

## European Wellcare Homes Limited

# Bishop's Court

### Inspection report

Sefton Park Care Village  
Sefton Park Road, Liverpool, Merseyside L8 0WN  
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Date of inspection visit: 28 May 2015  
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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 

### Overall summary

This unannounced, comprehensive inspection took place on 28 May 2015 and was conducted following receipt of information of concern. The service was registered to provide accommodation for 41 people, there were 23 people living in Bishop's Court at the time.

The service is located in a single storey building and provides nursing and personal care, predominantly for people living with dementia. It is situated in the Sefton Park area of Liverpool and is close to local amenities, such as shops and local transport links to Liverpool city centre. There is a large car park at the front of Bishop's Court and the building has gardens which are fully accessible to people using the service and their visitors.

The home was registered to provide accommodation and care to people who may have nursing needs and a registered manager was employed.

A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 the time of the inspection the manager had been away from the service since 23 April 2015. A senior manager from the organisation had been

# Summary of findings

managing the service since 24 April 2015 but has not submitted an application to the CQC to become the registered manager. People spoke positively about her saying she was "really approachable."

We found that there was little signage around the service to identify different areas such as toilets and dining rooms. In order to support people living with dementia we have made a recommendation in relation to this.

We found that there were sufficient numbers of staff on duty in the daytime but some staff had expressed concerns about staffing levels at night.

Medicines overall were managed safely but some improvements were required. This was because for some people there was not sufficient information recorded around the administration and review of medicines to be given when required (PRN) and a care plan was not always in place to support this. We also saw that discontinued medications were not always supported by a signature from a nurse or G.P. The service provided information at a later date to show that they had sufficient safeguards to ensure that discontinued medication was verified by an appropriate professional.

People living in Bishops Court, staff, relatives and professionals that we spoke with were all positive about the service provided. The people living at the home and relatives told us they felt safe.

We saw there were effective recruitment procedures in place and staff performance issues were addressed appropriately.

The staff in the home knew the people they were supporting and the care they needed. The staff were trained and competent to provide the support required by the individuals.

There was a calm, relaxed atmosphere within the home and we observed good interaction between people living at Bishops Court, staff and visitors.

The care plans that we reviewed showed that preadmission assessments had been conducted and consent forms to care plans had been completed and signed by either the people using the service or their representatives. This showed that people using the service and their representatives had been involved in their care planning. There was adequate information available in the care plans to ensure people using the service to be supported in an individualised way that met their needs.

There was a complaints policy available, and there was evidence that complaints were dealt with effectively.

# Summary of findings

## 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.

We found the building was well maintained.

Staff were recruited safely and trained to meet the needs of people who lived in the home and knew how to recognise and report abuse.

Requires Improvement



### Is the service effective?

The service was not always effective.

We found that the environment would benefit from improved design and orientation signs to support people with dementia.

The staff in the home knew the people they were supporting and the care they needed. The staff were trained and competent to provide the support

Individuals required

Requires Improvement



### Is the service caring?

The service was caring.

We found a calm, relaxed atmosphere within the home and saw that there was a good interaction between staff and people using the service.

There were no visiting restrictions at the service. When asked, staff were able to explain the individual needs of people they were supporting and staff also supported each other.

Good



### Is the service responsive?

Pre- admission assessments had been conducted which helped ensure the provider could meet the individual person`s needs.

There was a complaints procedure and staff were able to identify the individual needs of the people they were supporting and put them in to practice in a person centred way.

Good



### Is the service well-led?

The service was well-led.

The service did not have a manager registered with CQC.

The manager was away from the service at the time of the inspection but appropriate arrangements were in place during this time.

We saw that relevant audits and equipment checks had been conducted and the provider had systems and processes in place to support this.

Requires Improvement



# Bishop's Court

## 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.

This inspection took place on 28 May 2015 and was unannounced. The inspection team consisted of a lead adult social care (ASC) inspector, a bank 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. The expert-by-experience who took part in this inspection had experience of nursing and dementia care.

This comprehensive inspection was conducted following receipt of information of concern. Because of this we had not asked the provider to complete a Provider Information Return (PIR), which is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. However during the inspection the manager told us about how they planned to take the service forward.

