

Nugent Care

St Josephs

Inspection report

Woodlands Road
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Liverpool
Merseyside
L17 0AN

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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

About the service:

St Joseph's is registered to provide accommodation and support for up to 18 people. At the time of this inspection there were 18 people living there. The service provides support to people who have an acquired brain injury, a neurological disorder and/or a physical disability. The home is run by Nugent Care, an organisation that provides support services to people in the North West of England.

People's experience of using this service

People told us they were settled and happy living at St Josephs. They told they got their medicines on time and staff supported them when needed.

Arrangements were in place for checking the environment to ensure it was safe.

The home was staffed appropriately and consistently. Most staff had been employed for several years and this helped to develop positive relationships with people living there. People told us that the regular staff had the skills and approach needed to help ensure they were receiving the right care.

People told us that they felt safe in the home. Nobody raised any concerns about the care; a visiting relative said, "(Person) would always tell me [if they had any concerns)."

There were a series of quality assurance processes and audits carried out internally and externally by staff and visiting managers for the provider. These were effective in managing the home and were based on getting feedback from the people living there.

The formal assessment and planning of people's care in care records had been reviewed and updated. Records displayed good detail of peoples care needs and evidenced their involvement.

There was a positive and relaxed atmosphere in the home. People living in the home interacted freely and staff interactions we observed were seen to be caring and supportive.

The staff we spoke with described how they would recognise abuse and the action they would take to ensure actual or potential harm was reported.

People were supported to have 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.

We saw people's dietary needs were managed with reference to individual needs and choice. Meal times provided a good social occasion. We had some discussion during our feedback how provision could be further improved.

Rating at last inspection:

The last rating for this service was Good (published 6 April 2017).

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

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 safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well led.

Details are in our Well led findings below.

Good ●

St Josephs

Detailed findings

Background to this inspection

The 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.

Inspection team

The inspection was undertaken by an adult social care 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

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager was not available on the inspection and this was supported by the acting manager for the service.

Notice of inspection

This was an unannounced inspection which took place on 30 September 2019.

What we did

Our planning considered information the provider sent us since the last inspection. This included information about incidents the provider must notify us about, such as abuse or other concerns. We obtained information from the local authority commissioners and other professionals who work with the service.

During the inspection, we spoke with eight people using the service and two family members to ask about their experience of care. We also spoke with the acting manager, senior managers for the provider and six members of staff. We received feedback from a visiting professional.

We looked at four people's care records and a selection of other records including quality monitoring records, training records, staff records, and records of checks carried out on the premises and equipment.

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 Good. At this inspection this key question remains the same. This meant people were safe and protected from avoidable harm.

Using medicines safely

- People told us they received their medicines on time and they were pleased with the overall management of medicines.
- Medication Administration Records [MAR] were accurate and easy to follow. Medications given only when needed [PRN] were well managed with good support plans explaining their use.
- There was a record of when medicines were received and there was a clear policy for disposal.

Staffing and Recruitment

- Enough numbers of suitably qualified and trained staff were deployed to meet people's needs.
- All the people we spoke with said they were satisfied with the support they received. They told us staff were always available and they felt safe because of this.
- The provider had a recruitment policy that helped ensure staff were recruited appropriately and were safe to work with vulnerable people.

Assessing risk, safety monitoring and management

- Assessments were in place to identify potential hazards faced by people during their support as well as in specific activities and wider environments.
- All assessments were up to date and reviewed regularly.
- Regular safety checks were completed on the environment and where people used equipment, this was checked to ensure it was safe and met people's needs.
- People had up to date personal evacuation plans (known as PEEPS) which took individual needs into account in the event of an emergency evacuation of the home.

Preventing and controlling infection

- Staff told us they had received training around preventing and controlling infection and had access to relevant guidance and information.
- Routine cleaning was carried out and people's accommodation was seen to be clean and hygienic.
- Bathrooms and toilets were clean and hygienic and contained hand wash.
- Personal protective clothing was available for staff.

Systems and processes to safeguard people from the risk of abuse

- Staff had received safeguarding training and had access to relevant information and guidance when required.
- Staff understood what was meant by abuse and they were confident about how to report safeguarding concerns.

Learning lessons when things go wrong

- The service kept a record of any incidents or accidents that occurred. Individual accident / incident records contained good detail and a review of risk had been carried on a monthly basis, so any trends could be identified.

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 remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People and family members told us that staff had the skills and knowledge to provide the right support.
- We received feedback from a visiting health care professional that evidenced good liaison and support for people if they needed referral or access to health services. We were told, "[People] are well looked after. Staffing levels are good. There are some complex [people] who are supported really well."
- Staff training was ongoing with all routine updates for staff at nearly 100% compliance. Staff told us they were very well supported by the acting manager and the training plans in place.

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

- Care and support was planned and monitored in line with people's individual assessed needs. The care plans evidenced some well-planned interventions for people with complex care needs.
- Standard assessments were completed and used to develop care plans. Assessments were obtained from health and social care professionals and used to help plan effective care for people.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People being supported who were subject to DoLS authorisations were being monitored effectively regarding any specific conditions required.
- Most people had full capacity to make decisions regarding their care. There were limited examples of people lacking capacity to make their own decisions. The acting manager understood how some decisions could be made in people's best interest if they lacked the capacity to fully understand or consent.
- People and their relatives told us they were always offered choice and control over the care they received. One person told us, "Yeah, they try to help you."

