

Nugent Care

Margaret Roper House

Inspection report

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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 well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Margaret Roper House is a residential care home providing personal and nursing care to up to 23 people. The service provides support to younger and older adults living with mental health conditions. At the time of our inspection there were 22 people using the service.

The service was purpose built and accommodation was over 2 floors. People had access to a communal lounge and kitchenette on each floor, in addition to a dining room and conservatory located on the ground floor.

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

People living at Margaret Roper House did not always benefit from a service that was safe, effective and well-led. At this inspection we found the safety, effectiveness and oversight of the service required improvement.

Practices at the service placed people at risk of harm. Systems in place to monitor, assess and improve the safety and quality of the service were not robust.

Risks to people were not always managed safely, as care plans did not always assess risks consistently or provide adequate information on how risks should be minimised and mitigated.

Although accidents were recorded, there was no evidence that risks had been analysed or that safety related themes and trends had been considered, meaning there were missed opportunities to identify and mitigate risks.

People's care plans lacked detail, provided inconsistent information and did not always reflect people's current needs, meaning people were at risk of receiving inappropriate care. There was a lack of management oversight to ensure records were maintained accurately.

Management of medicines was not always safe. The service did not always follow best practice guidance to ensure medicines were managed safely. Policies and procedures relating to medicines lacked sufficient information to help guide staff. Not all staff had an up-to-date competency assessment to ensure they were safe to administer people's medicines.

The environment posed risks to people as it was not safely maintained. For instance, some internal doors were not fire safety compliant. Infection prevention and control procedures were not always effective as some communal toilets were visibly dirty. Some of the communal baths were damaged, which compromised effective cleaning.

The principles of the Mental Capacity Act were not always adhered to when seeking and recording people's consent to their care and treatment, therefore people were not supported to have maximum choice and

control of their lives.

We were not assured people's nutrition and hydration needs were met adequately. Advice from professionals regarding people's intake was not always evidenced as provided. Any support from staff regarding these needs, was not properly documented within care plans. We have made a recommendation for people who require support with their dietary needs, that their care plans are updated to include proper guidance for staff to follow.

Although staff were competent in their roles, some refresher courses for core training, such as first aid and moving and handling, were overdue. However, people told us they thought staff were trained and competent in their roles. We have made a recommendation that the provider ensures training for staff is provided in line with best practice guidance.

We received positive feedback from people regarding their treatment from staff. People told us they were treated and supported well and enjoyed living at the home. People appeared calm and at ease in their surroundings.

Both the provider and quality compliance team responded in a positive and proactive way to the findings at our inspection and began to work to action and address the shortfalls immediately, demonstrating their dedication to improve standards in the safety and quality of care being delivered to people living at Margaret Roper House.

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

Rating at last inspection and update

The last rating for this service was good (published 21 December 2017).

Why we inspected

The inspection was prompted in part due to concerns received about medicines, staffing and governance. A decision was made for us to inspect and examine those risks. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence the provider needs to make improvements. Please see the safe, effective and well-led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

Enforcement and Recommendations

We have identified breaches in relation to the management of risk, medicines, safety of premises, consent and governance systems at this inspection. We also made 2 recommendations regarding updating care plans for people with specific dietary requirements and that systems in place to train and support staff are improved.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor

progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

<p>Is the service safe?</p> <p>The service was not always safe.</p> <p>Details are in our safe findings below.</p>	<p>Requires Improvement ●</p>
<p>Is the service effective?</p> <p>The service was not always effective.</p> <p>Details are in our effective findings below.</p>	<p>Requires Improvement ●</p>
<p>Is the service well-led?</p> <p>The service was not always well-led.</p> <p>Details are in our well-led findings below.</p>	<p>Requires Improvement ●</p>

Margaret Roper House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 1 inspector and 2 medicines inspectors.

Service and service type

Margaret Roper House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Margaret Roper House is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and other professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us

to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with the interim manager, the director of quality, a clinical nurse, as well as other members of the staff team including a domestic, chef and the administrator. We also spoke with 5 people who used the service about their experience of the care provided.

We reviewed a range of records. This included 5 people's care records and a range of people's medication records. We looked at 3 staff files in relation to safe recruitment. A variety of records relating to the management of the service, including audits, were also reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at staff training and quality assurance records. We spoke with the nominated individual (the nominated individual is responsible for supervising the management of the service on behalf of the provider) over the telephone who shared their action plan to address the concerns found at our inspection. We also spoke with 3 members of care staff on the telephone.



Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

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

- Risks were not always managed safely. Care plans and risk assessments did not always evidence people received planned care that met their needs.
- Care plans did not always provide detailed or consistent information on how identified risks would be minimised. For example, one person's care plan lacked detail as to how their health condition should be managed to ensure their safety. For another person who was deemed to be at high risk of falls, there was no falls risk protocol in place.
- Where risks were assessed as being high, this did not correspond to the score rating, which recorded a lower level of risk. This meant risk assessments were inaccurate, contained inconsistent information and were confusing for staff to follow. Risks were also not regularly reviewed. For example, for one person's risk which had been scored as high, this risk had not been reviewed since June 2023.
- Although people had personal emergency evacuation plans (PEEPs) in place, some required further person-centred information, and did not detail the best route of exit for that person. PEEPs are plans to help people evacuate a building or reach a place of safety, in the event of an emergency or fire. We discussed this with the provider who confirmed this information would be added immediately.
- People were at risk of harm as the environment was not always safely maintained. We observed a razor blade and shower gel which had been left in a communal shower. The provider took immediate action to have these items removed.
- Checks to ensure the health and safety of the environment were not always carried out. For example, checks to the window restrictors were not in place. As people's accommodation was also located on the first floor, there was a risk that any defective restrictors could represent a falls risk from windows. Some safety checks of the hoists were incomplete or had not been completed.
- The provider's inhouse checks to the internal doors of the service had found that a significant number of doors were not fire safety compliant. Despite these checks having been carried out in November 2022, timely action had not been taken to make the doors compliant with fire safety regulations. Following our inspection, we made a referral to the local fire service.
- Although systems were in place to report and manage accidents, there was limited evidence of written analysis of incidents and accidents and lessons being learnt following incidents. This meant opportunities could be missed to identify safety related trends and themes.

The provider had failed to ensure systems were in place and robust enough to demonstrate safety and risk was effectively managed. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We spoke with staff who demonstrated knowledge of people and their associated risks and needs. It was clear staff knew people well. One member of staff told us, "We keep people safe as we know them, so we know what the risks are and how to mitigate, people have told me they feel safe here knowing there is a nurse on duty."
- Checks were completed to help ensure the safety of the building and equipment, such as gas and electrical safety and water temperature checks.
- In the days prior to our inspection, the provider had organised for an external contractor to visit the service and begin remedial action to make the internal doors compliant with fire safety regulations.

Using medicines safely

- The service did not always have an accurate and complete record of the care needed and provided for each person in respect of their medicines, therefore there was a risk they would not get their medicines as prescribed.
- People who administered their own medicines, were not always supported to do this in a safe way. Risk assessments were not always up to date and reflective of the medicines the person was prescribed.
- Where people had blood tests to monitor their condition, information to support staff with the outcome of the tests was not always available, therefore, we were not assured their condition was monitored appropriately and necessary action was taken to keep them safe.
- Where people had injectable medicines, the site of the administration was not always recorded, in line with best practice standards.
- Staff were not always up to date with their medicines training and had not always had their competency checked in line with the providers policy.
- The provider did not have detailed policies and procedures in place to support staff to safely administer and manage people's medicines.

The provider failed to ensure medicines were managed safely, this was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Medicines were kept securely.
- Following the inspection, the provider confirmed they were changing to a different pharmacist to help strengthen the safety and effectiveness of medicines management.

Preventing and controlling infection

- Infection prevention and control (IPC) practices were not always effective in minimising the risk of infections spreading.
- The communal toilets were visibly dirty.
- Although cleaning schedules were in place for moving and handling equipment such as hoists and wheelchairs, they had not always been completed, so we could not be sure equipment was being regularly cleaned.
- Communal bathrooms were in a poor state of repair. One bathroom had taps encrusted with thick limescale, one bath had damaged enamel and another bath had severe damage to the corner panel. This meant bathrooms could not be cleaned effectively. We also observed damage to the paint work to the handrail on the main staircase, again compromising effective cleaning.
- Weekly cleaning schedules and checks had failed to highlight issues identified during the inspection. One member of staff told us, "I do feel like the cleaners work very hard but they need more hours as there are so busy."

The provider failed to ensure the premises were safe to use by people, this was a breach of regulation 12

(Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Although the provider did not have plans in place to refurbish the bathrooms, the provider assured us repairs to the baths and taps would be undertaken immediately.
- There was evidence of improvements in some areas of the home, such as new flooring to the ground floor and the addition of a new conservatory where people enjoyed spending time.
- There were adequate supplies of personal protective equipment (PPE) and suitable cleaning products available for use when required.

