

Sefton New Directions Limited

James Dixon 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 ●

Summary of findings

Overall summary

About the service

James Dixon Court is a residential care home providing personal care to 22 people at the time of the inspection. The service can support up to 30 people. The building is on one level and is used to provide services to people with both long-term and short-term care needs.

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

Medicines were not safely managed in accordance with the relevant guidance. Some care records were incomplete which meant that people were at risk of receiving care which did not meet their needs and preferences.

Processes for monitoring and improving the quality and safety of care were not robust. Important information was missing from care records and other information had not been regularly reviewed. Audits and other management processes had failed to address a wide range of concerns identified during the inspection. The action plan developed after the last inspection had not been properly implemented in accordance with the agreed timescales.

You can see what action we have asked the provider to take at the end of this full report.

Records did not always identify individual risk or instruct staff on safe practice. Risk in relation to emergency evacuation was not regularly assessed. Records relating to the management of environmental risk, for example the testing of emergency lighting, were not always completed in accordance with the provider's schedule. There was no clear system in place for reviewing accidents and incidents which would reduce the level of risk going forward. We made a recommendation to improve practice.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. However, the records relating to the assessment of capacity and decision-making were not completed to a consistent standard. We made a recommendation to improve practice.

We received mixed feedback regarding the choice of food and found people's needs and preferences for food and drinks were not always met. We made a recommendation to improve practice.

The process for receiving and acting on complaints and concerns was not robust. We were told by some relatives they had raised concerns and made complaints in the past. Most people said they received a satisfactory response. However, only one complaint was recorded in 2019. We made a recommendation to improve practice.

People expressed their satisfaction with the way staff provided care and spoke positively about them. However, we saw evidence people were not always treated with care and respect. For example, leaving

people without access to pain relief and failing to ensure they were properly hydrated.

Staff were deployed in sufficient numbers to meet people's needs. However, some recruitment records were not maintained in accordance with legislation.

Visiting professionals spoke positively about the staff and how they supported people with their healthcare needs. James Dixon Court provided 'reablement' services to people who needed care and rehabilitation following a stay in hospital. We saw evidence that this aspect of the service had been successful in supporting people to return to their homes.

Information was available in a range of formats to help people understand. Staff told us they knew people's preferred methods of communication which was recorded in most care records.

People were encouraged to maintain relationships and take part in activities. We received mixed comments regarding the activities available to people.

The service did not provide sufficient evidence of improvement since the last inspection. More work is required to achieve consistently good outcomes. Throughout the inspection managers were open and responsive when concerns were identified.

Staff took time to speak with people and discuss options before providing care or activities. Staff were attentive and supported people in a timely manner to promote their privacy, dignity and independence.

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

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 8 March 2019) and there were two breaches of regulation. 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 not been made and the provider was still in breach of regulations. The service remains rated requires improvement. This service has been rated requires improvement for both inspections since a new provider assumed legal responsibility for the service.

The inspection was prompted in part due to concerns received about the administration of medicines. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. Please see the Safe, Responsive and Well-led sections of this full report.

Enforcement

We have identified breaches in relation to the management of medicines, management of risk, record-keeping and audit processes at this inspection. We have issued warning notices in relation to the breaches. Full details can be found at the end of the full version of this report.

Follow up

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

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team included two inspectors, a medicines' 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 care service.

Service and service type

James Dixon Court is a 'care home'. People in care homes 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 an active manager registered with the Care Quality Commission. The registered manager had left the service and the new manager was in the process of applying to become registered. 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 unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and four relatives about their experience of the care provided. We spoke with 13 members of staff including the Head of Operations, manager, two senior care workers, seven care workers, an occupational therapist, a chef and a visiting District Nurse. We observed the delivery of care and interactions with staff. We did not complete a SOFI (short observational framework for inspections) because it was clear that people were actively engaged by staff throughout the inspection.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found and confirm what action was proposed to reduce the level of risk. We looked at training data and quality assurance records.

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 remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

At our last inspection the provider had failed to ensure that medicines were administered safely by appropriately skilled staff. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- Staff responsible for the administration of medicines had not had their competency assessed as required.
- Night staff were not trained to administer medicines which meant that people experienced unnecessary delays if they required medicines after 9:00 pm.
- Stock control systems were ineffective resulting in two people being left without pain relief medication.
- Care plans for PRN (as required) medicines and creams were not sufficiently detailed. For example, some PRN plans did not describe how the person would let staff know they were experiencing pain.
- Medicines were not always stored safely in accordance with guidance. For example, the recorded temperature of the medicines' room regularly exceeded the recommended limit of 25 degrees. This meant that some medicines may not work as intended.
- Controlled drugs (drugs with additional controls in place to reduce the risk of misuse) were not always managed in accordance with legislation.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate the administration of medicines was safely managed. This placed people at risk of harm. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Risk was not always managed safely.
- The records that we saw did not always identify individual risk or instruct staff on safe practice.
- Risk in relation to emergency evacuation was not regularly assessed. The last recorded fire evacuation was on 12 August 2018.
- Records relating to the management of environmental risk, for example the testing of emergency lighting, were not always completed in accordance with the provider's schedule.
- There was no clear system in place for reviewing accidents and incidents which would reduce the level of risk going forward.