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

- People and family members told us, and observations confirmed, that staff supported people when needed at meals times. Meal time was a sociable occasion. We made some comments when we fed back to the managers of the service to further improve people's meal time experience with regard to the choices on offer.

Supporting people to live healthier lives, access healthcare services and support

- People received additional support from healthcare professionals and this was recorded within their care records. The acting manager and staff were aware of the processes they should follow if a person required support from any health care professionals.
- A visiting health care professional advised us that staff supported people well and liaised effectively regarding health-related issues when needed.

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

- People told us the general environment of the home was pleasing, well maintained and comfortable. We saw all areas were well decorated and homely.
- There were adaptations to shared bathrooms and toilets for people with disabilities to make them easier to use. All bedrooms had easily accessible facilities and there were adaptations such as ceiling hoists for people who needed this support.

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 remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were treated with kindness and were positive about the caring attitudes of staff. All the feedback we received about the service was positive regarding the approach of staff when carrying out care. One person told us, "Yes, I do think so" when asked whether staff were kind.
- Staff knew people well and displayed positive, warm and familiar relationships with the people they interacted with. We observed staff had a good rapport with people and trusted staff in their daily interactions.
- Staff understood, and supported people's communication needs and choices. Care records included information on how people communicate their wishes as well as information about people's life history, likes, dislikes and preferences. Staff used this information as well as positive interaction, to get to know people and engage them in conversations.

Respecting and promoting people's privacy, dignity and independence

- Everyone said that privacy and dignity was maintained, by staff knocking before entering bedrooms and doors and curtains being closed during personal care. One person commented, "Yes, they are very careful with me when I take a shower."
- People's individuality and diversity was nurtured, and people were treated with equal respect and warmth. We saw staff involving people in shared activity and supporting them to contribute at their own pace.

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

- People were supported to communicate their views and were involved in planning their activities and daily life. We saw that reviews of care were undertaken which included people's input and involvement as part of this process. There was key worker system in place so that key staff were responsible for ensuring effective communication; this continued to be developed.
- People and family members were encouraged to share their views about the care they received through regular meetings and surveys.
- People and family members told us they were confident in expressing their views about the care and support provided by staff and that staff tried to respond positively.

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 Good. At this inspection this key question remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care planning for people we reviewed contained good detail. Care plans contained the information necessary for staff to be aware of people's needs and how best to meet their needs. For example, one person had complex care needs which required specific support as well as liaison with external professionals which was recorded in good detail.
- Care plans were written in easily accessible language, giving good detail on each person's care which showed people were considered as individuals. One example was a detailed explanation of the support needed to assist a person's mobility.

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.

- Care planning documentation contained information about how people liked to communicate, and any preferences were recorded. There were a series of easy read information sheets and guides for people who may experience sensory deficit or had difficulty in communicating verbally.

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

- The activities coordinator for the home was involved with people and had devised a programme following input by people living there.
- We saw people sat in social groups and engaged in daily living activity such as reading the newspaper or watching TV. We spoke with one person who regularly went out with their family. One person told us they had been supported to go on a short holiday.

End of life care and support

- At the time of the inspection there were no people receiving support for end of life care. We spoke with senior care staff who told us about a person who had received end of life support. Considerations such as any specific end of life wishes, and key family communications were not always highlighted in care records but from our discussion it was evident this had been considered and would be included when people were more comfortable to talk about these issues.
- A visiting health care professional told us, "Settled staff is the key. Staff know the residents really well."

Improving care quality in response to complaints or concerns

- People and family members knew how to provide feedback to the acting manager about their experiences

of care; the service provided a range of ways to do this through care review meetings, surveys and resident / family meetings.

- Staff, people and family members were given information about how to make a complaint and were confident that any complaints they made would be listened to and acted upon in an open and transparent way. There was an easily read version of the complaints policy available.

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 good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

- The service had a series of audits and checks in place to help identify any shortfalls in service provision. Results of key audits were fed through the senior management systems and analysed, with improvements made if needed.
- The registered manager was supported by an acting manager who had been running the home for some time. This situation was being continually monitored to ensure the service was being run effectively. The acting manager continuously worked with the senior management team for the provider to sustain improvements to the service. For example, there had been recent work around developing menus for people.
- The acting manager had links with external organisations to ensure they remained up-to-date with new procedures and information so care and support being provided was based on current evidence-based guidance, legislation, standards and best practice.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Managers and staff were clear about their roles, and understood quality performance, risks, regulatory requirements and leadership and management.
- When specific incidents occurred, these were documented through the home's accident and incident processes.
- The registered manager and staff understood their roles and responsibilities. People and family members were overall confident in the leadership of the service. One person told us, "[Acting manager] is very approachable."
- The registered persons sent CQC notifications and displayed their quality ratings on their website, and in the home, as required.

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

- The acting manager promoted a culture of person-centred care by engaging with everyone using the service and their family members.
- Staff understood the service's vision and felt valued. They told us they felt valued and trusted by the acting manager and provider.

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

characteristics

- The service involved people and their families through regular reviews and conversations to allow them to put forward their opinions about the service.
- Staff were encouraged to share their views about the service through regular meetings.

Working in partnership with others

- The acting manager was aware of the need to work closely with other agencies to ensure good outcomes for people. This included working with health and social care professionals as well as external agencies who supported best practice. The visiting professional we spoke with had no concerns about the home and how it was run.