Staffing and recruitment

- Although staff rotas indicated there were enough staff on duty, minutes of a resident meeting in July 2023 had recorded some people felt staff lacked the time and motivation to engage with them fully. However, people provided positive feedback about staff, comments included, "I've got to know staff well and they are wonderful, they know me and the other residents" and "Staff look after me well, I couldn't ask for nicer people."
- Recruitment of new staff was safe. Pre-employment checks were completed to help ensure staff members were safe to work with vulnerable people.

Systems and processes to safeguard people from the risk of abuse

- Staff had received safeguarding training and understood how to safeguard people from abuse and how to report any safeguarding concerns. One told us, "I've never had to raise a safeguarding, but I know how to, we treat people here as we would our own relative."
- People told us they felt safe living at the service. One person told us, "Yes, I feel safe living here, and I can speak with staff if I wasn't happy about anything."

Visiting in care homes

The service facilitated visiting for people's family and friends in line with current guidance.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves.

The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The principles of the MCA were not always adhered to when recording people's consent to their care and treatment. Records did not always evidence people had consented to their care plans and so were not assured people had agreed to their plans for care and treatment, or their reviews of care and treatment.
- One member of staff told us, "We did used to involve people fully in their reviews, but I feel that's gone by the wayside lately and we should be involving people more."
- When there were concerns regarding people's capacity to provide consent, there was no evidence that a mental capacity assessment had been completed, and no evidence of consent being treated as an ongoing process that continued throughout the duration of care and treatment. We could not be sure of a person's capacity to consent by looking at their care plan.
- For one person who had been identified as displaying behaviour that challenged, their care plan did not contain behaviour management strategies for staff to follow and potentially support the person to reduce any incidents of challenging behaviour.

Failure to assess mental capacity and ensure consent was sought in line with the principles of the MCA, is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People told us staff asked them for their agreement before providing any care and support. One person told us, "Staff always ask me for consent before they help me."

Supporting people to eat and drink enough to maintain a balanced diet

- Where people had specific dietary requirements, we were not assured people were fully supported to maintain an adequate diet. For example, for one person who required a diabetic diet, care plans did not contain any guidance for staff on what foods were appropriate to manage the person's condition.
- It was not always evident that advice from external health professionals such as the dietician, had been followed. For example, for one person on a specialised diet, daily care records did not always reflect this was provided or what food or fluid had been offered.

We recommend that for people who require support with their dietary needs, care plans are updated to reflect people's needs and to provide adequate guidance for staff to follow.

- We spoke with staff who confirmed they were aware of people's dietary needs and provided the required support, despite this support not always being properly recorded. One member of staff told us, "There can be variance with records, the nurses are supposed to check records at the end of the shift, but they don't always have the time."
- People told us they enjoyed the food. Although one option was available on the menu for lunch and tea, people told us they could request an alternative if they preferred. Satellite kitchens were available, so people could make drinks and snacks independently if they so wished. One person told us, "The food is good, and I can ask for an alternative if I don't like what's served, there's also kitchenettes where I can make drinks etc."

Staff support: induction, training, skills and experience

- Most staff received the necessary training and support to enable them to carry out their roles effectively. However, some elements of training such as fire marshal training, manual handling, first aid and medicine competency were due for refreshment.
- Records showed that some staff required more regular supervision meetings to support them in their roles.

We recommend the provider ensures systems in place to train and support staff are more effective and refresher training is provided in line with best practice guidance.

- People told us they thought staff were trained and competent to carry out their roles. One person told us, "Yes I do think staff are well trained here and know what they are doing."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Although referrals were made to external professionals when required to help ensure people accessed appropriate support and to help live healthier lives, people's care records did not always evidence advice provided by professionals were being followed. We have reported further on this in the well-led section of this report.

