

Indigo Care Services Limited

Shevington Court Nursing Home

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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection was unannounced and took place on the 3 and 4 May 2018.

At our last inspection in March 2017 we identified breaches of Regulations 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the last inspection we asked the registered provider to complete an action plan to show what they would do and by when. During this inspection we followed up on these areas and found that most of those concerns we had raised at the last inspection had been addressed, however other areas had not. This was specifically with regards to the implementation of effective and robust quality monitoring systems.

At this inspection we identified continued breaches of 12 and 17 and an additional breach of Regulation 10.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

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

The service is registered to accommodate up to 46 people in one adapted building. At the time of the inspection there were 42 people living at the service.

The service is located in St Helens and is situated over one level. It has access to a private car park at the front of the premises and there is a small garden to the rear.

The premises were not fully secure and action needed to be taken to make this safe. The lock on one fire escape was broken which meant the door did not close securely. The garden gate was also open and allowed access to a road via a busy car park. This posed a risk of people exiting the service without the required level of support. It also compromised the security of the premises if unauthorised individuals were to access the service.

Sensor alarms were not in place on two other fire escape exits, despite signs on both doors asking staff to ensure sensor alarms were turned 'on'. Another of the fire doors had a sensor in place, however this was not turned on.

Five bedrooms had a strong odour and needed to be cleaned. We raised this with the registered manager and action was taken to clean these rooms thoroughly which made an improvement.

Action needed to be taken to make improvements to people's bedrooms. In some bedrooms we found furniture which was broken, wall paper which was peeling from the wall and in one bedroom an electrical socket hanging loose from the wall. We also identified some rooms overlooking the car park which did not have blinds in place to protect people's dignity.

Audits were in place however these had not been sufficient to identify and address those issues we had found during the inspection. We raised all our concerns with the registered manager and registered provider for them to address.

We have made a recommendation to the registered manager and registered provider around ensuring that processes were in place to promote equality and diversity within the service.

Meetings had been held with people and their relatives. This gave them the opportunity to ask questions about the service and keep abreast of developments. However, we identified that during one meeting information about our inspection in March 2017 had not been accurately communicated.

People were protected from the risk of abuse. Staff had received training in safeguarding vulnerable adults and knew how to report any concerns they may have.

There were sufficient numbers of staff in post. We reviewed staffing rotas which showed consistent numbers of staff were put on shift. We also made observations on the time it took staff to respond to call bells and found this to be reasonable.

Recruitment processes were safe, however we identified that references were not always obtained from referees specified on application forms. It is best practice to obtain references from applicant's most recent employer, or where this is not possible to outline an alternative option. We raised this to be addressed.

Staff had received the training they needed to carry out their role effectively. This helped ensure people received the care they needed.

People told us they enjoyed the food that was available. Snacks and drinks were provided to people throughout the day which helped people maintain a healthy weight and stay well hydrated.

Where required, people were supported to access support from health and social care professionals, which helped ensure people's health and wellbeing was maintained.

We observed examples that showed positive relationships had developed between people and staff. We overheard laughter and conversation and people told us they enjoyed the "banter" they had with staff. People's care records also contained information about their likes, dislikes and life histories which helped staff get to know the people they were supporting.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People's care records contained important and up-to-date information about their care needs. These outlined to staff what level of support needed to be provided. Daily monitoring records were kept up-to-date by staff which outlined the support that have been given.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Parts of the premises were not secure and posed as risk to people's safety.

Some people's bedrooms did not smell clean which showed infection control procedures were not as robust as they needed to be.

Safe recruitment processes were in place, however we raised some areas for improvement in relation to this.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Information was not always available in different formats for those people who required this.

Equality and diversity could be further developed within the service to ensure marginalised groups are supported.

People told us they enjoyed the food that was available.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Some people's bedrooms contained broken furniture and were in need of redecoration.

Not all bedrooms had blinds in place which compromised their dignity.

Positive relationships had developed between people using the service and staff.

