

Nugent Care

Nugent Community Choices

Inspection report

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19 July 2023

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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?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Nugent Community Choices is part of Nugent Care, a charitable organisation who provide care and education to vulnerable children, young people and adults through their schools, care homes and community based services. Nugent Community Services provides care and support to people living in 'supported living' settings located in Wigan, Liverpool and Sefton so that they can live as independently as possible. The service can currently support up to 29 people across 9 properties. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of the inspection, 8 people were in receipt of personal care and were included in the inspection.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it

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

Right Support

Although people received their medicines as prescribed, record keeping and oversight of medicines management required improvement. The service and its staff supported people to have the maximum possible choice, control and independence. People had control over their own lives. Staff supported people to make decisions following best practice in decision-making. Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life. People were supported to pursue their interests and achieve their goals. Staff supported people to take part in activities in their local area and to pursue voluntary employment in areas of interest. Staff supported people with their health and wellbeing, including attending medical appointments.

Right Care

People received kind and compassionate care from staff who knew them well and how they wished to be supported. Staff understood how to protect people from poor care and abuse. Staff received training in how to identify abuse and report safeguarding concerns and worked with other agencies and professionals to ensure and maintain people's safety. The service deployed enough staff to provide planned care and keep people safe. The provider had faced some recruitment challenges, with agency staff currently being used to cover any shortfalls. Staff understood people's cultural needs and promoted equality and diversity in their support for people. People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs.

Right Culture

Systems and processes to assess the quality and safety of the support provided, had not always identified shortfalls. Training records showed some staff had yet to complete all sessions the provider deemed mandatory and role essential. However, staff reported enough training was provided to ensure they could meet the needs of the people they supported. Staff ensured risks of a closed culture were minimised to ensure people received support based on transparency, respect and inclusivity. Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing. Staff evaluated the quality of support provided to people, involving the person, their families and other professionals through reviews, surveys and ongoing discussion.

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

Rating at last inspection

This service was registered with us on 7 April 2022 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service and to provide a rating.

Enforcement and Recommendations

We have identified breaches in relation to the management of medicines and audit and governance processes at this inspection. We have also made a recommendation about staff training.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was response.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Nugent Community Choices

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 Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by an inspector and an Expert by Experience, who completed telephone calls with relatives to gather their views. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. A medicines inspector was also available remotely to support the inspection.

Service and service type

Nugent Community Choices is a domiciliary care and supported living service. It provides personal care and support to people living in 9 'supported living' settings, so they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service a short period of notice of our intention to inspect. This was because we did not know if all people living at the service could consent to a visit from an inspector, and to ensure the registered manager was available, as they worked across a number of different settings and locations.

Inspection activity started on 11 July 2023 and ended on 28 July 2023, at which point we had received and reviewed all emailed evidence we requested prior to and following our inspection visits. We visited the office location and 1 property on 13 July and 2 further properties on 18 and 19 July 2023.

What we did before inspection

We reviewed information we had received about the service since they had registered with the CQC. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We sought feedback from professionals who work with or commissioned the service. We used all of this information to plan our inspection.

During the inspection

We spoke with 2 people who used the service and 4 relatives about their experience of the care provided. To communicate verbally with people effectively we tailored our communication to suit people's preferences, including observing people's body language and facial gestures.

We spoke with 5 members of staff in person, including the registered manager, community lead and support workers. We also captured the views of 7 staff members via emailed questionnaires.

We reviewed a range of records. This included 5 people's care records and multiple medication records. We looked at recruitment records for 6 staff, along with training and supervision records for all staff members. A variety of records relating to the management of the service, including policies, procedures, audits and monitoring systems were reviewed.



Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. 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

- Medicines were not always managed safely. Medicines had been administered correctly, but we noted some issues with record keeping and oversight.
- One person's thickening powder had not been signed as given for over 2 weeks, due to not being included on the medicine administration record. This had not been identified by staff members or weekly medicines auditing.
- We also identified issues with the recording of a controlled drug. This included the wrong date of administration being documented and a medicine being recorded as received, but stock levels remaining the same. Neither of these issues had been picked up during weekly medicines auditing. The provider later confirmed the entry had been made in error, rather than stock going missing.

