

# Arena Options Limited







## James Dixon Court

### 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?	Requires Improvement	

### Overall summary

James Dixon Court is a residential care home that provides accommodation, care and support for up to 30 adults. The home was purpose built and is fully accessible to people who are physically disabled. All accommodation is provided on ground level. The service is situated in the Netherton area of Sefton, Merseyside.

During the inspection we met most of the people who lived at the home and we spoke with 12 people

individually or on a small group basis. We also spoke with a visiting relative, six members of the care staff team, two members of the domestic staff team, the cook and members of the management team.

We found that people living at the home were protected from avoidable harm and potential abuse because the provider had taken steps to minimise the risk of abuse. Procedures for preventing abuse and for responding to

# Summary of findings

allegations of abuse were in place. Staff told us they were confident about recognising and reporting suspected abuse and the manager was aware of their responsibilities to report abuse to relevant agencies.

Each of the people who lived at the home had a plan of care. These provided a sufficient level of information and guidance on how to meet people's needs. Risks to people's safety and welfare had been assessed as part of their care plan. Guidance on how to manage identified risks was included in the information about how to support people. People's care plans included information about their preferences and choices and about how they wanted their care and support to be provided.

Staff worked well with health and social care professionals to make sure people received the care and support they needed. Staff referred to outside professionals promptly for advice and support. We spoke with a visiting healthcare professional and they gave us positive feedback about the home. They told us staff followed their advice and guidance about how to support people with their health conditions. They also told us that communication between themselves and staff at the home was good.

Medicines were safely administered by suitably trained care workers. The medicines administration records were clearly presented to show the treatment people had received and prescriptions for new medicines were promptly started. We found that medicines, including controlled drugs, were stored safely and adequate stocks were maintained to allow continuity of treatment. Regular medicines audits were being completed to help ensure that any medication errors could be promptly identified and addressed.

The manager had knowledge of the Mental Capacity Act 2005 and their roles and responsibilities linked to this and they were able to tell us what action they would take if they felt a decision needed to be made in a person's best interests. At the time of our inspection they were in the process of seeking guidance from relevant professionals with a view to establishing if a decision needed to be made in a person's best interests.

During the course of our visit we saw that staff were caring towards people and they treated people with

warmth and respect. People we spoke with gave us good feedback about the staff team and told us they used terms such as 'nice' and 'lovely' when telling us about the care staff.

There were sufficient numbers of staff on duty to meet people's needs. Staff were only employed to work at the home when the provider had obtained satisfactory pre-employment checks.

Staff told us they felt supported in their roles and responsibilities. Staff had been provided with relevant training, team meetings had been taking place and staff supervision meetings had commenced since our last visit to the service. New procedures had been introduced to support staff in their roles and to promote accountability across the service. Feedback from staff about this was mixed but overall they felt assured by the increased accountability.

The premises were safe and well maintained and procedures were in place to protect people from hazards and to respond to emergencies. The home was fully accessible and aids and adaptations were in place in to meet people's needs and promote their independence.

The home was clean and people were protected from the risk of cross infection because staff had been trained appropriately and followed good practice guidelines for the control of infection.

There was no registered manager at the service 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. The manager informed us that they intended to submit an application for registration.

Systems were in place to check on the quality of the service and ensure improvements were made. These included surveying people about the quality of the service and carrying out regular audits on areas of practice.

# 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 safe.

Practices and procedures were in place to protect people living at the home from avoidable harm and potential abuse. Staff were confident about recognising and reporting suspected abuse.

Risks to people's safety had been assessed and were well managed.

Medication was managed safely and people received their medicines as prescribed. Medication practices were checked on a regular basis.

There were sufficient numbers of staff on duty to meet people's needs. Pre-employment checks were carried out on staff before they started working at the home to ensure they were deemed suitable to carry out their roles and responsibilities.

Good



### Is the service effective?

The service was effective.

People who lived at James Dixon Court received effective care. Staff had been provided with the training they needed to support people effectively and systems were in place to support staff in their roles and responsibilities.

The manager showed that they had knowledge and understanding of the Mental Capacity Act 2005. They told us they would work alongside family members and relevant professionals in making decisions in people's best interests if this was required.

Staff worked well with health and social care professionals to make sure people received the care and support they needed. Staff referred to outside professionals promptly for advice and support.

The home was fully accessible and aids and adaptations were in place to meet people's needs and promote their independence.

Good



### Is the service caring?

The service was caring.

People were supported by staff who were caring. During the course of our visit we saw that staff were caring towards people and they treated people with warmth and respect. People we spoke with gave us good feedback about the staff team.