Requires Improvement ●

Is the service responsive?

The service was responsive.

Good ●

Care records were in place which clearly outlined the support people required.

People commented that the support they received was personalised and met their individual needs.

There was a complaints process in place which was accessible to people. People told us they would feel confident making a complaint.

Is the service well-led?

The service was not always well led.

Audit processes had failed to identify and address issues identified during the inspection.

Staff meetings had taken place to help keep them up-to-date with any developments.

The registered provider was meeting their obligation to report specific events that occurred within the service to the CQC.

Requires Improvement 

Shevington Court Nursing Home

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 the 3 and 4 May 2018 and was unannounced.

The inspection was completed by two adult social care inspectors.

As part of the inspection we spoke with the local authority who gave us feedback on the service which we then used as part of our inspection.

As part of the inspection we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with five people using the service and three people's family members. We looked at three people's care records and looked at the medication records for four people. We spoke with four members of staff, the registered manager and the area manager. We looked at recruitment records for four members of staff. We made observations on the interior and exterior of the premises and looked at other records pertaining to the day-to-day running of the service, for example audits and maintenance records.

Is the service safe?

Our findings

People we spoke to told us they felt safe within the service. Their comments included, "Oh I feel safe alright and I'm treated very well by all of them (staff)" and "Yes, I feel safe here". One person's family member told us, "I have no worries about [my relative's] safety at all."

At the last inspection we found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the environment was not always kept safe. At this inspection we found ongoing issues in relation to the environment, resulting in a continued breach of this regulation.

We observed that the locking mechanism to one of the rear fire escape exits was broken which meant that the door did not close securely, allowing access into the garden area. We also observed that a gate in the garden area was open, allowing access to a neighbouring service's busy car park and the road. We spoke to the registered manager regarding this, who informed us that whilst they had people who would be unsafe to leave the premises without support, these people would be unable to leave due to their limited mobility. Whilst this mitigated some of the risk of people being able to leave the premises without the required level of support, this did not take into consideration those people who may move into the service in the future, and may be more mobile. In addition, the broken locking mechanism compromised the security of the premises and did not sufficiently protect people from unauthorised individuals coming into the service.

Two of the rear fire escape exits leading into the garden had signs in place reminding staff that door sensors needed to be turned on. These would alert staff should anyone try to leave the premises without the required level of support. However, we observed that neither door had a door sensor in place. Another of the rear fire escapes did have a door sensor in place, however this was not turned on. We raised this with the registered manager who acted to rectify this.

Parts of the environment were not always kept clean. In five people's bedrooms were found there was a strong smell of urine. In one case the bed had been made, however there was a strong smell coming from the mattress which was also stained. In another example there were stains on one person's carpet. We raised this with the registered manager and later found that these rooms had been thoroughly cleaned. This showed that infection control procedures were not always robust.

This is a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Throughout the inspection we observed staff wearing personal protective equipment such as disposable gloves and aprons. Hand soap and alcohol gel was available at dispensing units within the premises which helped staff maintain hand hygiene. This showed that other aspects of the service's infection processes were sufficient.

Recruitment processes were in place to ensure the safe recruitment of staff. Recruitment records showed that prior to employment being confirmed staff had been subject to a criminal background check, and had

been required to provide two forms of ID so their identity could be confirmed.

Although references had been obtained for staff they were not obtained in line with the provider's recruitment procedures for assessing the suitability of staff employed. In accordance with the provider's procedures references should have been obtained from the applicant's most recent employer/s. However references for two staff were obtained from sources not identified on their application form despite details of their previous employer/s being provided. A reference for two staff members were obtained from friends not detailed on their application forms and one was unsigned. No explanation as to why alternative references were requested was recorded within the recruitment records. We raised this with the manager who confirmed that this would be rectified.

Staff had completed training in safeguarding and were aware of the different types of abuse that could occur. There were posters within the service outlining the registered provider's whistleblowing procedure. Whistleblowing is where staff are able to raise concerns without fear of reprisals. The registered provider had reported any safeguarding concerns to the local authority as required.