Although people had not come to harm, record keeping and oversight of medicines was not robust. This is a breach of regulation 12(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Clear guidance was in place about what medicines each person took and why. This included 'as required' medicines, for example paracetamol.
- The provider ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. The provider was mindful of the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured people's medicines were reviewed by prescribers in line with these principles.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff were aware of people's needs and understood how to protect them from abuse. The provider had safeguarding leads in place, who met to discuss and review practice.
- Staff received training in identifying and reporting abuse, and the service had followed local authority guidance when reporting any safeguarding concerns.
- People had been provided with information about safeguarding and how to report any concerns in a format they could understand.

Assessing risk, safety monitoring and management

- People told us they felt safe living in their home and in the company of staff members. Relatives also stated their family members received safe care. One stated, "Yes, [person] is safe, they are very happy there."
- Risks to people had been assessed and documented within care files. We found these to be person

centred.

- People, including those unable to make decisions for themselves, had as much freedom, choice and control over their lives as possible because staff managed risks to minimise restrictions.
- Detailed emergency plans were in place at each property. These included fire evacuation strategies, as well as where key utilities, such as the gas safety valve, were located. Safety checklists had been compiled, which stated who was responsible for completing required safety checks and servicing. This ensured people knew their home's and any equipment was safe and fit for purpose.

Learning lessons when things go wrong

- Incidents and accidents had been managed appropriately. These were logged on an electronic system, which detailed what had occurred, actions taken and outcomes, to support learning.
- As well as considering internal lessons learned, the provider reviewed publicised incidents which had occurred in other services for people with a learning disability and autistic people. This exercise was to ensure safeguards and systems were in place, to ensure similar issues did not occur within any Nugent Care services.

Staffing and recruitment

- The service deployed enough staff to meet the needs of people using the service, including the provision of one-to-one support to enable people to take part in planned activities.
- The provider had experienced issues with recruiting support workers, and as a result was utilising agency staff to cover any shortfalls. Where possible, the same agency staff had been used consistently at each property, to ensure they got to know people and help develop relationships.
- Staff recruitment and induction training processes promoted safety. Pre-employment checks were completed to ensure applicants were of suitable character to work with vulnerable people. This included completing checks with the Disclosure and Barring Service and seeking references from previous employers.

Preventing and controlling infection

- The service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them.
- The service had clear systems and processes for keeping people's homes clean and hygienic, with people involved in completing these tasks, where possible.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff told us enough training was provided to ensure they had the necessary skills to support people using the service. However, we identified gaps in the training records of some staff, who were working independently on shift. This meant we could not be assured they had the required skills or knowledge in some key areas.
- From reviewing records, we noted training in learning disability, autism and mental health awareness was not included in the initial 7 week induction process for new staff. These are 3 of the main service user groups the provider is registered to support. The provider took action during the inspection to address this.
- The provider was in the process of rolling out the Government's preferred and recommended training in learning disability and autism, with the first tier due to commence on 31 July 2023. This was replacing the training they currently provided.
- Staff confirmed they received regular supervision, although there was no agreement on how frequently this took place, with some saying monthly, others every 2 or 3 months. The provider's policy stated supervision should take place every 6 weeks. From records viewed on inspection, we could not confirm this level of frequency had been achieved. The registered manager agreed to look into this following the inspection.

We recommend the provider review the training process for new and existing staff, to ensure sessions they deem 'role essential' are completed in a timely manner.

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

- A detailed assessment pack was completed prior to people's support commencing. This included identifying the person's aims, goals and expected outcomes, as well as looking at matching people appropriately with potential housemates.
- The REACH standards had been incorporated into the service and its training programme. These are a set of nine voluntary standards which aim to ensure people using supported living services are supported to live the life they choose, with the same choices, rights and responsibilities as anyone else.
- The provider also used the Real Tenancy Test, which is a quick test used in supported living and tenancy based supported housing to determine if real tenancy rights are being met.

