

Nugent Care Geel and Hitchin Court

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 caring?

Requires Improvement



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



Overall summary

Geel and Hitchin Court provides accommodation for up to 28 older people who are living with dementia and require nursing care. The building is single storey and has 28 single bedrooms. There were 24 people in permanent residence and one person on a respite stay at the time of our inspection.

This was an unannounced inspection, carried out over two days on 6 and 13 November 2014. During the inspection we spoke with five people who lived in the home, seven visitors, seven staff and the registered

manager of the home. 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.

We last inspected Geel and Hitchin Court on 8 May 2014. At that inspection we found the service was not meeting two of the essential standards that we inspected. These

Summary of findings

were in relation to staffing levels and care and welfare of people. We found that these concerns had been addressed however there were still some areas for further improvement. At this inspection we found concerns with the medication administration, the management of complaints and how feedback from people who lived in the home and their relatives was managed.

We found that the service had addressed the specific areas of concern in relation to the number of carers on duty at tea time and purchase of equipment. We saw that additional staff were now on duty during the evening meal and early evening. Although people told us that they felt safe in this home, there were times when there was not enough staff to meet people's needs in a timely way. This impacted on the support that people were provided with at lunch time as this was disorganised and people did not receive support at the time they needed it.

People told us, and we found, that people living at the home were generally well cared for, especially at the end of their lives. However, we also saw that staff interactions with people when they were not giving care or support could be improved as we observed carers sitting in the

lounge when they had provided support and not engaging with the people sitting there. We identified that dementia care and support is an area that requires improvement.

The home used safe systems when new staff were recruited. All new staff completed training before working in the home and staff were aware of their responsibility to protect people from harm or abuse. They knew the action to take if they were concerned about the safety or welfare of an individual and told us they would be confident reporting any concerns to a senior person in the home. However, we also found that one potential safeguarding incident had not been recorded and that not all complaints were dealt with by the manager or recorded as having been referred to senior management at head office.

Communications in the home would benefit from improvement as relatives and visitors told us that they do not feel involved and are unaware of their relative's on-going care or any changes to their condition or circumstances.

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 required improvements to ensure that all aspects of the service were safe.

We found that not everyone living at the home had appropriate risk assessments in place to support their welfare and safety.

Medication required when needed was not always administered and the home did not have policies or systems to manage this.

Requires Improvement



Is the service effective?

Some aspects of this service were not always effective. Staff were not knowledgeable in specific care of people who had dementia and this meant that people may not always be supported in the most appropriate way.

There were not always enough staff at lunchtime to provide the support people needed in a timely manner.

Requires Improvement



Is the service caring?

This service was caring in many aspects but improvements were required.

People we spoke with made many positive comments about the care provided at Geel and Hitchin Court; relatives expressed the views that their relatives were physically well cared for and particularly at the end of their lives. All of the staff we spoke with said they that people were well cared for.

However we also found that people would like to be more involved in decisions about care and we saw that staff needed to improve on how they engaged with people in the home.

Requires Improvement



Is the service responsive?

Some aspects of the service were not responsive.

Relatives also told us that they did not receive updates or information on their relatives care and that communication was poor.

There was a policy system in place to receive and handle complaints or concerns but we found that not all complaints had been recorded or dealt with appropriately.

We found that there were no regular meaningful activities taking place and this meant that people with dementia were not always being supported to engage in everyday life in ways that were meaningful to them.

Requires Improvement



Is the service well-led?

The service was not always well led.

Requires Improvement



Summary of findings

We also found that a lack of communication and lack of meetings with relatives on an individual basis and in a group setting was an issue. Relatives told us “Communication is very poor. I find out information by chance and coincidence. I have had no response to e mails..”

We found that the home did not take into account the views of people and their relatives in order to improve the service they provided.

Geel and Hitchin 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 6 and 13 November 2014 and both visits were unannounced.

The inspection team consisted of the lead Adult Social Care (ASC) inspector an additional ASC inspector and an Expert by Experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before our inspection we reviewed the information we held about the home such as notifications to the Care Quality Commission, action plans and tell us about your

experience forms. We also received information following the inspection such as policies, training information, audits, Service User Guide, Statement of Purpose and information provided by the Registered Person.

