Nugent Care

St Josephs

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?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection was carried out on 5 and 9 of February 2016. The first day of the inspection was unannounced.

St Josephs is registered to provide accommodation and support for up to 18 people. At the time of this inspection there were seventeen 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.

The home had a registered manager. 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.

At this inspection we found a breaches of regulations. This was because medication had not always been safely and properly managed and people did not always receive safe care and treatment. We also found that people's legal rights were not being fully protected.
You can see what action we told the provider to take at the back of the full version of the report.

Systems for managing people's medication were not always effective; this meant that medication was not always managed safely.

The people living at St Josephs and their relatives liked and trusted the staff team they said they had always been treated well. People told us that they thought St Josephs was a safe place to live. Staff knew people's individual needs, choices and communication methods well and spent time talking with people.

Systems and training were in place to help staff identify and deal with any allegations of abuse that arose.

The premises were well maintained with systems in place for checking the safety of the building. Staff were aware of the actions they should take in the event of an emergency occurring. The building was purpose built and provided people with the adaptations and facilities they needed to get around the home with ease.

There were sufficient staff working at the home to meet the needs of the people living there although some staff and some of the people living there felt at times staff were very busy. Suitable systems were in place for recruiting, training and supporting staff, this helped to ensure they were suitable to work with people who may be vulnerable.

The provider had not always recognised when people living there may require the protection of a Deprivation of Liberty Safeguard being applied for on their behalf. People told us that they had always been

supported to make everyday decisions for themselves and that they or their relatives had been consulted about their care.

People had received the support they needed with their healthcare. However care plans did not always reflect people's support needs or provide clear guidance for staff to follow on how to support people effectively.

A choice of meals was available within the home and staff did their best to meet people's preferences. The majority of people told us that they liked the meals provided. The support provided to people at mealtimes did not always lead to a calm, relaxing occasion for people to enjoy.

Staff were satisfied with the training that had been provided to them. However we identified and the provider confirmed that not all staff had received training in the more specialist needs some of the people living at the home had. This had been identified by the provider who was taking steps to address this.

The people living at St Josephs and their relatives felt confident that any concerns they raised would be listened to and acted upon.

The home had a clear management structure in place that acted as a role model for staff. People liked and trusted the manager who they felt listened to them and acted on any concerns or queries they had. Systems were in place for checking the quality of the service provided, however these had not always been effective.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Medication was not always safely managed.

People felt safe living at St Josephs and there were sufficient staff working there to meet people's needs.

Systems were in place for dealing with any emergencies that arose and staff knew how these worked.

Staff recruitment and the premises were safely managed to minimise risks to the people living there.

Is the service effective?

Requires Improvement

The service was not always effective.

Procedures for ensuring people were not unduly deprived of their liberty had not always been followed.

Staff received the support they needed to carry out their role effectively. Staff had received training to carry out their role with additional training being planned by the organisation.

People received the support they needed with their physical and mental health care needs. The building was well adapted to enable people to get around easily.

Is the service caring?

Good

The service was caring.

People liked and trusted the staff team who knew them well and spent time interacting socially with people as well as meeting their physical support needs.

People were treated with dignity and respect and supported to make everyday decisions for themselves.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Care plans did not always reflect the support people needed or provide accurate guidance for staff to follow.

The support people received with activities and occupying their time varied. Plans were in place but had not yet been implemented to support people to maintain and increase their daily living skills.

People were confident that any concerns or complaints they raised would be listened to and acted upon.

Is the service well-led?

Requires Improvement

The service was not always well led.

The home was led by a registered manager who knew the people living there well and acted as a good role model for staff.

The views of people living at the home and their relatives had been listened to.

Systems were in place for checking the quality of the service provided. These had not always been effective at identifying areas for improvement.

St Josephs

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was carried out by an Adult Social Care (ASC) inspector and took place on 5 February 2016 and 9 February 2016. The first day of the inspection was unannounced.
Prior to our visit we looked at any information we had received about the home including any contact from people using the service or their relatives and any information sent to us by the manager since our last inspection in January 2014.

During the inspection we looked around the premises and spoke with five of the people living at the home. We also spoke to relatives of two of the people living there and spent time observing the support provided to people with their everyday lives.

We held discussions with eight members of staff including the registered manager and spoke with a visiting health professional.

