

Charnat Care Limited

# Agnes House 81

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Requires Improvement</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

### About the service

Agnes House 81 is residential care home providing personal care for up to two people with a Learning disability. The service was supporting one person at the time of the inspection.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

Systems to monitor the way medicines were administered required improvement to ensure issues could be identified and addressed in a timely manner. People did receive their medicines when they needed them.

The environment was homely in design and met people's needs, but renewal work and repairs were not completed in a timely manner. Quality assurance systems were not robust enough to identify shortfalls and drive improvement. Records to support the oversight of the service were not readily available during the inspection visit for us to review.

People were supported by sufficient numbers of staff who knew them well and had an awareness of how to escalate any concerns about people's safety. Staff had received the training they required for their role but were awaiting refresher training to update their skills and knowledge.

Staff wore gloves and aprons to ensure they protected people from cross infection. Some systems were in place to enable the staff and the registered manager to learn lessons from any incident and accidents that had occurred in the service.

Staff sought people's consent before providing support. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People accessed healthcare services to ensure they received ongoing healthcare support. People were given choices and were involved to make daily decisions around their care.

People had meaningful activities to occupy them on a daily basis. People had care plans in place which provided staff with information about their needs and preferences and how they would like these to be met. However, support plans were not updated in a timely manner when people's needs changed. A complaints procedure was in place and people and their relatives knew how to raise concerns.

Rating at last inspection and update.

The last rating for this service was requires improvement (published 5 December 2018).

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been sustained and the provider was still in breach of regulations. The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified a continued breach in relation to the governance systems and quality assurance monitoring of the service.

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 also meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

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

We always ask the following five questions of services.

### Is the service safe?

The service was 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 responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

# Agnes House 81

## 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 Care Act 2014.

### Inspection team

The inspection was undertaken by one inspector.

### Service and service type

Agnes House 81 is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

### Notice of inspection

This inspection was unannounced.

### What we did before the inspection.

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We sought feedback from the local authority and professionals who work with the service. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with one person who used the service and one relative about their experience of the care provided. We also observed the way support was provided to people. We spoke with two support staff, one senior and the registered manager.

We reviewed a range of documents and records including the care records for one person and their medicine records, three staff files and training records. We also looked at records that related to the management and quality assurance of the service.

#### After the inspection

We continued to seek clarification from the provider to validate the evidence found. We requested training information, audits and quality assurance records.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to 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

- People told us they received their medicines when they needed them. A person told us, "The staff give me my medicines when I need them."
- We reviewed the medicine records and found these had been completed to demonstrate people received their medicines as required. However, we noted staff had signed the record to confirm a prescribed cream had been applied to one person when we had heard the person had refused this. The staff member told us this had been signed by mistake as they were rushing, and the medicine record was amended accordingly when we highlighted this shortfall.
- The instructions on the prescribed cream stated it should be applied three times a day, but the medicine records showed this was only being applied twice a day. When asked staff advised the person refused this but the records did not reflect this.
- The prescribed cream had a date of opening of June 2018. The manufactory instructions state the cream should be discarded after 28 days. Staff confirmed this cream was being applied and no other cream was available. Staff told us they had not noticed this date on the cream. The staff were not able to provide an explanation why this date had been recorded. The returns book we reviewed showed this prescribed cream had been returned each month. Therefore, staff advised the date may have been recorded incorrectly.
- We checked the balance of medicines stored in boxes. We were not able to identify if the right number of tablets were remaining because the staff had not accurately recorded how many tablets they had in stock at the start of each month. We found one example where the stock of tablets had been recorded but the tablets did not balance with what should have been left.
- Staff confirmed they had received training to administer medicines which included an assessment of their competency. Staff advised they were waiting for refresher training to be provided.

### Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe when being supported by staff. A relative told us, "I have no concerns about [person] safety staff support [person] as they should and if I had any concerns I would raise them immediately."
- Staff we spoke with were aware of their responsibilities to report and act on any concerns. A staff member told us, "If I had any concerns I would report them to the manager or higher if needed."
- The registered manager had submitted notifications appropriately. However, we saw information had been recorded about a small unexplained bruise which had not been reported to the local authority or CQC. We discussed this with the registered manager who took action and completed the required notification.

