

Nugent Care

# Nugent Community Choices (Sefton)

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Nugent Community Choices (Sefton) is part of Nugent Care organisation and is registered to provide personal care for twelve people who require support and care with their daily lives. There are four supported living homes where staff support people 24 hours a day.

At the last inspection the service was rated Good. At this inspection we found the service remained Good.

The service did not have a registered manager as they had left the service on the 25 May 2018. There were two acting managers in post who we spent time with discussing the service provision.

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

The service had been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. We saw that people with learning disabilities and autism who used the service were able to live as ordinary a life as any citizen.

We spoke with three of the twelve people who were receiving care and support and four relatives who all gave positive feedback about the service and the staff who worked in it. We saw that people were supported by a willing staff team who were encouraging, supportive and respectful.

People were encouraged and participated in various daily activities of their choice. Care plans were person centred and driven by the people who were being supported in their own homes. They detailed how people wished and needed to be cared for. They were regularly reviewed and updated as required.

Staff spoken with and records seen confirmed training had been provided to enable them to support the people with their specific needs. We found staff were knowledgeable about the support needs of people in their care. We observed staff providing support to people throughout the second day of our inspection visit when we went to one of the supported living homes. We saw they had positive relationships with the people being supported. There was a happy, warm atmosphere in their home. We saw that people communicated in specific ways and the staff were confident and competent at successfully communicating in the person's preferred method of communication.

The acting manager understood the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). This meant they were working within the law to support people who may lack capacity to make their own decisions. We saw that people were supported to make their own decisions and their choices were respected and at all times the least restrictive option was taken. Assistive

technology was in place to maximise people's independence and ensure that their privacy and dignity was respected.

The acting managers used a variety of methods to assess and monitor the quality of the service. These included regular audits of the service and staff meetings to seek the views of staff about the service. The acting managers worked closely to support staff and people in the four supported living homes and provide quality support to staff to enable them to provide proactive, individualised care and support.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service remains Good

### Is the service effective?

Good ●

The service remains Good

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Nugent Community Choices (Sefton)

## **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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on the 19 and 20 June 2018 and was announced. We gave the service 24 hours' notice of the inspection visit because the location provides a small supported living service and staff are often out during the day at the supported living locations. We needed to be sure that they would be in. It was carried out by an Adult Social Care Inspector.

Before the inspection we contacted three council contracts departments. They told us that they had no concerns about the service. We looked at all of the information that CQC had received about, and from, the service since the last inspection. This included notifications about issues that had happened in the service. We also received from the service a Provider Information Record (PIR).

During the inspection we visited the office and on day two visited one of the supported living homes, where we looked at all parts of the premises. We spoke with two acting managers, the head of residential services, a senior support worker and three support workers. We met with three people in their supported living home, and we spoke with four relatives on the telephone. We observed staff interacting with people in their homes. We looked at staff rotas and training records. We looked at health and safety records and other risk assessment records. We looked at the care and support records for the three people who we visited at home.

# Is the service safe?

## Our findings

We asked four relatives if they felt that their family members were safe. One relative told us "He is very happy and safe. If something happens they always keep me informed". Another relative said "The staff are wonderful, I am sure he's as safe as one can be".

We looked at medicines management in the supported living home and saw that it was good. People's medication was in their bedrooms and there was a medication fridge in the kitchen for any medicines required to be stored at a certain temperature. The medicines were regularly audited and checked at every handover. We saw that medication protocols were in place for as and when required medicines.

We saw that the supported living home we visited was clean and well maintained. The staff kept it clean and there was a cleaning schedule to ensure that everywhere got cleaned regularly. We checked the premises safety certificates and saw that they were up to date. The acting manager informed us that the landlords were very effective in maintenance works that were required.

The home visited did require remedial work and was in need of redecorating specifically in the communal rooms and bathrooms. We were sent a copy of the plan of works that had been agreed and the work would begin in July 2018.

We looked at the risk assessments for three people and saw that they were managed well. The risk assessments were stored electronically on 'Caresys' the software system used by Nugent Care. This meant that all updates were electronically dated. We also saw that accidents and incidents were closely managed and near misses were recorded and shared so that future incidences could be reduced or avoided. Staff told us that they understood the behaviour patterns of the people they supported and acted immediately when required. This information was recorded in the risk assessment records we looked at.