We looked at a range of records including care and medication records for four of the people living there, recruitment records for four members of staff and training records for all staff. We also looked at records relating to health and safety and quality assurance.

Requires Improvement

Is the service safe?

Our findings

People living at St Joseph's told us they had always felt safe living there and their relatives told us they thought it was a safe place to live.

We were aware of an incident that occurred prior to our visit whereby one of the people living at the home had not been given their medication and had adverse effects because of this. This was being investigated under safeguarding adult's procedures.

We looked at a sample of medication and saw that one person was prescribed a medication to be used every 72 hours. Records showed that this had been used on 04 February 2016 and again on 05 February 2016. This meant the person had potentially received too much of their medication and therefore may suffer adverse side effects. The manager spoke with the person's GP who provided advice which the home followed to ensure the person had no adverse effects. We asked the manager to report this incident to the local authority for investigation under safeguarding adult's procedures.

We looked at medication to be returned to the pharmacy as unused and saw that the process included placing it in a sealed labelled envelope. However we found a number of loose tablets in the cupboard that contained medication to return to pharmacy that was not labelled. No record of this medication was in place, this meant there was potential for it to be misused.

These were breaches of Regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the provider had not ensured medicines were safely and properly managed.

Medication was stored safely in a locked room. We saw that the room was clean and tidy with medications stored appropriately including medication that required refrigeration. Checks had been maintained of the temperature of the room and fridge to ensure medicines were stored at recommended temperatures.

Records showed that the majority of staff had received training in safeguarding adults and the provider had identified staff who required initial or refresher training. A safeguarding policy was in place to guide staff on the actions to take if they suspected abuse had occurred and we saw that the phone number for reporting incidents was displayed within the office area. Staff we spoke with told us that they would report any incident to senior staff and were confident they would deal with it. We looked at records of safeguarding incidents referred to the relevant authorities and saw that appropriate referrals had been made.

The organisation had a whistle blowing policy in place. Whistle blowing protects staff who report something they think is wrong in the work place that is in the public interest. The manager told us that the policy was read by all staff during their induction. However we found that some of the staff we asked about this policy were unsure as to how it worked or what it meant for them. We read a copy of the policy and found that no phone number was listed for staff to use. We also found that the policy was not displayed anywhere in the home that staff could easily access. This meant that staff may not understand their rights and how to whistle blow effectively if they wished to. The provider has since informed us that copies of the policy were available

to staff on the website or in the team leaders office where they could be accessed.

Staff were able to explain the actions they would take in the event of emergencies including health and fire emergencies. They knew the location of fire points and where first aid boxes were stored. Personal emergency evacuation plans (PEEPS) had been completed for all of the people living at the home. At the time of the inspection these were stored in the manager's office. On the first day of the inspection we discussed with the manager how accessible these would be in an emergency. On the second day of the inspection the manager explained that a cupboard was being built near to the front door to store emergency equipment including PEEPS.

Certificates and health and safety records showed that regular checks had been carried out on the premises and equipment to ensure they were working safely. This had included checks on fridge and freezer temperatures, the fire system, small electrical appliances and the main gas and electricity systems. A fire risk assessment and Legionella risk assessment had also been carried out for the premises.

The people living at St Josephs and staff had mixed views regarding staffing levels. One person told us that there had been sufficient staff to provide them with the support they needed. A second person said that they would like more staff but did not give us a reason why.

Staff told us that at times they felt additional staff would be of benefit, particularly in a morning. Their comments included, "One extra would be easier, we are stretched in a morning." "Usually okay, sometime its can be overwhelming" and "Sometimes stretched, normally fine."

The registered manager told us that minimum staffing levels at the home were five care staff including a team leader in a morning and four care staff including a team leader in the afternoon. In addition the registered manager was available during the day Monday to Friday. Ancillary staff included handyman cover five days per week, a cook and a laundry assistant seven days a week and 25 hours administration support. There were also volunteers who visited and spent time with individual people. A separate member of staff had been employed to provide 25 hours one to one support for a named person. We looked at a sample of staff rotas for the previous and current weeks and saw that these staffing levels had been maintained with additional staff available on occasion. During the two days of our inspection we observed that sufficient staff were available to meet people's needs in an unrushed manner.