Accidents and incidents were being monitored and where required action was taken to mitigate the risk of incidents from reoccurring. In one example a person had fallen three times within the service. A referral had been made to relevant health professionals to support with managing this person's needs.

Staffing levels were sufficient to meet the needs of people using the service. We checked rotas for the previous two weeks which showed that staffing levels were consistent. Staff responded promptly when people's call bells were pressed which helped ensure their safety and wellbeing.

Risk assessments were in place with regards to their care needs. For example, pressure area, falls and malnutrition risk assessments were in place and appropriate action had been taken to mitigate these risks as much as possible. However, we identified that there were no risk assessments in place around the application of paraffin based creams (which are flammable) and the use of bed rails. The manager updated us following the inspection, confirming these were now in place.

People were receiving their medication as prescribed. We checked the medication records relating to four people which showed that these were being completed as required. Controlled medication was being stored in line with legal requirements and when this was administered, this was signed by two members of staff as required. Those medicines that needed to be kept cool were being stored in a designated fridge, the temperature of which was being regularly monitored to ensure this stayed at the correct temperature.

Records showed that there had been issues relating to the reliance of the pharmacy supplying medication. We looked into this and found that the registered provider had acted appropriately to try and resolve these issues. We asked that the manager forward their concerns to the pharmacy regulator to ensure appropriate action could be taken in response to this.

Is the service effective?

Our findings

People told us they thought the staff were good at their job. Their comments included; "They [staff] are very good, they know what they are doing" and "They seem to be trained well".

During the inspection we observed that some adaptations had been made to the environment to meet the needs of people using the service; for example, signage was available throughout the service to help people to orientate themselves. Different colour schemes were also used to help with contrast, for example bedrooms doors were painted different colours to the corridors. This can help people who experience visual difficulties.

The registered manager told us that there were facilities in place to ensure care records were available in different formats; for example, for people living with a visual impairment. This would enable people to access information about their care needs. However, the registered manager also told us that this had not been considered for those people living at the service who may benefit from this. Menus were also not available in alternative formats, for example photographic menus, which can help people who may experience difficulties with reading.

We were informed by the registered manager that there were no specific initiatives or mechanisms in place to ensure people from the LGBT community felt safe and able to express themselves. Having strategies in place around this can be an important part of protecting people from discrimination and enabling them to retain important aspects of their identity.

We recommend that the registered provider seek advice and guidance from a reliable source around promoting equality and diversity within the service.

At the last inspection in March 2017 we made a recommendation to the registered provider around ensuring they were meeting the requirements of the Mental Capacity Act 2005. During this inspection we followed up on this and found that action had been taken to address those issues we had identified.

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 Act 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met and found that they were.

People's care records contained information about their ability to make decisions and where required mental capacity assessments had been completed. This helped ensure that their rights and liberties were being protected in line with the MCA.

Records showed that staff had receiving training in areas such as moving and handling, infection control and fire safety. Training was provided through a mixture of class room based learning and e-learning which is provided online.

An induction was in place for new members of staff which included a period of shadowing experienced members of staff. New staff were required to complete the Care Certificate which is a nationally recognised set of minimum standards which care staff are expected to meet. This helped ensure that staff had the knowledge and skills needed to carry out their role effectively.

Records showed that staff had received supervision from the manager. This gave staff the opportunity to discuss any training or development needs they may have. It also enabled management to raise any performance related issues with staff and set objectives for improvement.

People were provided with regular snack and drinks throughout the day and they told us this was usual. This included people who occupied their rooms.

The chef held information in the kitchen about people's dietary needs, for example food textures and high and low sugar diets. The food stores were well stocked to cater for people's dietary needs for example there was plenty of full fat cream and cheese for people who required a fortified diet and there was a good stock of fresh fruit.