People's care plans included details about the person's preferences and choices. We saw that people chose their own routines and staff respected people's choices.

Good



# Summary of findings

## Is the service responsive?

The service was responsive.

People received care and support that was responsive to their needs. Staff engaged well with people who lived at the home and involved them in decisions about their day to day care.

People's individual needs were reflected in a plan of care and this was reviewed on a regular basis to ensure the information remained relevant.

People who lived at the home were listened to. Complaints were logged and action was taken to address people's concerns.

**Good**



## Is the service well-led?

The service was well-led but required improvement as there was no registered manager at the service. A condition of the provider's registration is to have a registered manager and therefore the provider must ensure action is taken to meet this.

The management team had introduced many new practices at the home and these were in the process of becoming embedded. Further improvements were also planned.

Systems were in place to regularly check on the quality of the service and ensure improvements were made. A number of audits were carried out at the home to monitor the service, these included health and safety audits.

People who lived in the home and their relatives were asked for their opinions of the service through the use of surveys. This was with a view to making improvements to the service.

**Requires Improvement**



# James Dixon 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.

The inspection was carried out on 7th and 8th January 2015 and was unannounced. The inspection team consisted of an adult social care inspector and a pharmacist inspector.

We reviewed the information we held about the service before we carried out the visit. Prior to the inspection the provider had submitted a Provider Information Return (PIR) to us. The PIR is a document the provider is required to submit to us which provides key information about the service, and tells us what the provider considers the service does well and details any improvements they intend to make.

Following the visit we contacted one of the commissioners of the service to discuss our findings and seek their feedback about the service. During the inspection we met a visiting healthcare professional and we sought their feedback on the service.

During the inspection visit we spoke with 12 people who lived at the home and a number of visiting relatives. We also spoke with six care staff, two domestic staff, a cook and members of the management team.

We spent time observing the care provided to people who lived at the home to help us understand their experiences of the service.

We viewed a range of records including: the care records for three people who lived at the home, staff files, records relating the running of the home and policies and procedures of the company.

We carried out a tour of the premises and this involved viewing communal areas such as the lounge, dining room and bathrooms. We viewed a sample of bedrooms with people's permission. We also viewed the kitchen and laundry facilities and medication storage area.

# Is the service safe?

## Our findings

People's health, safety and welfare were protected in the way the service was provided. People told us they felt safe at the home and that they felt confident to approach the manager if they had any concerns.

A safeguarding policy and procedure was in place. This included guidance for staff on the actions to take if they suspected or witnessed abuse. The policy was in line with local authority safeguarding policies and procedures. A copy of the host local authority procedures was also available. We spoke with care staff about safeguarding and the steps they would take if they witnessed abuse. Staff gave us appropriate responses and told us that they would not hesitate to report any incidents to the person in charge. The manager was able to provide us with an overview of the action they would take in the event of an allegation of abuse, this included informing relevant authorities such as the local authority safeguarding team, the police and the Care Quality Commission (CQC).

Risks to people's safety were appropriately managed. We saw that risks to people's safety had been assessed and guidance on how to manage identified risks was incorporated into people's care plans. For example, if a person was at risk of developing a pressure wound then information about how to support the person to prevent a pressure wound was documented in their care plan.

Staff recorded incidents that had taken place in the home and these were reported through the provider's quality assurance systems. This assured us that appropriate action was taken following incidents in order to prevent a reoccurrence and protect people from avoidable harm.

Hazards to the safety of people who lived at the home, staff and visitors were controlled. Regular checks were carried out on the home environment to protect people's safety. For example, checks on fire safety and water safety. Procedures were in place for responding to emergencies such as fire or medical emergencies.

Medication was managed appropriately and safely. At previous inspection visits carried out on 19 June 2014 and 17 September 2014 we had found concerns with the way in which medicines were managed. We told the provider that they needed to take action to address these and to achieve compliance. We found during this inspection that compliance had been achieved. We looked at the

medicines records for eight of the people who lived at the home. Medicines were safely administered by suitably trained care workers. Arrangements were in place to ensure that any special instructions such as 'before food' were followed when administering medicines in order that people would receive most benefit from their medicines. People wishing to self-administer medicines were supported to do so and consideration was given to how people's medication needs would be met when they were away from the home at the times that medicines were usually administered. The medicines administration records we viewed were clearly presented to show the treatment people had received and prescriptions for new medicines were promptly started. We saw examples whereby individualised information had been produced about the use of 'when required' medicines but saw one example where records had not been correctly up-dated following a change in the dosage instructions. Supporting information about the use and effectiveness of one 'when required' medicine was also not recorded for this person. We found that medicines, including controlled drugs, were stored safely and adequate stocks were maintained to allow continuity of treatment. Regular medicines audits were being completed to help ensure that should any shortfalls arise they could be promptly identified and addressed.