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

- People's nutritional and hydration needs were being met. The majority of people receiving regulated activity, were unable to prepare or assist in preparing their own meals. As such, staff prepared meals based on foods either the person or their relative confirmed they liked and enjoyed.

- One person told us, "I really like omelettes. The one's [staff member] makes me are superb."
- Where necessary, people received support to eat and drink. We observed staff following guidelines and where people required a modified diet, such as soft or pureed food, we saw this was provided correctly.

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

- People were involved in decisions relating to the interior decoration and design of their home, this included communal areas as well as their bedroom.
- The service had good relationships with the landlords of each property, which helped ensure people's care was provided in safe, clean, well equipped and well maintained environments, which met people's physical and sensory needs.
- People told us they liked living in their own home. One stated, "I'm happy here."

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

- People's health was promoted and supported. People were referred to health care professionals where necessary to support their wellbeing and help them to live healthy lives.
- Support plans contained detailed information about people's existing medical conditions, what support they required and signs or symptoms to look for, which may indicate a deterioration.
- Where people were unable to visit health or medical related practitioners safely, the service arranged home visits. For example, during the inspection an optical company visited one person to conduct an eye-test and prescribe glasses.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- Mental capacity assessments were used to ensure peoples best interests were met in the least restrictive way to ensure a positive outcome. People's capacity to make decisions was assessed and included in their care records.
- Applications to the Court of Protection had been made, where the level of supervision people required to remain safe, was considered by the provider to be a potential restriction.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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 received kind and compassionate care from staff who knew people well and had begun to develop positive working relationships with them.
- People told us they were happy with the care provided and the staff were very good. Relatives also spoke positively of the care and staff who provided this. Comments included, "Staff are good, they are nice, they care" and "The permanent staff are very kind, they are caring and know [relative] very well."
- During visits carried out as part of the inspection, we observed staff practice. Staff were friendly, patient and encouraging in their interactions with people. They were attentive to people's needs and supported them accordingly.
- The service ensured people were treated equally and their protected characteristics under the Equality Act were respected and promoted.
- The provider had an equality, diversity and inclusion (EDI) strategy, which was produced in an 'easy read' format, so it was accessible to all. This explained how the service would ensure everyone felt included and respected. EDI meetings were held regularly to review policy and practice.

Respecting and promoting people's privacy, dignity and independence

- The service followed best practice standards which ensured people were treated with dignity and their right to privacy, choice and independence in their tenancy was respected.
- Relatives told us staff treated their loved ones with dignity and respected their wishes. People were supported to develop and maintain their independence as much as possible.
- One relative stated, "They have adapted so much stuff for [relative]. They are able to continue doing the things they love."

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

- Overall, people and their relatives felt involved in their care and listened to. People chose how they wanted to spend their time and were supported to plan and achieve goals and ambitions.
- One relative told us, "We have really good input with [relatives] care." Another said, "I told staff [relative] wanted to be busy and out a lot, which they are so I am happy about that."
- Tenant meetings were not held, as it was felt these would not be effective for the people receiving regulated activity. Instead, people's views or those of their relatives were sought through reviews and daily interactions.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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 supported to participate in their chosen social, leisure or educational interests on a regular basis. Some people had also been supported to identify and complete voluntary work, in areas of interest to them.
- A community mapping task had been completed in each area where properties were located. The purpose was to identify activities, places of interest and groups within the local area, which may be of interest to people.
- People and relatives spoke positively about how their time was spent. One relative stated, "[Relative] goes to the day centre, out for lunch, to disco's, they are out every day." Another stated, "They [relative] go swimming, for bike rides, to the garden centre and work on the allotment, they have a lot on."
- Care files detailed people's interests and how they liked to spend their time. However, only 1 person's contained a weekly schedule, which specified what they did each day. The registered manager agreed to look into introducing one for everybody, to make it easier to identify time spent was productive and in line with people's wishes.