We reviewed the information we had on the service including concerns that had been raised with us in relation

to staffing levels at night and the support for some individuals who were living at the service. We also reviewed information from the Local Authority and notifications sent to us by the provider. Following the inspection we asked the provider to send us further information which they did so in a timely manner.

We spoke with several people living in the home although due to the nature of their dementia they were not always able to communicate effectively with us in response to our discussions with them.

We spoke with five visiting relatives' two healthcare professionals, 14 members of staff including carers, nurses and ancillary staff. We looked at audits, six care files, staff recruitment files and documentation relating to staff training and supervision and other records relevant to the running of the service

We carried out pathway tracking to establish if what was stated in the provider's policies was put into practice and if the care provided to people using the service was as it had been planned. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk to us.

We observed and chatted to people living in the home, staff and visitors throughout the inspection and looked at the general environment.

# Is the service safe?

## Our findings

We spoke with several people who used the service although due to the nature of their dementia they were mostly unable to communicate effectively with us. We did not observe anything that led us to believe that people using the service were not safe and relatives did not tell us of any concerns. One visitor told us “We did have a look at about four or five homes and this was the best by far”.

Prior to the inspection a concern had been raised with us about the staffing levels at night. One person using the service told us, “Sometimes when you buzz you need to wait a while especially at night and at weekends”. We discussed this with the manager who told us that five staff worked on days and three staff at night. This included one nurse on duty at all times. We looked at a sample of duty rotas and they confirmed this. We saw that call bells were answered in a timely manner and staff stopped what they were doing to answer. However we also found that for one person using the service their call bell had been left out of their reach. At the request of the person using the service we placed it within their reach. We discussed this with the manager and members of staff who told us that they would remind the staff responsible.

During the inspection we saw that adequate numbers of staff were on duty and there was a constant presence within communal areas. We saw that people’s needs were met in a timely manner and they were supported in between rooms by staff members and they were assisted safely. However, as a recognised dependency level tool had not been used to assist in calculating staffing levels, it was difficult to determine if more staff were required on duty at night.

We saw that staff wore protective clothing when conducting domestic duties and serving meals. The home was clean and free from malodours and we found that all the necessary safety assessments and checks were in place. Both the internal and external environments were clean and tidy and people who used the service moved around freely and safely. We looked at the toilet and bathroom areas and found them to be clean and hygienic. We saw hand cleanser, sanitizer and paper towels were provided.

We found the provider had a system in place to show that people had been safely recruited. We looked at a selection

of staff recruitment files and found they included a Criminal Records Bureau / Disclosure and Barring Service check (CRB/DBS), three references, interview notes and a job description. For registered nurses, we saw their Personal Identification Numbers (PIN) had been checked and they were current and up to date. Photographic identification was in the files we looked at.

We looked at the safeguarding policy and saw that it had been reviewed in January 2015 although it did not include the contact details for the local safeguarding team as these were contained in a different document. Staff that we spoke with told us that they knew where to find the information and that the appropriate body was Liverpool Careline.

We saw that people using the service had a PEEP (Personal Emergency Evacuation Plan) in their care files. This meant that in the event of an emergency they could be taken safely from the building in a way that would support their individual needs. Staff we spoke with were able to tell us about the plans.

We saw that equipment was properly maintained and that suitable processes and checks were in place to ensure that it was fit for use.

We found that falls risk assessments were in place in care plans and had been reviewed monthly.

Records looked at showed that accidents and incidents were recorded, acted on appropriately and analysed for themes.

The home had in place disciplinary and grievance procedures and the manager told us how action was taken when care practice was not at an acceptable standard.

We saw that medications, including controlled drugs, were stored and administered correctly and that the provider had an appropriate medication policy in place. We looked at the medication administration records (MAR's), care plans and medication audits. We found that for some people there was not sufficient information recorded around the administration and review of medicines to be given when required (PRN) and a care plan was not always in place to support this. This meant that if members of staff administering medication were not familiar with how the

## Is the service safe?

individual expressed they were in pain (for example if they had difficulty with verbal communication) then there was the possibility they may not receive their medication appropriately.

