recruited and was expected to be in post by the end of January 2015, when employment checks had been completed.

We last inspected the home on 10 September 2014 and 13 October 2014. At that inspection we found that the provider was not meeting five of the standards set out in the Health and Social Care Act 2008. We issued warning notices for Regulations 9 & 20 of the Health and Social Care Act 2008(Regulated Activities) regulations 2010 and told the provider to make improvements in the care that was provided and the care records. We also asked for improvements to be made to involving people in their care, staffing levels and the quality assurance systems in place.

Following the previous inspection we asked the provider to make improvements by 15 December 2014. The provider sent us an action plan of the improvements they intended to make.

During this inspection we looked to see if the improvements required had been made and we found that the provider had taken action to address some of these issues but further improvement was required in some of these areas. At this inspection we also found breaches for Regulations 13, 14 and 18 of the Health and Social Care Act 2008(Regulated Activities) regulations 2010. These related to medicines management, supporting people to eat and drink and consent to care and treatment. The home did not have adequate arrangements in place to ensure that these needs were met for people safely and appropriately.

People that we talked with spoke positively about the staff and the care that they or their relatives received. The home was warm, clean and smelt pleasant. It was well maintained inside and out. Soft furnishings and flooring were attractive and welcoming. Bedrooms and bathrooms were of ample size for people to move about in, and equipment was available for staff to assist people.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Staff were aware of the procedures they should follow if they suspected abuse had occurred but not all staff had received training in safeguarding vulnerable adults.

There were adequate numbers of staff on duty when we visited.

Medication was not safely managed within the home and people were not always protected from the risks of unsafe medicine management.

Requires Improvement



Is the service effective?

The service was not always effective.

CQC monitors the operation of the Deprivation of Liberty safeguards which applies to care homes. Assessments of people's ability to make important decisions had not been made.

People had been supported to obtain health care advice and treatment when needed.

People were offered a choice of nutritious food and received support and encouragement to eat and drink. Advice from health professionals about nutrition had not been acted on, people living in the home were not always protected from the risks of inadequate nutrition or dehydration.

Requires Improvement



Is the service caring?

The service was not always caring.

People told us that staff treated them well and we observed warm and caring interactions between staff and the people using the service.

People's choices regarding their care were not always known by staff.

Requires Improvement



Is the service responsive?

The service was not always responsive.

Assessed risks did not always lead to relevant care plans.

People's views and opinions had not been sought, either about the care they received or their personal preferences.

Requires Improvement



Is the service well-led?

The service was not well led.

There was no registered manager in post.

Requires Improvement



Summary of findings

<p>The system in place to monitor and assess the quality of service required further improvement.</p>	
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James Nugent Court

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.'

This inspection took place on 7 and 8 of January 2015 and was unannounced. The inspection was carried out by two Adult Social Care (ASC) inspectors and an expert by experience in caring for people living with dementia. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection, the provider completed a Provider Information Return (PIR). This 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. Before our inspection, we reviewed the information in the PIR along with information we held about the home, which included incident notifications they had sent to CQC.

During our visit we talked with 16 people living at the home and with six of their relatives. We spoke with the provider's responsible person, the acting manager and 14 members of staff, including a maintenance person. We also spoke with staff from the local authority contracts monitoring and safeguarding teams who were visiting the home conducting an independent inspection on the same day.

Some people living at the home were not able to answer detailed questions about the service and we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We observed care and support in communal areas

We looked at a range of records including care files, 16 medication administration records (MAR), 'Daily Needs' file records for people and daily records of food and fluid for people. We also looked at records of staff meetings and supervision, staff training records, duty rotas and records relating to health and safety. We looked at records relating to how the quality of the service was monitored and assessed, and how the home was managed.

Is the service safe?

Our findings

We asked the people we spoke with, their relatives and staff if they felt that people were safe. One person living at the home told us, “I do feel safe and well cared for in here and the staff are very good”. Another person said “Of course I feel safe in here, it’s like home from home”.

At our inspection in September and October 2014, we were concerned that care and treatment was not planned and delivered in a way that was intended to ensure people’s safety and welfare.

We found that some people living at the service had sustained an injury or had an accident that had not always been recorded.

We saw that medicines were not always administered safely. We looked at the systems and processes the home used to store and administer medicines. We found that this did not always follow the guidelines of recognised good practice and was putting people at risk. For example some medications were being signed for as taken by the person before they had been administered or a check made that the person was in the building and the medication trolley was left unlocked on the corridor. We also found that one person had not received their medication for one week and this had not been identified or reported as a safeguarding incident. We discussed these and the other medication issues with the relevant members of staff who then took appropriate action.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This was because people using the service were not protected against the risks of unsafe use or management of medicines.