On the first day of our visit to the home we focused on speaking with people who lived in the home and their visitors, speaking with staff, observing how people were cared for and examining records. The lead inspector returned to the home on the second day to look in more detail at some areas and to examine records.

During our inspection we spoke with five people who lived in the home, seven visitors, seven staff, one ancillary member staff, a member of the catering team, a visiting health professional and the registered manager. We observed care and support in communal areas, spoke with people in private and looked at the care records for five people. We also looked at records that related to how the home was managed such as staff recruitment files and duty rotas.

Is the service safe?

Our findings

We asked people living at the home if they felt safe and their responses included; “Fairly safe, one or two things have gone missing and they won’t let me walk on my own.” We established this was because this person tended to fall when walking unassisted. Another person living at the service told us “Yes, there are plenty of nurses and they are all nice people.” Another said “Of course, we are well protected.”

The relatives’ replies varied and included; “I feel safe for both of us, I’ve not been worried. I don’t see anything that concerns me.” “I don’t think she’s safe because of the staffing levels.” “Yes I do think my relative is safe, the day staff are very good.”

We looked at how medicines were managed in the home. We saw that some people had been prescribed medication to be taken only when needed, also referred to as PRN. However we did not find any information in care plans in place to support this requirement and it had not been identified on audit. The manager told us that they did not have a specific policy in place for staff to follow. This meant that there was the potential for people living at the service to not receive medication, such as pain relief, when they needed it if their actions to indicate they were in pain were not being recognised. It also meant that there was no guidance in place for staff to follow to have medication altered by the prescriber from PRN dose to regular or vice versa.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 as appropriate arrangements were not in place to ensure the correct administration of medicines when they were required.

We spoke with seven members of staff who told us that they would challenge their colleagues if they observed any poor practice. They also said that they would also report their concerns to a senior person in the home or to relevant outside professional bodies if the need had arisen. We saw that the local authority safeguarding policy and reporting procedures were located in the home. However we also found that a potential safeguarding incident had not been referred to the safeguarding team or to CQC. During discussion with the manager we were told that the family had not wanted this. Following the inspection the incident

was further discussed with them and reviewed and the appropriate referrals were made. We reviewed the training matrix for the service and found that training for safeguarding vulnerable adults had been completed for the majority of staff.

During our time in the home we saw that the staff provided the care people needed, when they required it. Since the last inspection the staffing numbers at the home had been increased at the evening meal times and staff that we spoke with told us this had been of benefit in enabling them to ensure that people were supported. All of the staff that we spoke with told us that they felt there were sufficient numbers of staff on duty.

Staffing rotas indicated that the service has been sufficiently staffed, however it was noted that the service makes significant use of bank/agency staff. The registered manager told us that she was in the process of recruiting and we saw that when possible there was a consistency in the staff that attended from the agencies. We saw a file which contained all relevant information about the agency staff members. Effective systems were used to make sure that permanent staff were only employed if they were suitable and safe to work in a care environment. We looked at the records of staff recruitment. We saw that all the checks and information required by law had been obtained before new staff were offered employment in the home.

We found that not everyone living at the home had appropriate risk assessments in place to support their welfare and safety and for those who did they had not always been completed correctly. For example we saw a falls risk assessment that had not been fully completed. There were similar issues with other risk assessments and we found that they also had not been approved by the appropriate manager. There was no evidence to show that this had been identified on audit. We discussed this with some of the staff and the manager who acknowledged the issue and made a commitment to resolving the issues.

Maintenance files were current and well maintained and all applicable certificates appeared present. This meant that the building and services such as gas and electricity were well maintained and any issues could be identified, recorded and actioned.

Is the service safe?

We saw that fire evacuation drills were not being carried out regularly. We also saw that the emergency lighting had not been tested recently. This meant that staff may not be able to act appropriately in an emergency fire situation and that the emergency lighting may not be effective.

We did not identify any areas of concern in relation to infection control or its management, and the service was seen to be clean and was free from malodours.

Is the service effective?