We recommend that the service considers the NICE (National Institute for Health and Care Excellence) on managing medicines in care homes and assesses how these are considered in policy and applied in practice.

At a previous inspection visit carried out on 19 June 2014 we had found concerns with the numbers of staff employed at the home. This was because the provider was using a high level of agency staff and there had been a lot of changes and instability in the management team. We felt this compromised the quality and safety of the service at that time and people were at risk of not receiving the care and support they needed as a result of how the home was staffed. We told the provider that they needed to take action to address this and to achieve compliance. We found during this inspection that compliance had been achieved. During the course of this we found there were sufficient numbers of staff on duty to meet people's needs. We saw that staff took their time when supporting people and took the time to have conversations with people. Staff responded quickly to the call bell and people told us they didn't have to wait long for assistance if they needed it. We

## Is the service safe?

found there was still some use of agency staff but the provider had achieved good consistency in the agency staff used. All vacant posts had been filled and a number of new starters were scheduled to commence employment.

We looked at staff recruitment records. We found that appropriate checks had been undertaken before staff began working at the home. We found application forms had been completed and applicants had been required to provide confirmation of their identity. We saw that references about people's previous employment had been obtained and Disclosure and Barring Service (DBS) checks had been carried out prior to new members of staff working at the home. DBS checks consist of a check on people's

criminal record and a check to see if they have been placed on a list for people who are barred from working with vulnerable adults. This assists employers to make safer decisions about the recruitment of staff.

Policies and procedures were in place to control the spread of infection and domestic staff were required to follow cleaning schedules to ensure people were provided with a safe and clean home environment. Staff told us they had the equipment they needed to carry out appropriate infection control practices. The home had recently achieved a 5 star rating for food hygiene practices by the local council. During a tour of the building we viewed the kitchen and found it was clean and well organised.



# Is the service effective?

## Our findings

People received the care and support they required to meet their needs and maintain their health and welfare.

People who lived at the home gave us good feedback about the staff team and the care and support they provided. One person told us “The girls are great, all of them.” Another person said “They’re very good.”

The manager and care staff were able to describe how people’s consent to care and support was obtained. Examples of this included asking people’s permission before carrying out tasks and seeking people’s feedback about the support they received and the contents of their care plan on a regular basis. Staff told us they felt they supported people to make as many choices as possible about their lifestyle and the day to day routines of the home.

The manager had knowledge of the Mental Capacity Act 2005 and their roles and responsibilities linked to this. We spoke with the manager about how they would support a person to make a decision when there was a concern about their mental capacity to do so. The manager had a good understanding of this and they told us they were in the process of obtaining guidance from relevant professionals with a view to establishing if there may be a need to make a decision in a person’s best interests. The manager told us they had been provided with training on the Mental Capacity Act 2005. They advised us that there was nobody living at the home who was subject to a Deprivation of Liberty Safeguard (DoLS). The Deprivation of Liberty Safeguards [DoLS] is a part of the Mental Capacity Act (2005) that aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests.

Staff told us they felt well supported and sufficiently trained and experienced to meet people’s needs and to carry out all of their roles and responsibilities effectively. We viewed a sample of staff files. These included staff training records and training certificates. This information showed us that staff had been provided with up to date training in a range of topics such as: safeguarding vulnerable adults, first aid, fire safety, food hygiene, infection control, health and safety, nutrition, equality and diversity, mental health awareness, dementia and moving and handling.

We saw that people’s care plans and associated records clearly detailed the care, support and treatment that people had been provided with. The provider was therefore able to clearly demonstrate that people were provided with good and effective care and support which met their needs. We found some good examples of how people who lived at the home had been well supported with their health needs. For example a number of people had developed chest infections which had resulted in some weight loss and decreased mobility with the nature of the acute illness. Staff had taken immediate action to refer to the person’s GP, refer for advice and support from a dietician, refer for a specialist bed with pressure relieving mattress, and they had increased the frequency at which they weighed the person and introduced monitoring of their food intake. We spoke with a visiting health professional during the course of our visit. They also told us that staff always carried out their instructions or followed their advice about how to support people and they told us they rated the home as good.