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

- People were provided with personalised care which was in line with their care and support plans. Care files detailed people's likes, dislikes, dreams and ambitions, as well as information about their feelings and how to support them with these.
- The provider was in the process of changing to a new care planning system. This had been implemented at one property and was being rolled out across the rest over the next few months. The process was being used as an opportunity to review and rewrite each person's care plan, to ensure information was accurate and up to date.
- A placement review tool was utilised to formally review each person's support plan. Meetings were held with the person and their next of kin or other relative, to discuss if the current support plan was working, if changes were needed and to set future goals.

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

- People's communication needs were clearly detailed in their care file. Staff ensured people had access to information in formats they could understand.
- The provider used an externally accredited company to provide all accessible documentation. This ensured a consistent approach was maintained and best practice around 'easy read' documents adhered to.

Improving care quality in response to complaints or concerns

- People, and those important to them, knew how to raise any concerns or complaints. The complaints process was available in different formats, to ensure it was accessible.
- The service had an up to date complaints policy, with an electronic system used to record any complaints received and actions taken.
- Relatives told us they would raise any issues with staff initially, though had contact numbers for senior staff and management, should this be needed. One stated, "I tend to speak to staff, rather than management, but I do send [registered manager] any worries."
- The service treated all concerns and complaints seriously, investigated them and learned lessons from the results. A relative told us about an issue with a staff member, which had been addressed to their satisfaction. They stated, "I'm really happy with how they handled it."

End of life care and support

- The service was not providing palliative or end of life care at the time of inspection. However, systems and processes were in place to support people at this time of their life.
- Staff received training in end of life care and care files contained a section for capturing people's end of life care wishes, should they choose to discuss these.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. 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.

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

- A range of audits, safety checks and monitoring systems were used to ensure people were safe, their rights protected and they received good quality care and support. However, these had not always been effective in identifying issues or shortfalls.
- As mentioned in the safe key question, medicines audits had not identified errors with record keeping we found. We also noted recent property visits by the provider, had identified a number of issues, which had not been previously identified, despite the completion of daily and weekly checks and monitoring visits by the community lead or management.

Systems and processes to monitor the safety and quality of service provision, had not always been completed effectively. This is a breach of regulation 17(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

- The provider's governance team had oversight of all aspect of the service, through monitoring of the electronic system onto which all documentation was logged.
- A service improvement plan was in place, onto which all actions from audits or monitoring visits was logged. Actions could not be closed, until the governance team had been provided with tangible evidence of completion.
- The registered manager understood their regulatory requirements. Relevant statutory notifications had been submitted to CQC, to inform us of things such as accidents, incidents, safeguarding's and deaths.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Management and staff put people's needs and wishes at the centre of what they did. The service provided a culture in which people's individuality was respected and their rights protected.
- People's views were sought through 'quality of life' surveys, which covered all aspects of their care and support and 'home surveys', which asked people about their property, if it met their needs, and any adaptations they felt would be useful.
- Due to the format of these surveys, we identified they would not be accessible to everyone using the service. As alternative formats were not available, it was not clear how these people's views would be captured. The registered manager agreed to look into this moving forwards.

- Staff members received a wellness questionnaire each week. The provider's wellness team monitored results and were available to provide any support required. Staff also had access to dental and optical care, counselling and occupational health service, as part of their employment package.

Working in partnership with others

- The provider and registered manager had developed links with a number of external organisations for the benefit of people using the service.
- Examples included links with a homeless charity, who had helped create an allotment at one property, through to arrangements with a local theatre and high street bank, to provide workshops for people.
- The registered manager was part of the local registered manager's network, who met to share information and promote best practice.

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 registered manager was aware of their responsibility regarding duty of candour. Duty of candour ensures providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment.
- The service was open and honest and apologised to people and/or their relatives, when things went wrong.

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
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Although people had not come to harm, record keeping and oversight of medicines was not robust. Errors within the controlled drugs book and with medicines administration records had not been identified by staff or through auditing.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems and processes to monitor the safety and quality of service provision, had not always been completed effectively or identified shortfalls as necessary.</p>