We saw that staff had up to date training in safeguarding and in discussion they told us the procedure of what to do if they were concerned about the people they supported in their home. The provider had a system where any safeguarding concerns were sent directly to the provider's senior managers as well as the local authority and the CQC. Safeguarding concerns were rare at Nugent Community Choices (Sefton) and there had been one since the last inspection in 2016. Whistleblowing information was available for staff but there had been no concerns raised since the last inspection.

We saw that the service locations were staffed by a consistent staff team who had mostly worked for the provider organisation for a long time. We looked at the rotas and saw that staffing levels were maintained and the people supported in their homes always knew who would be supporting them. There had been six new staff members recruited since our last inspection. The provider was able to demonstrate that they had been recruited robustly following the recruitment policy in place. We were informed about a disciplinary procedure being followed due to an incident at one of the supported living homes. The information shared and actions taken by the provider informed that it had been investigated as required by the provider's policy.

# Is the service effective?

## Our findings

One relative told us "The staff know [relative's name] so well and ensure he is receiving the care and support that he needs. Any changes they contact me straight away, just fantastic".

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We spoke with the acting manager and found that they had a clear understanding of the MCA and DoLS. We saw that they considered people's choices at all times. We saw that DoLS applications had been made for people living in the supported living homes for whom it was thought necessary in order to protect their human rights. We were provided with a record and matrix that included all relevant information and dates to show what actions the provider was taking and what was in place.

There was assistive technology in one supported living home in place for one person who had seizures. The equipment was designed to detect the symptoms associated with seizures. The introduction of its use had enabled the person to have privacy and independence whilst in bed. This meant that the least restrictive form of monitoring was in place to maximise the privacy that they could have.

The staff were trained regularly and this was demonstrated by the providers on line records. Staff had training in all of the relevant areas and in additional areas to meet the needs of the people whom they supported. Staff had regular supervision from their line managers and an annual appraisal. We saw the records for five staff and supervision sessions were scheduled in to show when they were due and then recorded when they took place. We could see that all staff were offered regular and ongoing support to enable them to do their jobs safely.

We saw that people had regular access to health care and their care files showed that people were monitored closely. We saw that the support staff knew the people well. People had differing and complex health conditions and staff demonstrated that they were knowledgeable about these.

We saw that in the home we visited that people were supported to eat a varied and healthy diet. One person has special dietary needs due to being intravenously fed by a percutaneous endoscopic gastrostomy (PEG) the staff were all aware of how this person needed to be supported so they could eat safely.

## Is the service caring?

### Our findings

We asked people if staff were kind and respectful and all said yes. One person told us "Staff are good I am happy".

A relative told us "[Person's name] is so well cared for by the staff, they go above and beyond to make sure he's happy. We go and visit as often as we can without informing them and we are always welcomed. The support from staff is excellent, we wouldn't want him anywhere else". Another relative said "Brilliant care and support when we visit [relative] always looks smart and is always happy. I know he's happy and that makes us all happy".

We observed the staff interacting and supporting people and it was obvious that the staff knew them well and how it was best to support them. Staff were very observant of people's behaviour and we saw that they were able to identify cues and respond accordingly. There were good records of communication with daily records informing of what care and support had been provided by staff and if there was any communication to or by medical professionals.

We saw that staff were mindful and supportive of people's preferred method of communication. People living in their supported living home communicated in different ways and the staff were all conversant in these various forms of communication. The staff supported us to communicate with one person. They did this in an unobtrusive way, encouraging the person to take the lead and only joining in when asked.

We saw that people's confidentiality was maintained in their home. Records were locked away in a small staff office. Staff were careful that none of the people could access information about the other people in their home.

We saw that the care and support provided was person centred and led by the person receiving the care. Staff were very much guests in the people's home and this was very apparent. We observed warm, positive relationships with staff providing very individualised support to meet people's needs. The acting manager told us that no one in the home was currently supported by an advocate to help them with decision making but that they knew where to access this support should it be required. The head of the residential services informed us that there were six people who had a Deputy Appointed Court of Protection in place and four people had Lasting Powers of Attorney.