### Preventing and controlling infection

- People told us they assisted staff with some domestic tasks. One person said, "I help keep my bedroom tidy, and sometimes help in the kitchen." A relative told us, "Then home is generally kept clean."
- We saw the home was generally clean and tidy and high-level dusting had been completed following our last inspection.
- Staff completed cleaning schedules, but we noted there were several gaps where these had not been completed. This had been identified in an infection control audit and raised with staff in a recent meeting. We noted some areas in the home which required deep cleaning and this information was shared with the registered manager who told us action was being taken to address this. These areas had not been identified in the infection control audits completed.
- Staff wore personal protective clothing such as gloves and aprons when undertaking certain tasks to prevent the spread in infections.

#### Assessing risk, safety monitoring and management

- People told us staff knew them well. A person said, "Staff know me and my needs."
- Staff were knowledgeable about people's needs and were aware of any risks associated with supporting them and how to keep them safe and well. A staff member said, "As I only work with [person] on a shift I have got to know them well. I know what to be aware of when going out in the community or using the kitchen or when the [person] becomes anxious. I know the signs to look out for and what techniques to use to try and divert their attention and reassure them."
- Risk assessments were in place to guide staff on how to manage risks and these covered a variety of areas such as assisting people in the kitchen and when out in the community. We saw guidance was in place on how people showed signs of distressed behaviour and the way staff could provide support to people during this time including diversion techniques to use.
- We saw staff use some of these techniques when people showed signs of distress.

#### Staffing and recruitment

- People received the support they needed from sufficient numbers of staff. One person told us, "I am supported by staff at all times and I have the support I need." Discussions with staff confirmed this.
- The service had not recruited any staff recently. Records for existing staff confirmed all of the required recruitment checks had been completed before staff commenced working in the home. Part of these checks included a disclosure and barring check which ensured potential staff were suitable to work with vulnerable people.

#### Learning lessons when things go wrong

- Some systems were in place to monitor accidents and incidents for patterns and trends and records reflected what actions were being taken to mitigate future risks.
- Staff completed records to monitor distressed behaviour, so these could be monitored and reviewed to see if any changes could be made to reduce the frequency these occurred.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to 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

- People and their relative thought staff had the skills for their role. A relative said, "The staff appear to have the skills to meet [person] needs."
- Staff confirmed they had received an induction when they first started their role which consisted of completing the Care Certificate and a period of shadowing to get to know people and read their support plans.
- Staff told us, they had received training in how to manage people's distressed behaviour and distraction techniques. Staff confirmed they felt confident and had received the training they needed for their role but advised they had not received any other refresher training for a while. A staff member told us, "I have completed all core training, but it has been a couple of years since I completed any refresher training in areas such as safeguarding, and first aid." We saw from the minutes of a recent staff meeting, training was discussed in relation to medicines and action was to be taken to arrange this for staff.
- Staff had not received detailed training in supporting people to maintain good oral health and hygiene. We discussed this with the registered manager who advised they would raise the need for this training with the provider.
- Staff told us they felt supported in their role and had received supervision.

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

- People's needs were assessed prior to moving into the home. A relative told us, "We were involved in the assessment process before [person] moved into the home."
- We reviewed the care records and saw people's protected characteristics, as identified in the Equality Act 2010, were considered as part of their assessments. This included people's needs in relation to their gender, age, culture, religion, ethnicity and disability.

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

- People told us they received the support they needed to maintain a healthy diet and to drink regularly. One person told us, "The staff help me to choose the meals that I can eat, and they encourage me to drink often. I sometimes go food shopping with staff and choose what food I would like." A relative told us, "The staff support [person] to eat a healthy diet and they have the knowledge about [person] dietary needs and preferences."
- Information about people's dietary needs were recorded including their preferences and allergies. Records were maintained where required of the food and fluid people had received.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People and their relative confirmed staff supported them to attend healthcare appointments to maintain their health and wellbeing. A relative said, "[Person] attends all required appointments to ensure their health is monitored."
- Health action plans were in place which demonstrated people were supported to attend all required healthcare appointments such as dentist, opticians, psychologist in addition to visiting their GP, and other professionals as required.
- People were supported with their oral health, but their support records lacked detail in this area. This was discussed with the registered manager who confirmed the records would be updated and more detail provided.

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

- The home was suitable to meet the needs of people and was homely in design. It reflected the preferences of people. One person told us, about the various items that held sentimental value to them.
- There was an accessible garden for people to use. One person said, "I like sitting out in the garden in the summer and having parties."
- People had access to aids and equipment to promote their independence and support them with their daily lives.
- We noted some areas of the home required repairs and renewal work. Some of these had been recorded in the maintenance book but not all of the areas we had identified during our inspection. We saw some repairs were being undertaken during the day of our inspection visit.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

- People confirmed staff sought their consent before providing support and respected their choice when they said no. One person said, "Staff ask me first before helping me." A relative told us, "I have heard the staff asking for consent before providing support."
- Staff confirmed they had completed MCA and DoLS training and understood the importance of gaining the person's consent before providing support. A staff member told us, "I always explain my actions, and ask if it is okay first before supporting. I would never force someone."