We also saw that discontinued medications were not always supported by a signature from a nurse or G.P. The service provided information at a later date to show that they had sufficient safeguards to ensure that discontinued medication was verified by an appropriate professional.

# Is the service effective?

## Our findings

People living at the service were mostly unable to communicate effectively with us in response to our discussions with them but we found that there was a calm, relaxed atmosphere within the service and a good interaction between staff and residents.

Staff members that we spoke with had undergone safeguarding training and were aware of the whistleblowing procedures. One staff member told us, "When you start work, you have an induction which included training around safeguarding, dementia and infection control". Another staff member told us, "I have had regular supervisions every couple of months". They also told us that "The pharmacist is coming in next week for medication training."

We looked at the training documents and matrix and the records confirmed this. Training included dementia, life support, Mental Capacity Act including, Deprivation of Liberty Safeguards and safeguarding. It was evidenced that there was a suitable system in place for identifying when training took place, when it expired and renewal dates had been set. Staff told us supervisions were held regularly and the files that we looked at confirmed this.

The Manager was aware of the notifications that were required to be sent to CQC, e.g. DoLS (Deprivation of Liberty Safeguards) authorisations, safeguarding issues and deaths. CQC has a duty to monitor the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). We saw that proper policies and procedures were in place relating to this and applications for people using the service had been made appropriately.

Staff members we spoke with were aware of the use and reason for DoLS. All staff had undergone mental capacity and dementia awareness training and two staff members told us if they noticed a change in a person`s behaviour or capacity to make decisions for themselves, they would inform senior staff and the manager immediately. This meant that people using the service were not deprived of their liberty when it was not appropriate but were when it was in their best interests to keep them safe.

We heard staff asking for consent before providing support and staff spoken with had a good understanding and

knowledge of the individual care needs of the people using the service. Consent forms related to the administration of medication, taking of photographs or the sharing of information within the care plans we looked at. This showed people who used the service, and if possible their families, had been involved in the creation of their care plan.

We found that daily notes had been recorded and related to any support that had been provided. This included appropriate referrals to professionals and included the tissue viability nurse and G.P.'S. Documentation of their visits and actions taken were seen. For one person who had been prescribed antibiotics we saw that a short term care plan was in place to support them.

We saw that picture menus were displayed on some of the walls but not in the dining room. A member of the inspection team shared lunch with a group of people using the service. It was clear people understood that there were food choices available to them. People were of the general opinion that food was satisfactory and the majority of people ate all of it. People were offered an alternative if they did not like what was on the menu. The meal was served hot and well presented, drinks were available throughout and the meal was well supported by adequate numbers of staff who maintained on going verbal interaction with people. When help was needed this was available and done with great patience. Some people took their meals in their rooms by choice. We saw that drinks and snacks were also served throughout the day. Nutritional assessments were seen within the care plans, people`s weights and other relevant information had been recorded on a weekly basis and referrals to relevant health professionals had been made appropriately.

We saw that the bedrooms of people using the service were personalised but the environment of the service was not suitable to support people with dementia. For example there were no signs of orientation or direction to communal areas or bedrooms to assist people in their orientation and to help maintain their independence. A visiting professional told us "I think it could be better organised – more dementia friendly." This had been recognised and the manager told us that she had applied for funding from the provider to make the environment more dementia friendly.

## Is the service caring?

### Our findings

We found a calm, relaxed atmosphere within the home and saw that there was a good interaction between staff and people using the service. Staff demonstrated a dignified approach in supporting people and called people using the service by their first names, they knocked on doors before entering people's rooms and were seen to be patient and supportive. This demonstrated that staff ensured that people's privacy was maintained.

People using the service were seen to be smart and well-dressed and three people using the service were able to tell us that they were well cared for. One visitor told us that they were involved in the care of their relative and said they were, "Very pleased with the care here". Another told us, "The family are very happy with the levels of care, particularly as [person] has made a good recovery from an illness." They also told us that the staff were very good to the family.

A visiting professional told us, "This is one of the better homes I come to and the staff are very friendly and listen to what you say."

We found that people with different communication needs were supported by the staff at the home interpreters and speech and language teams.

We saw that for one person using the service that had specific dietary needs this was well documented and a support plan was contained in their care plan to support them at meal times.