We recommend the provider reviews systems and processes for the management of risk to ensure they are robust.

After the inspection the provider confirmed the action it had taken to reduce the level of risk and improve practice.

Staffing and recruitment

- Staff were recruited safely and appropriate checks were completed. However, some older records transferred from a previous provider did not contain a full employment history or proof of identification as required.
- Records were not consistently structured which made checking important information difficult.
- We discussed our concerns with the manager who confirmed that the records would be checked and updated to meet the relevant requirements.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us the service was safe and they had no concerns in this regard. One person said, "I am very safe. I just press my buzzer and the girls come to me."
- Staff had received training in adult safeguarding and understood their responsibility to report abuse or neglect.
- Referrals to the local authority had been made appropriately and adequate records were maintained.

Preventing and controlling infection

- Staff had received training around preventing and controlling infection and had access to relevant guidance and information.
- Personal protective equipment was available throughout the service for staff to use when providing personal care.
- Routine cleaning was carried out and the service was seen to be clean and hygienic. A relative said, "I think the home is clean and well decorated."

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People's needs and preferences for food and drinks were not always met.
- We received mixed feedback regarding the choice and quality of food available. One person commented, "The food is not to my liking but they do try hard."
- Some daily records did not reflect a safe intake of fluids. This placed vulnerable people at risk of dehydration.
- There was no choice of main meal offered unless people requested one. There were no menus available to assist people in making a choice.

We recommend the service reviews the provision of food and drinks to ensure that people are given an adequate choice of healthy alternatives.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Applications had been made to the local authority where people's liberty was restricted.
- Staff understood the principles of the MCA and acted accordingly. We saw that people were asked to provide consent before staff provided care.
- However, documentation relating to capacity assessments and other MCA processes was not always present in care records.

We recommend the service reviews its documentation to ensure the requirements of the MCA and DoLS

have been met.

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

- People's needs were not always fully assessed and reflected in care records.
- Some of the records we saw did not contain a completed service user assessment. This meant that the provider could not be certain they could meet people's needs before their admission to the service.
- Systems for the administration of medicines did not comply with the best-practice guidance for care homes.

Staff support: induction, training, skills and experience

- Staff told us that the frequency of formal supervision had improved and they felt well-supported by the provider.
- Most staff training had been completed in accordance with the provider's schedule.

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

- The service worked effectively with other agencies to provide care.
- Visiting professionals spoke positively about the staff and how they supported people with their healthcare needs.
- James Dixon Court provided 'reablement' services to people who needed care and rehabilitation following a stay in hospital. We saw evidence that this aspect of the service had been successful in supporting people to return to their homes.

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

- The service was adapted to meet the needs of people living there.
- Corridors were wide and well-lit. Handrails were provided throughout the building and specialist equipment was available to support people who needed assistance with personal care.
- There was some signage to support people living with dementia. However, this did not extend to directional signage which would have helped people to orientate themselves and be more independent within the service.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity

- People were not always cared for in accordance with their needs and preferences.
- People expressed their satisfaction with the way staff provided care and spoke positively about them. One person told us, "The staff are very kind and caring." However, we saw evidence people were not always treated with care and respect. For example, leaving people without access to pain relief and failing to ensure they were properly hydrated.

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives were supported to express their views and be involved in decisions about care.
- Staff took time to speak with people and discuss options before providing care or activities.
- People and their relatives attended regular meetings to discuss the service, proposed changes and improvements.
- People said they could also approach a member of staff or a manager at any other time if they needed to.

Respecting and promoting people's privacy, dignity and independence

- Staff were attentive and supported people in a timely manner to promote their privacy, dignity and independence.
- Staff were alert to people's personal care needs or behaviours that might compromise their dignity.
- People were supported to be as independent as possible. The service employed specialist staff who worked with other professionals to improve people's confidence and independence which allowed them to return safely to their homes.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

At our last inspection people's plan of care and risk management did not always record the care and support they needed, or reflect relevant changes, to ensure they received safe effective care. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Records did not always contain enough detail to instruct staff how to deliver personalised care.
- Not all care records held a completed assessment of people's needs. Other records did not contain care plans to guide staff in the completion of their duties.
- Information was held in more than one file which made it difficult to assess the accuracy and completeness of the care records.
- Important records in relation to people's daily care needs were not readily available, and in some cases indicated concerns that had not been addressed. For example, incomplete records of fluid intake.