People had been supported to access health care professionals such as their GP where appropriate. People's care records contained a professional's communication log where updates regarding their health needs were recorded. Action was taken in response to advice from health professionals which helped to ensure their continued wellbeing.

Is the service caring?

Our findings

People told us that the staff were caring, kind and respectful. Their comments included; "Oh they [staff] are ever so good and yes they are very kind" "No problems with them [staff] they are polite and yes they do treat me with respect" and "They never come in my room without knocking first". One person's family member told us, "[Staff] have banter with [my relative]. They're very good".

Whilst we observed some good areas of practice, such as interactions between staff and people, we also observed some parts of the service that needed to be improved.

Furniture in four people's bedrooms was broken and in need of repair. This included drawers which were collapsing and the end of one person's bed which was hanging loose. In one person's bedroom the wall paper on one wall was ripped and peeling away. In other bedrooms, door handle plates were loose, cracked and broken. In one bedroom an electrical socket was not securely attached to the wall. This contrasted with some of the unoccupied rooms that had been newly refurbished and contained sturdy, better quality furniture.

Some bedrooms overlooked the car park and did not have blinds in place to prevent people from seeing in. During the second day of our inspection we were able to see one person lay in bed before staff noticed and closed their curtains. In another example we met with one person who was relaxing in bed in their room which overlooked the car park. The curtains were closed to maintain the person's privacy, however they said it was a little dark and they would like blinds so that they could see out of their window whilst still having their privacy maintained.

In the lounge areas fruit was available for people, however in one bowl we observed six pieces of rotten fruit mixed in with other, edible pieces of fruit. We gave these to a member of staff to dispose of.

These issues demonstrated oversights within the service which impacted upon the provision of dignified care.

This is a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Throughout the inspection we observed positive interactions between people and staff. We overheard laughter and staff speaking kindly to people. One person told us they enjoyed the "banter" they had with staff. In other examples staff bent down when speaking with people to ensure eye contact was maintained and so people could hear. They gave people choices about where they wanted to sit and how they preferred to spend their time.

We saw examples where people had personalised their rooms with ornaments, pictures, plants and items of their own furniture. One person said having their personal belongings around them was important as it helped them feel more at home.

People told us that the laundry service was good. They said that their clothes and other personal items were returned to them in good time and that they were nicely laundered. We come across some towels which had holes in them and were frayed. We pointed this out to the registered manager and she arranged for them to be disposed of.

People's personal information was protected. Offices which contained personal information were locked when not in use and passwords were used to restrict access to computers which contained information about people.

Is the service responsive?

Our findings

One person's family member told us staff were good at supporting their relative to manage their complex health needs. Records showed that staff had received the training they needed to provide support to this person. Both the person and their family member told us that staff provided support in a person-centred manner.

Care records were in place which outlined to staff what support they required. These included information such as any physical or mental health needs, the support they required with daily tasks such as personal care, eating and drinking and maintaining their oral health. Where people required more complex support, for example where people had nutrition provided through a feed directly into their stomach, clear protocols were in place for staff. These had been developed in conjunction with relevant health professionals.

People's care records contained personalised information such as their likes, dislikes and preferred daily routine. For example, one person's care plan stated the time that they preferred to go to bed and that they enjoyed sleeping with a sheet in place rather than a duvet. We followed up on this with the person to ensure their preferences were being followed and found that they were. In other examples records included details of people's life histories or important relationships. This provided staff with the information they needed to help develop positive relationships with people.

Information in care records was clear and had been reviewed to ensure it was up-to-date and accurate.

We discussed people's individual needs with staff to ensure they were familiar with the care that needed to be provided and found that they were. We also spoke with a member of agency staff who showed us that they had attended a handover which provided them with up-to-date information regarding people's needs. They also kept a profile of people's needs on their person so that they could refer to this if needed.