During this inspection we found that the provider had introduced a new system of recording; the documents were being completed correctly and the falls assessment team had attended the service to provide support when requested from the deputy manager. However we also saw that falls risk assessments did not always lead to detailed individualised care plans. For example it was recorded in one person’s file that they had a history of falls, but there was no care plan or risk assessment to manage this and the person was observed to be wearing poorly fitting slip on style slippers. This showed us that further improvements are required.

Our previous inspection had raised concerns about the number of staff available to care for people. We had found that there were not always enough suitably qualified or experienced staff.

During this inspection people spoke positively about the staff. A person said, “Nothing is a trouble to the staff,” and “They are all nice to us and to visitors.”

Relatives said there always seemed to be enough staff and one said, “They all know (name of relative) well.” They said there was always a staff member available to talk to about their relative. At this inspection we saw that the provider had introduced a new system to check on people who were not in communal areas. We saw that the corridors were checked by a member of staff every two hours and this was recorded in a book on each floor.

We saw that there were two supervisors, senior carers on duty all day who covered all three floors. On each floor there were three carers but some of these were agency staff. On the first floor one agency carer had never worked at the home before and told us they had not read any care plans but had been given a verbal handover and induction when they arrived. They had also been shown how and where to document food and fluid intake and pressure relief care for the people living on that floor who required this care. Another agency carer had worked at the home previously, but not for two months. They were able to talk about some of the people living at the home in a way that showed they understood people’s needs, but this was not necessarily all up to date.

We looked at staff recruitment files and saw that all necessary checks prior to commencing employment had been carried out. This meant that the provider had taken suitable steps to ensure that the staff employed did not pose a risk to vulnerable people.

We saw that there was information leaflets placed in noticeable areas around the home with contact details for the local safeguarding team. We saw that the provider had a safeguarding policy in place and staff that we spoke with were able to tell us what action they would take if they thought that someone was at risk. However we saw from the training matrix that, although safeguarding is included in the initial induction package, only 15 members of staff from a total of 30 had since attended more in depth safeguarding training and they and senior members of the team were included in those that had not received this.

Is the service safe?

The home smelt pleasant and looked clean and comfortable and we saw that relevant checks to the maintenance and safety of the building had been undertaken. Personal protection equipment, aprons and gloves, was available in the home and staff told us they used these to maintain infection control.

There was a hoist store on each floor and on the first floor we saw that both of the hoists had been serviced in

November 2014. Staff told us that no one on that floor needed to be helped to move using a hoist when we visited. However, they said that if people did need to use a hoist, they were always assessed by an NHS therapist who documented the size of sling they needed in individual care plans. This helped staff to use equipment safely.

Is the service effective?

Our findings

People living at the home that we spoke with were supportive of the staff and told us that the staff knew their jobs and worked professionally. Comments included, “Nothing’s a trouble to the staff.” “They are always very good but today they have seemed even more attentive than usual.” Another person said, “Mostly they are very good but this morning I asked for toast and marmalade and I thought they were very slow. Maybe I expect too much at times”.

We spoke with staff in relation to their training and responsibilities including promoting dignity for people living at the home according to the provider’s dignity in care campaign. There was one senior member of staff who was allocated as a dignity champion each day. During the inspection another person also volunteered for the role. We saw that all staff treated everyone with dignity, spoke with people respectfully and knocked on bedroom doors before entering.

We saw that staff had received supervisions and an annual appraisal which helped to ensure that they had adequate training and professional development to meet the needs of people who lived at the home.

The provider had told us that staff had received refresher training and onsite assessment of competency in report writing, safeguarding and dementia care. We did not see any evidence that assessments of competency had taken place but we did see that 10 staff members were undertaking training in supporting people with dementia and it was planned for the remainder of the team to follow with this. There was a training matrix in the home but it was difficult to follow as not all of the information was up to date. However we did establish that there was a lack of training for staff in areas of care that would enable them to carry out their role effectively for example challenging behaviour.

We found that one person living in the home was subject to a Deprivation of Liberty safeguarding.

Documentation was in place and the correct procedure had been followed. However we also saw that a number of other people in the home may have benefitted from an assessment of their mental capacity and consideration of a Deprivation of Liberty in order to keep them safe. The

provider had told us in their action plan that staff received training in all mandatory areas. However we were informed following the inspection that only one member of staff had attended training about the Mental Capacity Act.

This meant that people living in the home may not always be supported in the most effective way to meet their needs. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 as suitable arrangements were not in place to ensure that the home was acting in accordance with the consent of people in relation to their care.