Staff told us, and records confirmed that they had recently been provided with a supervision meeting with their line manager. We found that a range of staff meetings had been introduced over the past few months. These included general all care staff meetings, senior staff and manager meetings and regular ‘flash’ or spontaneous meetings between staff on duty and the manager. This meant that the staff team were communicating about the needs of the people who lived at the home and matters relating to the running of the home much more effectively than we had found at previous inspections.

People who lived at the home had a care plan which included information about their dietary and nutritional needs and the support they required to maintain a healthy balanced diet. People’s likes, dislikes and preferences for food and meals were documented in their care plan and during discussions with staff it was evident that they were aware of these. People who lived at the home told us the food was good and we saw that people had a choice of meals including the option of a cooked breakfast every day. We didn’t see any means by which people who lived at the home were informed of the choices at mealtimes as there were no menus available and the menu board had been removed from the dining room following refurbishment. The manager advised that this would be addressed. The cook advised that they were aware of people’s dietary needs and they told us how they accommodated these. For



## Is the service effective?

example people who had diabetes were provided with alternative meals or desserts as appropriate. The cook also knew people's individual likes and dislikes and told us how they accommodated these to ensure people were provided with food and meals which they enjoyed. One of the people who lived at the home told us "The food is first class and there is always a choice."

We found that all areas of the home were safe, clean and well maintained. The home was fully accessible and aids

and adaptations were in place to meet people's mobility needs, to ensure people were supported safely and to promote their independence. We found areas of the home had been refurbished to a high standard since our last inspection. These included the main entrance, the dining area and communal lounge and the corridors. As a result the home was brighter and people we spoke with were pleased with the surroundings.

# Is the service caring?

## Our findings

People who lived at the home told us staff were caring. One person told us: “It’s very good here, they’re marvellous” Another person said “I like it here the girls are good.” We asked a number of people who lived at the home to tell us their rating of the service and those who we asked told us they would give the care ten out of ten.

We found that staff showed concern for people’s wellbeing and they had responded quickly to changes in people’s needs to ensure they got the care and treatment they needed in a timely way. One of the people who lived at the home became unwell during the course of our visit. We saw that staff recognised this and responded quickly to get the person the assistance they needed. Staff then showed concern for the person’s welfare and showed a genuine interest in their condition and their progress. A number of other people who lived at the home were unwell at the time of our visit. We saw that staff were concerned about their welfare. They checked people regularly and spent as much time as they could with people, making sure that they received more attention as a result of their frailty

We observed the care provided by staff in order to try to understand people’s experiences of care and to help us make judgements about this aspect of the service. We saw that staff were warm and respectful in their interactions with people. Staff spoke about the people they supported in a caring way and they told us they cared about people’s wellbeing.

Staff told us they were clear about their roles and responsibilities to promote people’s independence and respect their choice, privacy and dignity. They were able to explain how they did this. For example, when supporting people with personal care they ensured people’s privacy

was maintained by making sure doors and curtains were closed and by speaking to people throughout, by asking people’s permission and by explaining the care they were providing.

People’s care plans were individualised and included details about the people’s preferences and choices. We found that other records, such as daily reports, were written in a sensitive way that indicated that people’s individual needs and choices were respected and that staff cared about people’s wellbeing. People who lived at the home had been asked to sign their care plans as being in agreement with the contents.

Staff knew the needs of the people who lived at the home well. During discussions with staff they were able to describe people’s individual needs, wishes and choices and how they accommodated these in how they supported people.

Staff told us they felt people received very good care. One member of staff who worked for an agency told us “All the girls are proper caring girls” and “I couldn’t fault the staff. This home is the best I’ve been in because everything is done to a professional standard. The staff pay great attention to detail.” Another member of agency staff told us they thought the staff were “Dedicated” and “Really great, they are very caring.”

All of the staff we spoke with told us they rated the care as ten out of ten. One person said “The residents receive 100 per cent care; the staff team on board are good. It’s a caring home and staff bend over backwards to give the residents what they want.”

The atmosphere in the home was warm and friendly. People told us they were warm and comfortable and we saw people were supported to move around the home independently with the use of aids. This promoted people’s independence and self-direction.

# Is the service responsive?

## Our findings

The service worked well with other agencies to make sure people received the care and support they needed.

We found significant improvements had been made to care planning and the way in which staff demonstrated how they supported people since our last inspection of the service. We saw that people's care plans and associated records detailed the care, support and treatment that people had been provided with. The provider was therefore able to demonstrate that people were provided with good and responsive care and support which met their needs.