Our findings

We observed people in the home having their lunch. There were three residents in the dining room being assisted to eat with another three people waiting for support. In the lounge there was one resident being supported to eat with a further four people waiting. One relative told us that they came in every day because “The girls can’t spend an hour and a half feeding one person.”

We saw that the tables were not set with cutlery; this was brought to the table with the food. There were no drinks (water or juice) served with lunch. We were told that people having their meal would be given cup of tea after lunch; this in fact was served between the main course and pudding. There were no condiments on the table and when we asked about these the carer didn’t know where they would get them. The carer thought they may have been were on the bottom of the trolley. This showed us that condiments were not offered routinely. The provider had told us in an action plan that they would be made available from the serving hatch.

Roast lamb was being served, although the pictorial menu board was showing the food from the previous night’s meal which was a different menu. We noted that there was no mint sauce available to accompany the meal and discussed this with a member of staff. After this a bowl of mint sauce was taken round the tables.

The lunch time service was disorganised with some residents being served pudding straight after the main course and some waiting. This also was the same for those residents being supported to eat their meal.

We saw a person being monitored closely by staff during the meal time. We were told that this was due to difficulties that this person had but there was no care plan in place to support these difficulties. We discussed this with members of staff and the manager in order that the issue could be addressed. We found evidence that fluid intake was not always monitored properly for a number of people. We did not see any evidence that people living at the home had suffered because of this.

We were told that residents in the dining room ate first, followed by those in the lounge. After this trays were taken to the rooms of people who were nursed in bed so that

they could be assisted to eat there. We spent 40 minutes observing lunch and at the end of this time there were still residents who hadn’t had their main course in the dining room.

The training matrix showed that the majority of staff had received training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Relevant policies and guidance were available in the home. An application had been made by the manager for one person living at the home to have their liberty deprived. This had been on the advice of a healthcare professional and the manager told us that the reasons for this would be discussed at the planned meeting for the individual.

Members of staff that we spoke with told us that they had received an induction to the service and regular supervisions and appraisals. We saw the evidence to support this.

Although the home was providing care for people with dementia there was limited evidence of orientation assistance around the building. The bedroom doors were coloured and there were boxes outside the doors with objects that were meaningful to the occupants such as photographs. However the lounge looked bare with few pictures on the walls and there was no orientation as to the day of the week, staff on duty, newspapers or directed routes of travel around the building. There was no stop off seating and sensory objects available to stimulate the sense of touch or smell.

We found care was not always guided by best practice. For example staff that we spoke with, although they had attended training in dementia care, could not tell us of any examples of current good practice. They did not have any ideas to improve the everyday lives for people living at the service that were dementia friendly. This showed us that staff were not knowledgeable in specific care of people who had dementia and meant that people may not always be supported in the most appropriate way.

We recommend that;

- **The provider reviews training for staff in providing dementia specific training, support and activities.**
- **The provider reviews the service provision to people living at the home at lunch times so that people are not waiting for long periods of time to eat their meals.**

Is the service effective?

- **The provider reviews training for staff in recording and acting on identified issues with people's fluid intake.**

Is the service caring?

Our findings

People we spoke with made many positive comments about the care provided at the home. None of the people who lived in the home, their visitors or the staff we spoke with raised any concerns about the quality of the care. One visitor to the home told us, “The staff are very good with dignity and in providing physical care. My relative’s room was always clean and tidy and they always looked snug in bed”. All of the people living at the service told us that the staff were kind and caring.

We spoke with relatives who told us; “Yes they (staff) are, kind, they still treat him as a person.” “They are very kind and professional.” “Our own staff yes, and some of the agency staff are quite nice people.” “The day staff are very nice and kind.” This relative had not come into contact with the night staff so couldn’t comment on them. We asked people if they had been involved in making decisions about their care, comments we received included; “Yes, I like to go back to bed at 3p.m. and watch TV.” “I get up and go to bed when I want.”

We also spoke with visitors about their involvement. They told us; “I’ve not been asked about my relative having a bath or shower or about bedtimes, but other aspects yes.” “Yes I’ve been involved in making decisions.” “Yes but the care isn’t reviewed very often, I can’t remember how long.” “We have discussed times to get up, but it’s when they can do it.”