We looked at recruitment records for three members of staff who had recently commenced working at the home. These showed that the provider had carried out a formal interview with potential staff and once an initial job offer had been made the provider obtained and verified references and carried out a Disclosure and Barring Service check before the member of staff commenced working at the home. These recruitment practices helped to check the person was suitable to work with people who may be vulnerable. We also saw that checks had been carried out on volunteers to check their suitability to work with the people living at St Josephs.

Requires Improvement

Is the service effective?

Our findings

The majority of the people we spoke with who lived at the home told us that they liked the meals and had always had a choice at mealtimes. Their comments included, "It's gorgeous," and "It's wonderful."

People told us that they had received the support they had needed with their health care. One person explained, "They go with me to the doctors." A relative we spoke with reiterated this explaining, "They get the doctor, psychiatrist, they keep (relative) out of hospital. Nurse comes, optician comes."

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

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

We found that DoLS applications had been made for four of the people living at the home. A recent legal ruling stated that if a person lacks capacity, is unable to leave unsupervised and is under constant supervision, then a DoLS should be considered. We found that people had not been formally assessed to establish whether they needed the protection of a DoLS application. As some of the people living at St Josephs have an acquired brain injury it is possible that more than four people would benefit from the protection of a DoLS.

We spoke with one person who told us they did not wish to live at the home, adding, "I want my freedom." No DoLS application had been made for this person and we found confusion in records as to whether they had the capacity to make a decision regarding living at the home. A 2011 assessment from a social services department stated the person lacked capacity to decide where to live. The manager told us that more recently a social services department had advised them that the person did have capacity and did not require a DoLS application. They also told us that they were awaiting other professionals to arrange an assessment of the person, however this had not been followed up by the home. It is the responsibility of the home to assess whether people require the protection of a DoLS and to make an application. On the second day of our inspection the manager advised us that they had made a DoLS application for this person and arranged for an assessment to be carried out.

By not assessing whether people required a DoLS it is possible they were living at the home without the legal protection they were entitled to.

These were breaches of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the provider had not ensured service users were not being deprived of their liberty without lawful authority.

We spoke with a visiting health professional who told us, "They flag things up," and confirmed staff had made appropriate referrals to them and had followed the advice they had given.

Care records showed that people had received support to access health care appointments including check up appointments such as the doctor and dentist as well as referrals and attendance at more specialist appointments including hospital appointments.

We looked at a sample of menus and saw that these offered people a choice of meals. We also visited the kitchen and spoke with the cooks. A list of any special dietary requirements people had was available and we found that cooking staff were knowledgeable about these. We saw that sufficient supplies of food were available and that snacks and drinks were made available for people during the night. Daily records showed us that people's food intake had been monitored.

We spoke with one person who did not like the meals at the home and did not always eat them. However when we discussed this with staff and looked at records we found that they had received support to obtain meals that they liked and that referrals had been made for them to see a dietician.

We observed the lunchtime meal and saw that the support people received was mixed. We saw two people being supported to eat their meal by staff who sat with them, spoke quietly and patiently and provided the support required in a respectful way. However we saw another person refuse their meal and a member of staff confirmed with them that they were not hungry as they had not long had their breakfast. We later saw the person being given a chocolate mousse; they did not appear to be enjoying this and were eating it with their eyes closed. The member of staff giving them the mousse was standing up and not engaging with the person. We asked a second member of staff why the person was given this mousse when they had said they were not hungry and the member of staff said they did not know. The dining room lacked atmosphere with a number of staff coming in an out and people receiving their meals at different times. We were concerned that a lack of organisation made the dining experience less pleasurable than it should be and that staff were not always listening to people's choices.

Staff told us that they thought they had received the training they needed to carry out their role effectively. Their comments included, "I have had supervision and training. It's spot on," and "I am to date, a few courses booked this month." We asked staff if they required training would it be provided and they told us that they thought it would, with one member of staff explaining, "I would ask, there's no problem going on courses." People living at the home and their relatives said they had confidence in the staff team and that they thought staff had the knowledge to support people safely and well.

The organisation had a training department and their training programme for 2016 included training in areas of health and safety including fire and first aid as well as training in areas including medication, moving and handling people and safeguarding adults. No overall records of the training staff had undertaken was available in the home. However following the inspection the manager sent us a copy of training records compiled by the training department. These listed how many staff had undertaken training in specific areas along with whether refresher training was needed and how many staff were identified as requiring the training.