Within communal areas people were supported to move around safely and staff demonstrated a caring approach when doing so. Regular drinks were offered throughout the day to people using the service and assistance provided when needed.

The care plans for people using the service contained activity plans which documented peoples likes and dislikes for activities and socialising.

The care plan for one person using the service had an appropriately completed Do Not Resuscitate plan (DNR) in place, a short term plan was seen for prescribed antibiotics and we saw that the care plan had been reviewed regularly.

A Roman Catholic church service was held weekly and we noted that other provisions were made when people had a different faith.

There were no visiting restrictions at the service. When asked, staff were able to explain the individual needs of people they were supporting and staff also supported each other.



# Is the service responsive?

## Our findings

Pre-admission assessments had been conducted which helped ensure the provider could meet people's individual needs. A visitor told us that their relative had been offered a choice of what time they wanted to get up in the morning.

We spoke with the manager of the service who told us they had contacted several families to meet with them and discuss a plan of care for their relative which included their individual preferences.

The care plans that we looked at reflected this. Daily notes had been recorded and reflected any support that had been provided. In addition to people's physical health, mental health and capacity assessments were present within the care plans.

For one person we found that they were at risk of falls and we saw that a Falls risk assessment had been completed on a monthly basis. For another person who had pressure ulcers the district nurse was attending the home to treat this person. The tissue viability nurse had also been contacted. Supplementary support plans were in place and comprehensive notes were seen for the management of the pressure ulcers.

We found that one person became quite agitated and distressed on a regular basis. We noted that the GP had been contacted and reviewed the individual's medication. Support plans were in place for the use of de-escalation

techniques. Staff members we spoke with told us they had received training related to supporting this person. They told us, 'They are less agitated now and their behaviour has definitely changed.' This meant that staff were able to identify and respond to the individual needs of the people they were supporting and put them in to practice in a person centred way.

An activity coordinator was part of the staff team and we saw that there was an extensive range of activities and resources available for people using the service. This included arm chair exercises, puzzles, coffee mornings, pamper time, knitting and a men's group. On the day of the inspection a reminiscence session took place with music and pictures, including newspaper material. The pictures were laminated, well-chosen and very clear. One person using the service who was a keen gardener had been involved in planting a hanging basket and a fitness instructor also attended for a ball throwing activity session. We saw that people who were a little hesitant to join in at first were given individual support and gentle encouragement.

There was a complaints procedure displayed at the home on the wall and we looked at the providers' policy. This gave clear timescales for action and details of relevant people to contact. It had last been issued in September 2014. However there was no reference to contact the Ombudsman if the complainant was not happy with the outcome.

# Is the service well-led?

## Our findings

We spoke with people using and visiting the home and members of staff and asked them their opinion of how the service was managed. One person said, 'The whole place seems more settled'. A relative told us, "We did have a look at about four or five homes and this was the best by far". General comments from staff were that they got on well with each other and management and relatives were happy with the overall standards of care.

The service had a manager but they were not present during our inspection. A senior manager from the organisation was managing the service and people spoke positively about them saying they were, "Really approachable." However this manager is not yet registered with the CQC.

A person using the service told us, "The new manager seems fine – you always see her round and about."

We discussed information of concern with the manager that had been notified to us prior to the inspection. This included staffing levels at night and whether the needs of a particular person using the service were being met. The manager told us how the situations had been managed and we discussed, that although appropriate referrals had been made, there was one area of concern that may have been dealt with more sensitively. The manager was aware of their responsibilities and understood what notifications were to be submitted to CQC.

We saw that staff and service user / relative meetings had been held and there were more planned. 'Service user feedback surveys' had been issued and were in the process of being returned. This meant that the provider had regard for the views of the people using the service and so was able to act on their input and manage the service to meet their needs. Staff told us supervisions were held regularly and were aware of the whistleblowing policy and told us they would use it if necessary.

We saw that relevant audits and equipment checks had been conducted which included; health and safety checks, kitchen audits, accident analysis, medications, care files and the dining experience. This meant that the provider had systems and processes in place to ensure that people using the service and others were kept safe.

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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.

This section is primarily information for the provider

## Enforcement actions

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