Relatives also expressed the views that their relatives were well cared for at the end of their lives.

The staff worked towards the EOL GSF (End of Life Gold Standard Framework) to enable them to support people appropriately at the end of their life. We found that 13

members of staff had undertaken this training. The manager told us that individual plans were not put in place for people living at the service until the time when they required one.

We saw staff having conversations with people attempting to support them to express their views and there was evidence of people’s personal history and preferences etc. in care files. However relatives we spoke with stated that the service failed to communicate effectively with relatives who wished to become more involved with the care of their relative.

Throughout our inspection we saw that when people were being cared for or supported they were treated with respect and in a caring manner. However, in between times the carers on duty in the lounge, either stood or sat, observing the residents with no interaction with them, apart from talking to some residents who were shouting, or to replace a blanket. Once they had attended to the resident they went back to sitting down.

All the staff we spoke with said they believed that people were well cared for in this home.

We found that only one member of staff out of 33 had received training in equality and diversity. However, throughout our inspection we saw that the staff in the home protected people’s privacy. They knocked on the doors to bedrooms before entering and ensured doors to bedrooms and toilets were closed when people were receiving personal care.

We saw that people had been supported to make sure they were appropriately dressed and that their clothing was arranged properly to promote their dignity.

We recommend that;

- **The provider reviews ways and provides training for staff to interact and engage with people.**

Is the service responsive?

Our findings

We asked people living at the home if they had been asked for their views on the provision of their care. One resident told us “The staff never come to chat to me; they decide what television programme we watch in the lounge.” We also asked people living at the home if they had been asked for feedback on their care and we were told; “Never been asked.” “Can’t remember.” “They often ask me if I’m alright.”

Visitors and relatives told us: “I don’t find the manager helpful; you don’t get any feedback from her. I have also rung head office and I don’t get any satisfaction from there. I have never seen anyone from head office here.” and “I can’t complain.” One visitor asked us “Whose responsibility is it to inform me about things affecting my mum?” This was also reinforced by other visitors that we spoke to during the day.

We saw that the service had a complaints policy but this was not readily available within the service for staff, residents or relatives to read. References to making a complaint or positive comments were contained in the service user’s guide and statement of purpose but the address given for contacting CQC in writing was incorrect. Not everyone that we spoke with had received a copy of these documents. We did not see any specific documentation within the service informing people how they could raise a complaint or concern. During discussions with the manager we were told that the guide and statement of purpose were placed in people’s bedrooms and that she held a ‘drop in’ session on a Wednesday evening during which people could raise complaints or concerns. We were also told this by relatives. Some relatives could not attend the service when the ‘drop in’ was taking place but the phone number to contact the manager to make a private appointment was displayed on the wall. We did not see the CQC’s information leaflet ‘Tell CQC about your care’ available in the home.

We reviewed the complaints file and noted that there had been no complaints recorded for the current year, although people we had spoken with told us that they had complained recently. We discussed one of the incidents with the manager who told us that it had been reported to head office. This meant that information passed to the quality monitoring department may not always be accurate and therefore analysis of trends may be missed.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 as there was not an effective system in place for managing and responding to complaints.

Staff members that we spoke with told us that there were no regular meaningful activities taking place and that this was an area for improvement. We found that there was not an activities co coordinator employed by the service and there were no dedicated hours for activities assigned to any member of staff outside of their caring duties.

There was a lack of activities and interaction between staff and residents. We asked a member of staff what activities were carried out and they told us “There isn’t an activities co-ordinator.”

“We have a hairdresser on a Monday and we give manicures and hand massages.”

“We watch DVDs on a Friday in the cinema club”. I asked who chose the DVD and the member of staff said “We choose old films.” “There is also a man who brings a big screen in with curtains, he also brings popcorn. At the moment he is doing a medley of musicals and they like this.” This event took place monthly. “We had a Halloween party and reminiscence therapy and a musician visits.” “In the summer we take them out in the garden” although a relative told us “Residents only get taken outside if we’re here and stay with them.”