We found no evidence that people had been harmed however, records were not completed to a standard which demonstrated people received personalised care to meet their needs. This placed people at risk of harm. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We also saw some positive examples of personalised information in care records. For example, two care records contained detailed information on people's histories, likes and dislikes.

Improving care quality in response to complaints or concerns

- The process for receiving and acting on complaints and concerns was not robust.
- The service had a complaint's procedure in place, but this had not been shared with everyone using the service or their relatives.
- We were told by some relatives they had raised concerns and made complaints in the past. Most people said they received a satisfactory response. However, only one complaint was recorded in 2019.
- We discussed this with the manager and senior colleagues. The manager had only been in place for a matter of weeks and was unable to comment on the process prior to their appointment.

We recommend the service reviews the procedure for receiving and acting on complaints to ensure that it is clear and accessible to people using the service and their families.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service met the requirements of the AIS. Information was available in a range of formats to help people understand.
- We saw evidence of important information written in plain English and supported by images.
- Staff told us they knew people's preferred methods of communication which was recorded in most care records.
- One person had a record of important phrases translated into another language to help staff communicate. We heard a senior member of staff talking to this person in their native language during the inspection.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were encouraged to maintain relationships and take part in activities. One relative commented, "[Family member] enjoys having company of the staff and other ladies; this is very important."
- People and their relatives spoke positively about the service's approach to visits and communication. We saw that family visits took place throughout the day.
- People could choose to meet with family and friends in their rooms or communal areas.
- We received mixed comments regarding the activities available to people. Some people said they were okay, while others said they weren't stimulating enough. One relative told us, "[Relative] gets bored because there is not enough to do." While a person living at James Dixon Court said, "I am not interested in activities."
- We spoke with staff who explained the difficulties in motivating some people to join-in. They also told us about plans to increase activities away from the service.

End of life care and support

- James Dixon Court does not regularly provide end of life care. However, people's end of life needs and wishes were considered as part of the care planning process.
- We saw limited evidence of people's end of life needs being recorded, but this was not present in all care records.
- We spoke with staff and were provided with examples where people's needs and preferences had been supported by the service in accordance with their religious and cultural needs.

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 remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our last inspection systems or processes to assess, monitor and improve the quality and safety of the service were not fully effective. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

James Dixon Court did not have an active registered manager. The previous registered manager had left the organisation and the current manager was in the process of completing their application to become registered.

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

- Processes for monitoring and improving the quality and safety of care were not robust.
- Important information was missing from care records and other information had not been regularly reviewed.
- Some of the audits we saw did not provide reassurance the relevant standards and regulations were consistently met. The range of documents and processes evaluated, and the frequency of some audits was not sufficient. For example, only one care record was reviewed each month.
- Audits and other management processes had failed to address a wide range of concerns identified during the inspection.
- The action plan developed after the last inspection had not been properly implemented in accordance with the agreed timescales.

We found no evidence that people had been harmed. However, systems and processes were not adequate to ensure the relevant standards and regulations were consistently met. This placed people at risk of harm. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service provided evidence of development since the last inspection, but more work is required to achieve consistently good outcomes. One person said, "[Manager] is improving things since he came."
- Throughout the inspection managers were open and responsive when concerns were identified. They

demonstrated an understanding of person-centred care which was not always evident in care records and processes.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood its responsibilities in relation to the duty of candour. However, systems and processes did not always identify issues of concern.
- We saw examples where the provider had acted in accordance with regulatory requirements. Notifications to CQC and referrals to the local authority were completed as required.

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

- People and staff were engaged through invitations to regular meetings.
- We saw evidence these meetings had been used effectively to share information and discuss areas of improvement. For example, staff training and repairs to the building.
- The service also issued surveys to gather people's views, but this had not happened since the last inspection.

Working in partnership with others

- The service worked with commissioners from the local authority and the Clinical Commissioning Group to meet local need.
- We saw that the service had been effective in supporting people to regain their skills, confidence and independence and return to their own homes.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Staff administering medicines had not had their competency assessed. Systems for the management of controlled drugs were not robust. Medicines were not always stored in accordance with best-practice. Plans for the administration of PRN and topical medicines were not sufficiently detailed.</p>

The enforcement action we took:

Warning notice issued.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Records were incomplete and not maintained to an appropriate standard.</p> <p>Audit processes were not sufficiently robust to identify and address issues of concern.</p> <p>Improvements had not been made since the last inspection in accordance with the provider's action plan.</p>

The enforcement action we took:

Warning notice issued.