We looked at these and saw that staff had undertaken training in areas including safeguarding adults and moving and handling people. Relevant staff had undertaken training in specialist medication used by some of the people living at the home. However we found that less training had been provided for staff to meet the more specialist needs of people living at the home. For example 16 out of 44 members of staff had undertaken training in acquired brain injury and27 staff needed training in epilepsy. This meant staff may not have up to date knowledge on how to support people living in the home well.
Staff told us that they had felt supported at the home and had received regular supervision from senior staff. We saw records that confirmed staff supervision had taken place and with more arranged. Staff told us they felt confident to speak out at meetings and that they had found the management team supportive.

St Josephs is a single story, purpose built home which provides the people living there with their own bedroom and en-suite wet room. In addition there are additional toilets and an adapted bathroom available for people to use. Communally people share a dining room and two lounge areas.

Healthwatch Liverpool had visited the home in September 2015 and described the premises as, 'having, 'open, airy spaces' and being 'decorated to a high standard'. Our observations concurred with this.

Entrances and corridors were accessible and wide enough for people using a wheelchair to get around comfortably. Externally the home has an accessible, enclosed back garden for people to use with car parking available at the front. A small kitchen for use by the people living at St Josephs was in the process of being completed. We saw that it had been fitted so that work surfaces, the sink and hob were accessible to people sitting in a wheelchair. One of the people living at the home told us they were very much looking forward to being able to cook their own meals. The report of the visit to the home by Healthwatch Liverpool stated that work on this kitchen was due to start on 14 September 2015. At the time of our inspection the home were still waiting for the cooker and washing machine to be fitted. The registered manager assured us that the provider would prioritise fitting these.

Good

Is the service caring?

Our findings

The people living at St Josephs and their relatives told us that they liked living at the home and that they trusted the staff team. One person told us that although they did not like living there staff had always treated them well.

One of the people living at the home described staff as "wonderful." Another person told us, "My keyworker is the keyworker of the century." They told us their keyworker was thoughtful, knew them well and did all they could to meet their needs and choices. Other comments we received from people living at the home included "I trust the staff." and "I like living here."

Comments we received from relatives included "I could not wish for better."; "I am content my relative is here. [Relative] is happy, I am happy." One relative told us that their relative had experienced a number of care facilities and expressed the view "Nothing comes up to here."

A visiting health professional told us "The care is very good; they have good relationships (with people living there)."

We asked people who made decisions for them and they told us that they made their own decisions. One person told us "They talk and explain." and that this helped them understand things. Another person told us "I make decisions." During the time we spent at the home we noted that people spent time alone or in communal areas as they wished. We also saw that people were able to get up in a morning as and when they chose.

One of the people living at the home and their relative explained that they had regularly been invited to attend care reviews to discuss the care they had received and plan for the future.
We observed over the two days we spent at St Josephs that staff had a good knowledge of people and spent time talking with and socialising with them as well as meeting their personal care needs. For example one person needed to take their pet to a veterinary appointment and staff had arranged to support the person to the appointment. On their return staff noted the treatment needed and the person told us they had helped to make sure this was given.

We observed that staff knocked on people's door before entering their room and personal care was provided to people in a discreet way that respected their dignity.

Requires Improvement

Is the service responsive?

Our findings

A relative told us that if they had any concerns they would feel confident to approach the manager or a member of staff and that they were confident their concerns would be dealt with. The people living at the home confirmed this with one person saying, "Of course," the manager would help them if they had a concern or complaint.

Two of the people living at the home told us that they wanted to go out more and engage in activities. One person explained "I am bored."

Individual care plans were in place for all of the people living at St Josephs. These contained assessments of people's support needs along with plans on how to meet those needs. However we found that the information in care plans did not always reflect the care and support people required. For example in discussions with staff we were told that one person was reluctant to get out of bed and to receive personal care. When we asked staff how this was managed their responses included, the person had to get up as they needed their meals and that the person needed to get up as they needed their personal care. We looked at the person's plan and found no guidance recorded for staff on how to support the person if they became upset or if they refused to get up. A clearly written care plan would help to ensure the person was receiving the care they needed in a way which respected their rights, this would also ensure staff had clear guidance to follow.

Records for a second person showed that at times they had acted in a way that was a risk to their own safety. Their care plan did not reflect the risks to the person or provide clear guidance and monitoring tools to help staff support the person to stay safe. For example one plan stated the person should not have access to razors however on the first day of our inspection we found a safety razor in the person's bathroom.