We viewed the care plans for three people who lived at the home. We found care plans were individualised, they detailed people's support needs and provided guidance for staff on how to meet people's needs. Care plans also included detailed guidance about how to support people with specific areas of need such as their dietary needs or the management of health conditions. For example we saw detailed information had been attained about the dietary needs of one person. People's care plans had been reviewed on a monthly basis and more frequently if their needs changed.

Risks to people's safety and welfare had been assessed as part of their care plan. Guidance on how to manage identified risks was included in the information about how to support people. People's care plans include information about their preferences and choices and about how they wanted their care and support to be provided.

We found that staff responded appropriately to changes in people's needs and referred to multi-disciplinary workers for support and advice when required. We saw in records that staff regularly referred to a range of health care professionals for specialist advice and support to ensure

people's needs were appropriately met. For example, people had been referred for nutritional advice and support if they started to experience weight loss. We saw evidence that people had been regularly supported to attend routine appointments with a range of health care professionals such as their GP, district nurse, chiropodist and optician.

The provider had a complaints procedure which was appropriately detailed and included timescales for responding to complaints. We were forwarded a copy of the complaints log following our visit as this was recorded electronically through the provider's complaints system. We saw that action had been taken to investigate complaints and resolve them to people's satisfaction. People who lived at the home told us if they had any concerns they would be happy to raise them and they were confident they would be responded to and their concerns would be addressed. They told us the manager was approachable and if they had any problems they wouldn't hesitate to let them know. We did speak with a visiting relative who told us they had approached staff and the manager on a number of occasions to raise concerns. We discussed their feedback with the manager with their permission. The manager agreed to try to resolve the person's concerns.

People who lived at the home and staff told us they would like to see more regular activities taking place at the home. The manager advised that they had recognised this and were in the process of developing the activities on offer.

'Resident and relative' meetings had been introduced since our last inspection. People who lived at the home had been asked to complete surveys about the quality of the service they received. This was with a view to making improvements to the service in line with people's feedback. We did not view the surveys during the course of our visit.

# Is the service well-led?

## Our findings

Systems were in place to regularly check on the quality of the service, to ensure improvements were made and to protect people's welfare and safety.

We had identified concerns with the way in which the service was monitored at a previous inspection of the service on 19 June 214. During the previous inspection we had found that the provider's system for assessing and monitoring the quality of service was not effective in ensuring people received the right care and support. We had also found that people were not protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were not maintained. We told the provider that they needed to take action to address these matters and to achieve compliance in both of these areas.

We found during this inspection that the provider had achieved compliance. Improvements had been made to many of the practices at the home and checks were in place for ensuring these were effective. For example, new procedures for managing medicines had been introduced and daily checks on medication were carried out alongside a regular audit of medicines. Care plans were being audited to ensure they included sufficient and accurate information about people's needs and to demonstrate the care and support that had been provided to people. Records had improved significantly and all of the information we required was provided.

A number of other audits were carried out by the manager of the home on a regular basis. These included checks on matters such as : health and safety of the home environment, accident and incident reporting, fire safety. The manager had also introduced 'key performance indicators' (KPI's) to help them to identify concerns or trends in different areas of practice. For example they had started to monitor matters such as the number of admissions to hospital, the occurrence of infections, safeguarding incidents, falls and medication errors.

The provider also carried out unannounced audits of the service. These audits identified strengths and shortfalls within the service. Actions had been identified as part of

these to ensure any required improvements were made. We were told the audits went through a number of senior people in the organisation for oversight as a means of accountability.

At the time of our inspection the service did not have 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 and associated Regulations about how the service is run. A manager was in post and they were intending to apply for registration as manager but had not done so to date. The provider is failing to meet the conditions of registration by not having a registered manager.

A deputy manager had been employed at the home since our previous inspection and a full complement of senior staff were in post. Regular meetings had been introduced and procedures had been put in place to improve lines of accountability for staff. On the whole staff told us they had seen significant improvements to the service and they felt better supported in their roles and responsibilities.

Staff told us they felt there was an open culture within the home and that they would not hesitate to raise any concerns. The manager was described as 'approachable' and people who lived at the home and staff we spoke with felt the manager would take action if they raised any concerns. The home had a whistleblowing policy, which was available to staff. Staff we spoke with were aware of the policy and told us they would feel able to raise any concerns they had and would not hesitate to do so.

Feedback we received from an outside healthcare professional who visited the home indicated that there was good partnership working between the home and other agencies. They told us they had no concerns about the quality of the care provided and they considered James Dixon Court to be a good home.

We viewed accident and incident reports and these raised no concerns with us and indicated that people were protected against receiving inappropriate and unsafe care and support. Accidents and incidents at the home were recorded and reported through the provider's quality assurance system.