We asked if staff ever played with a soft ball and skittles with the residents, I was told “We have them but don’t have the time to do these things.”

There was a notice displayed in the hall way about a Harvest event that was to take place on the forthcoming week end, however none of the residents knew about it and when we asked a member of staff about it we were told “That’s nothing to do with us, it’s the church.”

We did not see any reference to any events planned for Remembrance Sunday that was on 9 November.

We recommend that;

- **The provider reviews and implements a planned programme of activities that are dementia specific to support people living at the home.**

Is the service well-led?

Our findings

We asked people about the culture of the home. People who lived there told us; “It feels homely.” “It seems to have a nice feel.” The relatives replies were mixed; “It feels nice, but sad.” “Good.” “There isn’t any atmosphere.” “It always feels very friendly, very nice.”

One relative told us “I’ve got a good relationship with the manager; she has done her very very best. If you have a problem you can talk to her.” And another “The manager does her best, but she’s always responsible to the office. I wonder if they understand the problems. They must have a reserve of staff.”

We asked the relatives if they had been asked to provide feedback on the care provided to people living at the home. Their replies included: “There was a relatives group and we had a questionnaire a while ago.” “They sent round a questionnaire a few months ago, we did have 2 meetings (of a relatives group) and then it didn’t happen again. We can go any time to discuss anything with the manager, but I feel we should have regular meetings.” “Sometimes the communication is not as good as it might be.” “We have a questionnaire every 12 months, but the forms have no bearing on people with dementia. I’ve never had any feedback, (on the questionnaires). “I’ve never been asked.”

The manager obtained the survey results from the provider for the questionnaire that had been sent out to relatives. She had not been made aware of these. They identified a mixed response of positive and negative feedback from 13 relatives who had returned them. We saw that there was no reference to supporting people with dementia in the survey. Comments included; “Geel and Hitchin are extremely poor at communication with relatives.” “No meetings with senior staff ever to discuss relatives care” “This place was never our choice for Mum...my mums care is bottom of the list...” Although the survey was dated March 2014 we were not shown any evidence of documentation as to how the provider or manager was working to address issues raised or relate positive comments to members of the staff team.

This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 as the provider was failing to give regard to the views of people who lived in the home and their relatives.

Following the inspection the provider has told us that they were arranging a meeting for relatives.

The manager told us that the service used different methods to ensure a positive culture was promoted. Staff stated they received an annual appraisal and regular supervision and records confirmed this. However as a large proportion of staff were from agencies and these staff would not be involved in methods to ensure a positive culture was promoted. We found that staff meetings had been held and saw that the manager had provided direction to staff with regard to appropriate behaviours for example. We did not see any recorded evidence of staff input or that good practice or innovations in dementia care had been discussed. We asked people for their views on the management of the home, all of the people living there who were able to speak with us said they thought it was well run but didn’t expand on that.

Communication was poor and information was not shared with people using the service, staff or relatives. One relative told us, “Communication is very poor. I find out information by chance and coincidence. I have had no response to e mails, I have no knowledge of my relatives named carer or of the key worker system.” This relative had not received a Statement of Purpose, a Service User Guide or a complaints policy. Another relative told us that open meetings for them held by senior managers from the organisation had not been well led or managed and the minutes had not been accurate. Following the meeting there had not been an opportunity for relatives to raise this. They told us “If I had an issue then I didn’t know who to go to”.

We spoke with a visiting health professional who told us that staff refer people appropriately for their services, were aware of any guidance and instructions that were issued and carried them out effectively to a good standard.

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

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Regulation 19 HSCA 2008 (Regulated Activities) Regulations 2010 Complaints

Complaints.

The provider did not have an effective in place to address and respond to complaints

Regulated activity

Regulation

Accommodation for persons who require nursing or personal care

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines

Management of medicines

The provider did not ensure that appropriate arrangements were in place to ensure the correct administration of medicines when they were required.

Regulated activity

Regulation

Accommodation for persons who require nursing or personal care

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision

Assessing and monitoring the quality of service provision

The provider was failing to give regard to the views of people who lived in the home and their relatives.