There was an activities coordinator employed at the service who had recently taken up the post. They showed a lot of enthusiasm for developing this aspect of people's care. People were encouraged and supported to engage in a variety of activities including art and crafts and gentle exercises. During the inspection the activities co-ordinator was supporting people to bake, which they appeared to be enjoying. We also observed people joining in quizzes and engaging in one to one activities with staff. People confirmed that they were offered activities which they enjoyed.

Information about how to complain was on display at the service. People and family members told us that they had been given information about how to complain and that they would complain if they needed to. One person said, "I have not problems telling anyone if I didn't like something" and another said "I'd let them know alright if I was unhappy about anything".

People had been asked about their preferences with regards to end of life care. For example, some people had expressed a wish to remain at the service in the event of their health declining instead of being moved into hospital. Where people had also decided they did not wish to be resuscitated, this had been authorised

by the person's GP and was appropriately recorded at the front of their care file. This helped ensure that their needs could be fulfilled in line with their wishes.

Is the service well-led?

Our findings

There was a registered manager in post within the service. People and family members knew who the registered manager was and they said she was visible around the service. Staff spoke positively about the registered manager and told us they felt supported.

At the last inspection we identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because quality monitoring processes were not robust enough to maintain quality within the service. At this inspection we identified an ongoing breach of this Regulation.

Quality monitoring processes were in place within the service; however, some of our findings show that these were not always robust enough to ensure 'good' quality care was provided in all areas. For example, maintenance records showed that the registered manager had identified one of the rear fire doors needed replacing on the 13 April 2018 and had reported this to the registered provider. Despite this, no action had been taken to make this safe.

We also identified issues with cleanliness in parts of the service, the state of repair to some aspects of people's bedrooms and ensuring that people's dignity was maintained. We raised these issues with the registered manager who acted to make improvements with regards to these issues during the inspection.

This is an ongoing breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Other aspects of quality monitoring systems helped to promote the provision of good quality care. For example observations of staff practice took place on a monthly basis. In March 2018 six members of staff were observed to ensure they carried out good infection control procedures. These observations showed that no issues had been identified with regards to staff practices.

Other audits of the service included monitoring of people's weights, medication and reviewing care plans. Where any issues were identified action was taken to address these.

The registered manager had also carried out a night time checks to ensure the night shift was running effectively. The most recent of these had taken place in March 2018 and had looked at areas such as people's access to call bells and ensuring sluice rooms were locked.

A 'lessons learnt' document was in place which was updated where incidents had occurred. For example, one meeting discussed a fire-related incident that had occurred at another service. This aimed to reduce the likelihood of incidents from occurring by analysing what went wrong and any preventative measures that needed to be implemented. This information was then shared with staff to ensure any actions could be put into practice.

Meetings were taking place with people using the service and their relatives; however, the minutes from a

meeting held on the 9 June 2017 showed that a discussion had taken place about the findings of the CQC's inspection in March 2017. During this meeting an accurate portrayal of our findings had not been given. For example, it was stated that our concerns in relation to the "well led" domain were "purely" in relation to the manager not being registered with the CQC. This was not accurate as we had also identified a number of other areas of concern in relation to quality monitoring within the service.

The minutes from this meeting also stated that our findings during the March 2017 inspection had identified concerns in relation to the "Effective" domain, because the registered provider's paperwork was not being used. This was not accurate as we had identified issues with the registered provider's compliance with the MCA.

The registered manager has a duty to be open and honest in their communications with people, which had evidently not taken place during this meeting.

Other meetings had taken place with staff which helped keep them abreast of developments within the service.

The registered provider has a duty to notify the CQC of specific events that occur within the service. Prior to the inspection we reviewed information that had been sent to us regarding the service and found that this was being done.

The registered provider is required by law to display their most recent CQC rating. During the inspection we found that this was being done.

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	Regulation 10 HSCA RA Regulations 2014 Dignity and respect Parts of the environment had not been well maintained, which impacted upon people's dignity being protected.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Action needed to be taken to address issues within the premises that posed a risk to people using the service.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Quality monitoring processes were not robust enough to maintain standards within the service.