Since our last inspection there had been some improvement in orientation around the building such as door signs, but we also saw that a white board outside the lounge listing staff on duty on the floor that day included two supervisors who actually worked across all floors. None of the regular staff were seen to be wearing name badges, although one person living at the home told us in relation to knowing their names “Can’t remember... all so pally I don’t need names.” There was no photographic reference to identify staff.

We observed lunchtime at the home on all three floors. People living at the home who we spoke with told us, “The food has been much better since last week and I think they have got a new Chef, It wasn’t too bad before but now it is really good”

We spoke with the newly appointed chef who told us of plans for improvement that included clarifying people’s dietary needs and organising a system to ensure that this was implemented correctly.

We saw that during the mealtimes the food was well presented and looked appetising. People were offered cold drinks and a cup of tea following their meal, salt and pepper was offered individually to people and they were supported in a caring manner and not rushed. We also saw that they were offered drinks and biscuits on two occasions either side of lunchtime

We looked at relevant documents pertaining to people’s dietary and fluid requirements and weight monitoring and found that this was not well managed for everyone. For example we saw for one person that the care plan directed they should be weighed weekly. However the records showed that they had been weighed monthly and had lost weight. The care records showed that the individual was to be offered a different dietary supplement than was

Is the service effective?

prescribed and it was recorded that it was refused. Dietary advice leaflets from the dietetics department advised on ideas for a high calorie diet and nourishing fluids. This was not supported by a care plan and we did not see any evidence of it being offered on the recording chart only juice and water and occasionally a cup of tea. Fluid intake charts were not always dated and on days when fluid intake had been low, although it was recorded to encourage fluids, there was no direction to staff as to actions to take if this had not been achieved and we did not see any recorded evidence as to what had been done.

We found similar issues for other people living at the home. This meant that people living in the home were not always protected from the risks of inadequate nutrition or dehydration.

The staff told us that everyone was weighed weekly but were not able to show us any evidence of this, although we saw that monthly weights had been recorded in people's care files. However there was no guidance in care plan of actions to take if weight lost. This was a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 as people's needs in relation to eating and drinking were not always being met.

Is the service caring?

Our findings

We received some positive comments about the staff and about the care that people received, such as: “The care staff are very good as is the food. I can get up at 10am and I can go and watch football on Sky TV.”

None of the people living at the home that we spoke with raised any concern about restrictions on visitors and we found that apart from protected mealtimes (i.e. this is when at all possible health professionals are requested not to visit in order that people living at the home can focus on their meal. Family members can still visit if they are providing support to their relative.) Visiting at the home was open and not restricted.

People told us that staff were kind and treated them well. All of the interactions we observed between staff and people using the service were positive and indicated that staff had developed good relationships with people. A relative said, “X does expect too much and I can see how well he is doing in here and the way they care for him.”

We saw that staff knew the people they were supporting and did it with kindness and respect.

At our inspection in September and October 2014, we were concerned that people living at the home, or their representatives, were not receiving their private mail

promptly. During this inspection we saw that an ‘internal mail’ system is now place. Mail is delivered to rooms daily and families who collect mail on behalf of their relative are notified that mail has arrived for collection.

We looked at the ‘About Me’ documents contained in people’s care files. These documents record a wide range of information about people and can be used as a source of reference on which to build care plans and risk assessments. Information included individual preferences, life history and health conditions. The acting manager told us that they had asked relatives to complete a copy of ‘About Me’ for people who did not remember or answer questions easily. This would help staff to understand people’s individual preferences. Some had been completed well and for one person we saw that their end of life preferences for their care had been well recorded so that staff could support them to remain in the home and be comfortable at the end of their life. However this had not been translated into a care plan.

However, others had very little personal information. This meant that for some people they may not receive the care that they had wished for at the end of their life.

We recommend that;

- **The service seek advice and guidance about supporting people to express their wishes for end of life care and translating this in to a care plan.**

Is the service responsive?

Our findings

We spoke with people living at the home and one person told us “I have also had some problems with night care due to my frequent toilet visits. One carer suggested I should drink less”. This meant that for that person an adequate fluid intake may be compromised and their care was not centred on their individual needs.

We found that people’s health care needs were assessed. However, people’s care was not planned or delivered consistently. For example it was recorded for one person that they had a history of falls prior to moving in to the home but there was no risk assessment or care plan to support this. People were not always supported to eat and drink enough to meet their nutrition and hydration needs. For example it was recorded in a care plan for one person that they should have their fluid intake monitored. However there was no care plan for this or any evidence to show that it had taken place. We discussed this with the person in charge who told us that the individual did not need this.

The ‘About Me’ documents contained in people’s care files which should include individual preferences, life history and health conditions had not all been completed in detail and lacked personal information. This meant that there was inconsistency in the personalised care and support that was planned and delivered to people living in the home.