We also looked at weight records for one person. Although we later saw that they had maintained a healthy weight and referrals had been made to health professionals to support them with their weight we found that they had not been weighed regularly. The care plan said the person should be weighed regularly however records showed that since June 2015 the person had not been weighed. Staff had asked the person once a month if they wanted to be weighed and they had refused. We saw no evidence that staff had put other plans in place to encourage the person to be weighed at different times or when they were in a happier mood. During the inspection the manager discussed this with the person who then agreed to be weighed on that day.

These are breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This is because care and treatment was not being provided in a safe way .

The home did not employ a member of staff specifically to support people with activities and occupation, however the registered manager informed us that they had advertised this post.
People's experiences of occupation and activities within the home were varied. We looked at records for two people and saw that one person had received support to go out almost daily whilst another person had not

been out since shopping prior to Christmas.

Newspapers were delivered daily and we saw people enjoying these. The home also had arrangements for communion to be given weekly to those who chose to receive it. A hairdresser visited the home regularly and the home had volunteers who acted as a 'buddy' for specific people spending time talking with them, playing board games and getting to know them. During the inspection we saw people going out with staff to the local shops or to take their pet to obtain treatment. Other people were engaged with visitors or pursing hobbies of their choice independently within the home. People who required more support spent time watching television or listening to music.

We saw that staff spent time sitting with people and having a chat. There was little at the home to support people to maintain or increase their independent living skills. Once the new kitchen is functioning this should provide people with the opportunity to practice household skills including washing and cooking.

The registered manager explained that the home shared a mini bus with another home nearby which was owned by the same provider, in addition to which they used accessible taxis to support people to access their local community.

No complaints had been recorded by the home in the past 12 months. The registered manager explained that smaller concerns were dealt with informally and was able to explain the action she would take in the event a formal complaint was received. Information about how to raise a complaint was made available to people via an easy to read leaflet in the entrance to the home. This advised people who to contact and how their complaint would be dealt with.

Requires Improvement

Is the service well-led?

Our findings

St Josephs had a registered manager in post. The people living there told us that they liked the registered manager and found her approachable. One person told us "She is very good." Throughout the inspection we saw that the manager always had time to talk with the people living at the home and listen to any concerns or queries they had. We saw that she acted as a good role model to staff in how to support people respectfully.

Staff told us that they felt supported by the manager and felt confident to discuss any concerns or queries with her. Their comments included "good, approachable."

We raised some concerns with the manager on the first day of our inspection. This included concerns around the storage of PEEPS, medication errors and care plan information. On the second day of the inspection we saw evidence that the manager had taken steps to begin to address these issues. This included arranging storage for fire evacuation plans, updating care plans and booking medication training for staff.

Surveys to obtain the views of people living at the home and their relatives had last been sent out in 2014. The last meeting with people living at the home had taken place in August 2015 and the last meeting with their relatives in December 2015. The manager told us that these meetings had not been successful at gaining people's views and she was looking at more meaningful ways to obtain people views such as holding one to one meetings. However throughout the inspection we saw that the manager spoke with both relatives and people living at the home and listened to their views.

A number of systems were in place within the home to check the quality of the service provided.
Shortly before our inspection the provider had carried out an annual health and safety audit of the home. We saw that this had covered areas including the building, fire, equipment, infection control and manual handling. Following completion of the audit an action plan had been compiled which identified four actions for improvement. These had been rated as to the level of risk they presented and identified the timescales within which they should be addressed.

We saw that systems were in place for regularly auditing care plans and medications, however these had not been effective at identifying some of the areas of concern we noted during the inspection.

The provider employed a quality assurance officer who was visiting the home during the second day of our inspection. They explained to us that their visits to the home had previously been announced however plans were in place to also carry out unannounced quality assurance visits. The quality assurance system included auditing care plans, the environment, internal audits, speaking with staff and people living at the home. We looked at a sample of these audits and saw that six audits had been carried out at the home from July 2015 onwards. These had included writing an action plan for any areas of improvement noted and checking at the next visit that the action points had been or were being addressed.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Care and treatment was not being provided in a safe way and medicines were not being properly managed. Regulation 12(2)(a)(b)(g)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The provider had not ensured service users were not being deprived of their liberty without lawful authority Regulation 13 (5)