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

- Although it was evident that some parts of the service had been refurbished, such as the addition of a new conservatory room and new flooring throughout on the ground floor, some bathrooms were tired and in need of repair and replacement.
- People told us they were happy with their immediate environment. One told us, "I am happy with my room, I can personalise it as I want it, and if want any pictures hanging, the maintenance man does this for me."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- We were not assured people were always having care delivered in line with need, choices and standards.
- We were not assured people had always agreed to their plans of care. Where people had expressed a desire to achieve a goal, care plans did not evidence that plans were in place to help the person achieve their goal and there were also no time frames put in place to make goal setting meaningful.
- We discussed our findings with the nominated individual who provided us with a business strategy plan which evidenced a revised model of care, due to be implemented in the next few months. This model focused on more of a goal setting approach and an emphasis on transitioning people into supported living settings based in the community, thus supporting greater recovery and independence.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The service had been without a registered manager for over 12 months. It is a condition of the location's registration the registered provider must ensure the regulated activity is managed by an individual who is registered as a manager.
- Systems in place to monitor the quality and safety of the service were not always reliable and effective. Although some audits had been completed, and areas for improvement and action had been identified, we found action plans had not been put in place to remedy the shortfall.
- Audits and processes had not always highlighted areas of concern found during our inspection. For example, audits recorded that window restrictor checks and wheelchair checks had been completed. During our inspection, we found window restrictor checks were not carried out, and checklists for wheelchairs were blank and uncompleted and some checks of hoists had not been done or were incomplete. This meant there were missed opportunities to identify and manage risks to the safety and quality of the service.
- There was a lack of management oversight that previously identified risks from audits been acted upon. For example, a risk assessment of internal doors completed in November 2022, identified fire safety concerns which had not been addressed in a timely enough way. Following the inspection, the nominated individual provided evidence that contractors had been instructed to address this in the week prior to our inspection.
- Although systems were in place to record and review accidents and incidents, there was no record of a written analysis to demonstrate they had been analysed help drive forward the quality and safety of care. This demonstrated a lack of evidence of learning, reflective practice and service improvement.
- The findings of this inspection raised concerns with the management of the service and the safety and quality of care being delivered. The manager failed to ensure risks to people's health and safety were appropriately managed and mitigated.
- Systems in place to monitor and oversee records within the service, to ensure they were maintained accurately were not always effective. For example, people's care records lacked detail and did not reflect planned person-centred care was provided, people's risk assessments contained inconsistent information on how risk was rated and mitigated.
- Policies required updating. For example, policies such as the medicines policies and infection control policies did not provide sufficient guidance to staff and did not make reference to best practice guidance. This is important because policies provide staff with guidelines as to what is expected of them to help make sure a consistent and high-quality service is provided.

The provider failed to operate effective systems to assess, monitor and improve the quality and safety of the service, evaluate and improve their practice and maintain complete and contemporaneous records for people. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following our inspection, the nominated individual shared an audit and action plan which had been carried out by the quality and compliance team and which evidenced that some of our concerns had been identified 2 months prior to our inspection. There were long term plans in process to action and remedy identified shortfalls.
- Processes were ongoing to recruit a new manager. Until a new manager was in post, the interim manager was supported by the provider's quality compliance team and nominated individual. This demonstrated the provider's commitment and focus on driving up improvements to the safety and quality of care delivery.
- We received mixed feedback from people and staff regarding the absence of a manager, one person told us, "Yes, I am aware there is no manager, but I don't feel it affects me" and "There is no manager at the moment, and it's a problem, I like to know who the manager is." Comments from staff included, "I do feel well supported by the higher management team, but I do feel having a permanent manager makes the home run better" and "It's [the service] not running as effectively as it should, a lack of a manager can be disengaging."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People's care records contained little or inconsistent information to properly evidence people's care was planned and met their needs provided in a person-centred way.
- We were not assured the service had been run effectively. An understanding of risks facing the service had not been adequately demonstrated. There was no robust evidence to demonstrate people had been involved in or consulted about reviews of care, and so were not assured people were empowered, or that the best possible outcomes were achieved for them.
- The provider was aware of their responsibilities in line with regulatory requirements. They knew to notify CQC of incidents and events that occurred at the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- There was some evidence of engagement with people and their relatives regarding the service. Although resident meetings were held to gather people's opinions and views, it wasn't clear from minutes of meetings whether people's suggestions had been acted on. We requested sight of resident feedback surveys but did not receive this. One person told us, "I've never filled in a questionnaire, but I do feel I could make suggestions about what I wanted."
- Regular staff meetings took place, and one member of staff told us, "Staff meetings are useful and we can share views and bring up any concerns which makes the home run better. I feel comfortable to give my suggestions and always feel listened to."
- The provider was responsive to our feedback following the inspection and had begun to act on this prior to the inspection process ending, demonstrating responsiveness in partnership working.
- Systems were in place to ensure referrals were made to other professionals when required.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>Failure to assess mental capacity and ensure consent was sought in line with the principles of the MCA, is a breach of Regulation 11 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider failed to ensure systems were in place and robust enough to demonstrate safety and risk was effectively managed. This was a breach of regulation 12(1) (2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>The provider failed to ensure medicines were managed safely, this was a breach of regulation 12 (1) (2) (g) (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>The provider failed to ensure the premises were safe to use by people, this was a breach of regulation 12 (1) (2) (d) (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to operate effective systems to assess, monitor and improve the quality and</p>

safety of the service, evaluate and improve their practice and maintain complete and contemporaneous records for people. This was a breach of regulation 17 (1) (2) (a) (b) (c) (f) (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.