Some people’s care files contained references of support for physical needs such as bathing, slips, trips and falls, manual handling. However files did not always cover all areas of need. For example we observed that one person was sitting on a pressure relief cushion but there was no care plan and no further guidance re daily skin checks, pressure relief or continence. Another person was taking prescribed medication of variable dosage and it is good practice to monitor the individual for any side effects pertaining to this drug. However there was no care plan in place to support this.

We found there were no visual aids to help people to choose their meal and they had to rely on verbal descriptions from staff members. This meant that some people, for example, people living with dementia, may

experience difficulty in their choice if they were better able to choose from pictures. We discussed this with staff and a visiting manager to the home told us that it was used in another service and would be suitable at this home.

Care documents and plans were found to be generalised and contained limited reference to people as individuals. For example one file recorded that the person preferred a bath to a shower but no reference as to if they preferred it in the morning or evening.

This meant that staff were not always able to respond to people’s individual needs and preferences and help them to make choices. There was potential for people living at the home to be put at risk by not having their individual care needs met.

Some of the people living at the home and their visitors told us they had felt no need to make complaints but would be confident in doing so if necessary. One person told us that they would discuss any issues with the manager but did not know how to contact their social worker or CQC. During the inspection a member of staff provided the person with an updated guide that contained the relevant information.

We found that the provider had a complaints policy and they had recently upgraded their guide to the home.

A visitor to the home told us that the service had improved and that her relative was cared for well but they had not been invited to a relatives meeting. The provider had told us in their action plan that they would hold service user and family meetings to enable service users and their families to express their views and ideas. We found that a meeting for people living at the home had been held in December 2014 and four people living at the home had attended, but the minutes listed information given and no opportunity for suggestions or discussion. There was no evidence to show that people who had difficulties in expressing their views verbally had been represented. A meeting had not been arranged for relatives and representatives and the schedule that we were provided with stated that surveys for people living at the home and their relatives were due to be sent out week commencing 19 January 2015.

The home employed a full time activities co coordinator and people that we spoke with felt that they did a good job. We saw from displayed photographs and the minutes from a residents meeting that people living at the home had

Is the service responsive?

attended a themed café for a trip out. The coordinator was not on duty during the inspection due to unavoidable circumstances but we did see other members of care staff assisting people to take part in various activities including throwing games. A relative told us that an external person sometimes came into the home in the evening and read

poetry, which their relative had enjoyed. There was no planned programme of events on display in the home. The person in charge told us that they were not able to access one and that the events for each day were decided on the day.

Is the service well-led?

Our findings

This service is required to have a registered manager in post. 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 the time of the inspection this post was vacant although recruitment was in process for an identified prospective individual.

When we inspected the service in October 2014, we were concerned about the systems used to assess and monitor the quality of the service. We asked the provider to send us an action plan and tell us how they would make improvements.

During this inspection we spoke with people living at the home and one person told us “Generally the Home is well managed but not always at lunchtime.” Another visitor told us that there had been some improvement. The staff members expressed their support for the acting manager who had been the deputy manager.

At this inspection we found that there were some improvements in some areas, but that the systems were still not effective.

The provider had told us in their action plan that there would be on going audit and assessment of the service and that monthly audits would be conducted by members of a

peer group and other managers. However we found that there was no evidence to support that when an issue had been found action had been taken to resolve the issue and measures put in place to prevent a reoccurrence. We did not see any evidence of peer reviews. The action plan for the home that we were shown stated that care plans had been reviewed and included identified needs and up to date risk assessments. It was last dated 25 September 2014 and was recorded as being on going. However this contrasted with the evidence that we found at inspection and have highlighted in this report.

The care plan review audit system used at the home was ineffective. It consisted of tick-box review sheets kept in each care file and another form that represented an overall audit. This did not relate to the same questions in the care file form. The forms had been completed for the care files and signed by the relevant person but they were not fully completed. There was no indication if changes had been required or made. We were told that the care plan audit tool evidenced that all the care plans had been reviewed, however this did not identify which files had been reviewed and updated, by whom or when, as the document was not signed or dated. It also recorded that there was evidence that each person’s care and support was centred on the service user as an individual.

We recommend that;

Improvements are made to the assessment and monitoring of the service delivery in the home.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines People who use services were not protected against the risks associated with unsafe management of medicines. Regulation 13.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 14 HSCA 2008 (Regulated Activities) Regulations 2010 Meeting nutritional needs Service Users were not protected from the risks of inadequate nutrition and dehydration.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment The registered person must have suitable arrangements in place for obtaining, and acting in accordance with, the consent of service users in relation to their care and treatment.