Nugent Care Choices (Sefton) had a service user guide in place that gave people a good range of generic information regarding the service that was provided including equal opportunities, recreational activities and health and well-being. The service had added information regarding their own philosophy of care and their own principles and values. All information for people was also available in pictorial form, this included person centred care and support plans if requested.



## Is the service responsive?

### Our findings

We spoke with one relative who told us "My [relative name] is so happy he chooses what he does with the support of staff, they are so good". Another relative said "The staff work with my brother to provide what he wants but obviously they have to support him to go out. The staff are very good and he is happy there"

The relatives we spent time talking with all told us that they visited the supported living homes regularly and staff always ensured that communication was a constant. We were told that they were always welcomed and were provided with private space to spend time with their relatives.

We saw that staff were responsive to people's needs and recognised when these changed and how to act accordingly. We heard how one person who had a car was supported to go out daily with staff to where he chose to go. The focus was on their ability rather than any disability.

We saw that there was a complaints procedure in place. The procedure was available in pictorial form to make it accessible for people who may struggle to read. We looked at the complaints management and saw that there had been no formal complaints since the last inspection.

All four relatives told us they had, had no reason to make a complaint but were aware of how to. One relative told us "They would know if [name of person] was not happy as they would be vocal about it. I am not aware of him being unhappy about anything, the staff are very nice".

Individual care and support files were in place for the people living at the supported living home and we looked at the three of these in detail on the providers software system 'Caresys'. The care files contained clear assessments, guidance and information about the person and how to support them effectively. This included the support people needed to manage their health and personal care, finances, medication and day-to day lives. There was clear person centred information that had regularly been updated. The records showed how the person wished to be cared for and what was important for staff to know about them. The care plans were stored electronically on the 'Caresys' system. We saw clear records of how to support people with individualised care. For example one person's file described how they had introduced foods for pleasure to help them manage their behaviour due to being fed intravenously by PEG. Another person's records informed they liked go out daily in their car and this involved visiting their family.

There were end of life records in place in the care plan files of the three people we looked at; there was little information in place with their religious practices. The acting manager told us that they would complete the record with all of the necessary information if they were supporting a person at the end of their life.

## Is the service well-led?

### Our findings

A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The service did not have a registered manager they had left the service on 24 May 2018 after being in post for a number of years. We were told by the head of residential services that they were advertising the registered manager's post.

The acting managers understood their responsibilities in relation to the services and to had updated us with notifications and other information. From April 2015, providers must clearly display their CQC ratings. This is to make sure the public see the ratings, and they are accessible to all of the people who use their services. The rating was displayed in the main office and on their web site.

There were two acting managers in post who we spent time talking with. One acting manager was involved in the two days of the inspection and was present at the supported living home.

We looked at the arrangements in place for quality assurance and governance. Quality assurance processes are systems that help providers assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. We reviewed several audits and checks and these included checks on health and safety, staff records, care records and medicines. We saw that these checks were carried out regularly and thoroughly and that any action that had been identified was followed through and completed. The head of residential services informed us that the executive team visited the people in the four supported homes every few months to ensure they were happy with their care and support.

We saw that staff meetings were held and were recorded and minutes kept for future reference. The care service had been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. We saw that people with learning disabilities and autism who used the service were able to live as ordinary a life as any citizen.

We were given information from the acting manager about a new initiative for people using the service called 'Become a Nugent Ambassador'. These roles are for people using the services to become involved with the organisation and have a voice, feel empowered and have full involvement in improving the services. We were told by the acting manager that one person was involved and that they were looking to get the support from as many people as possible.

There was a positive person centred culture apparent in the supported living home and obvious respect between the staff and people who lived there. Staff we spoke with told us that they felt very supported in their role. We were told "The acting manager and provider are really good I'm very happy working here and supporting people. I always give full reassurance and emotional support to the people I support".

The policies in place were current and included health and safety, incident reporting, confidentiality, safeguarding, medication, disciplinary procedures and recruitment. The staff handbook had been reviewed and updated in 2017. This ensured the staff had up to date guidance surrounding their practice.