

Sefton New Directions Limited

# James Dixon Court

## Inspection report

Harrops Croft  
Netherton  
Bootle  
L30 0QP

Tel: 01517050320  
Website: [ndirections.co.uk](http://ndirections.co.uk)

Date of inspection visit:  
15 September 2020

Date of publication:  
12 October 2020

### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service well-led?

Good 

# Summary of findings

## Overall summary

### About the service:

James Dixon Court is registered to provide residential care to up to 30 people with a variety of mental and physical health needs. At the time of our inspection 11 people were living at the service.

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

At our last inspection the provider had failed to ensure medicines were administered safely. We also found governance systems were not effective at ensuring regulations were met. We issued warning notices in relation to these breaches of regulation. Enough improvement had been made at this inspection and the provider was no longer in breach of Regulations 12 and 17.

Staff demonstrated kindness and respect in their interactions with people. It was clear they knew people well and provided care in an individualised manner. Individual and environmental risks were regularly monitored and reviewed. Medicines were stored and administered safely by competent staff. Where errors occurred, they were identified by the provider's own systems and appropriate action was taken to reduce risk. The provider was developing systems and practice to generate further improvements. Accidents and incidents were analysed to identify patterns and trends and reduce risk. People and their relatives told us they felt the service was safe. Staff were safely recruited and deployed in sufficient numbers to keep people safe and meet their needs.

After the last inspection an action plan was submitted to CQC which included timescales for improvement. The necessary improvements were completed in accordance with this plan. The new management team worked closely with the local authority and CQC to ensure improvements were sustained. The service had robust and effective systems in place to monitor, assess and improve the safety and quality of service being provided. The management team were open and supportive during the inspection. Where minor concerns were identified they took immediate action to improve practice.

### Rating at last inspection and update:

At the last inspection the service was rated requires improvement (report published 22 August 2019).

During the last inspection we found breaches of Regulations 12, and 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection enough improvement had been made and the provider was no longer in breach of regulations.

### Why we inspected:

We carried out an unannounced comprehensive inspection of this service on 23 July 2019. Breaches of regulations were found. The provider completed an action plan after the last inspection to show what they

would do and by when to improve safe care and treatment and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has remained Requires Improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for James Dixon Court on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

Follow up:

We will meet with the provider to discuss our findings and 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 return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

### Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

# James Dixon Court

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team:

The inspection was carried out by one inspector and an assistant inspector.

#### Service and service type:

James Dixon Court is a 'care service'. People in care services receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission although an application had been submitted. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

This inspection was announced at short notice to ensure the risks relating to COVID-19 were safely managed.

#### What we did before inspection:

Before the inspection we checked the information that we held about the service. This included statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law. The

provider had 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. We also obtained feedback from the local authority and a healthcare professional.

During the inspection:

We looked around the premises, observed the interactions between people living at the service and staff, the care delivery and activities provided at the service. Because of the increased risk of cross-infection we were unable to complete more extensive observations.

We spoke with two people living at the service and several staff who held various roles at the service, including the manager, deputy manager, operations manager and senior carers. We looked at a range of documentation including four people's care records, medication storage and records, four staff files, accident and incident records, safeguarding records, health and safety records, audits and records relating to the quality checks undertaken by staff and other management records.

After the inspection:

We continued to seek clarification from the provider to validate evidence found. We looked at training data, risk assessments and quality assurance records sent to us. We spoke with three relatives and a professional who has regular involvement with the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to Good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

At our last inspection the provider had failed to ensure medicines were safely administered. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued a warning notice.

Enough improvement had been made and sustained. The provider was no longer in breach of Regulation 12.

- Medicines were managed safely and people received their medicines as prescribed by competent staff.
- Medicines were stored and recorded in line with national guidance and best practice.
- Where errors occurred, they were identified by the provider's own systems and appropriate action was taken to reduce risk.

### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

### Assessing risk, safety monitoring and management

- The environment and systems in relation to fire safety were well managed. The provider used internal and external resources to check fire safety.
- The provider's audit processes for identifying and mitigating risk were extensive. We saw examples where concerns had been identified and addressed.
- Individual risk was assessed and regularly reviewed. We saw examples where care practice had been changed following reviews. Referrals to specialist services had been made as required.

### Learning lessons when things go wrong

- Accident and incident policies and procedures were in place and systems in place to record and report

them were followed.

- Records indicated what action had been taken in response to any accidents and incidents that had occurred. This information was also regularly reviewed to help identify any emerging patterns or trends.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us the service was safe.
- Policies and procedures were in place to guide staff in relation to safeguarding vulnerable adults and whistleblowing.
- Staff received safeguarding training and information about how to raise safeguarding concerns was visible throughout the service.
- Records showed how staff took appropriate action when any such concerns arose.

Staffing and recruitment

- Staff rotas, the dependency tool and observations showed there were enough staff to meet people's needs, and staff attended to people promptly. People and relatives said there were enough staff to safely support people living at the service.
- Staff were safely recruited. The required information and pre employment checks, such as criminal records checks, had been completed for applicants before they were employed.



# 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 the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted 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

At our last inspection records were incomplete and not maintained to an appropriate standard, audit processes were not sufficiently robust to identify and address issues of concern and improvements had not been made since the previous inspection in accordance with the provider's action plan. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued a warning notice.

Enough improvement had been made and sustained and the provider was no longer in breach of Regulation 17.

- After the last inspection an action plan was submitted to us which included timescales for improvement. The necessary improvements were completed in accordance with this plan.
- Subsequently, a new management structure was introduced. The manager was in the process of registering with CQC. The new management team worked closely with the local authority and CQC to ensure improvements were sustained.
- The service had robust and effective systems in place to monitor, assess and improve the safety and quality of service being provided. Where concerns were identified by these systems, the provider addressed them and reported to the local authority and CQC accordingly.
- A range of policies and procedures were in place that staff could access if they needed any guidance; these were up-to-date and regularly reviewed.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Staff demonstrated kindness and respect in their interactions with people. It was clear they knew people well and provided care in an individualised manner.
- The manager and operations manager were open and supportive during the inspection. Where minor concerns were identified they took immediate action to improve practice.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics;

- Staff and relatives spoke positively about the level of communication from managers at the service.

- People had been provided with information regarding COVID-19 and changes that were being implemented to keep people safe. Information had been adapted to make it more accessible as required. For example, flash cards were produced in a different language to help one person understand key messages and communicate with staff.

#### Working in partnership with others

- Staff engaged well with other health and social care professionals to ensure people's health and wellbeing was maintained.
- One professional spoke positively about their experience of the service but identified an area for improvement. This was acted on by the manager.