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and their relative told us staff were friendly and treated them with respect.
- We observed people appeared comfortable in staff members presence and one person chatted to staff about the book they had purchased that day. Staff spent time with people and spent time looking through a book with a person and took an interest in what the person had to say.
- On one occasion we noted a staff member respond to a person in an unsupportive manner. We discussed this choice of words with the registered manager to enable them to address this with the staff member for learning.
- Staff told us they enjoyed their role. One staff member said, "I enjoy working with [person] and enabling them to live as independent as possible."
- People's records included details of their life histories, religious beliefs and wishes and preferences. This enabled staff to have access to the required knowledge to meet people's needs in a person centred manner.

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

- People made decisions about their daily life. One person told us, "I decide when I get up, what clothes I want to wear, and where I want to go during the day." We observed staff talking to one person about these choices and involving the person in all aspects of their care.
- People told us staff listened to them and respected their choices. We observed this when one person wanted to continue watching their favourite TV programme instead of undertaking other tasks, and this was respected by the staff member.

Respecting and promoting people's privacy, dignity and independence

- We observed staff promoting people's privacy and dignity when providing support with their personal care. Staff were discreet when supporting one person and respected their privacy where possible giving the person time alone.
- People told us staff encouraged them to be independent. One person told us, "The staff ask me to help them to prepare my meals and to get the food out and to help make my drinks." Our observations supported this.
- People were supported to maintain relationships with those closest to them. One person told us, "My family visit often."
- Relatives confirmed they were free to visit anytime and always made to feel welcome.



# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People were aware they had a support plan in place. One person told us, "I know the staff have a book all about me, but I do not want to see it. The staff ask me about my care and I am fine with the way they meet my needs."
- Staff responded to changes in people's needs. For example, one person became anxious, and we saw staff provide reassurance and spent time with the person to try and reduce this anxiety.

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.

- The registered manager understood their responsibility to comply with the Accessible Information Standard (AIS). Some information was available in easy read and pictorial formats to enable people to access these. For example, one person's exercise plan has been produced using pictures to enable them to follow these.
- Information about how people communicated was recorded in their support plan.

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 engage in meaningful activities of their choice. One person told us, "I enjoy shopping, and staff support me to go to the shops I like when I want to. We go on the bus which I enjoy. I also enjoy going to church and attend a coffee morning there. I get to do the things I like."
- We saw from the minutes of the recent staff meeting, activities provided to people was discussed and the need to improve the choices available and the variety of in house activities provided to individuals.
- Staff we spoke with confirmed social activities were discussed with people and support was provided on a daily basis to people to go out to their chosen destination.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to raise any concerns. One person said, "If I was unhappy I would talk to [manager] and he would listen to me."
- A complaints procedure was in place. The registered manager told us they had not received any concerns since our last inspection.

#### End of life care and support

- There was no information in people's support plan to evidence their end of life wishes had been considered or if discussions had been held with them or their family. The registered manager told us these discussions had taken place, but people and their families found it difficult to discuss this area at this current time. The registered manager advised any wishes shared would be respected and followed.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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.

At our last inspection the provider was found to be in breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection not enough improvement had been made and the provider was still in breach of regulation 17.

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

- We found improvements had been made in the areas we had identified during our last inspection for example carpets had been replaced and high-level dusting completed. People's care records had been updated in relation to their mobility. However, we found other shortfalls that had either not been identified as part of the internal audits completed or acted upon in a timely manner.
- The registered manager failed to provide us with audits of medicines both during the inspection or following our inspection visit for us to be able to establish the oversight and quality assurance monitoring of the systems in place. Therefore, we were unable to check if any of the shortfalls we had found during this inspection had been identified, and if any action had been taken to address these.
- We asked to see any audits completed by the provider, but these were not provided to us during the inspection or following our inspection visit to demonstrate the provider oversight of the quality of the service being provided.
- Audits of the environment had been completed and shared with us following the inspection visit. Although these had identified some of the renewal and repairs that were required, they did not cover all of the areas we had identified during our inspection. We saw most of these repairs and renewal work had not been recorded in the maintenance book to enable the maintenance team to be aware of these and to plan to address these issues in a timely manner.
- People's records were not updated in response to changes. We found a person's needs had deteriorated but this was not reflected in their support plan, although staff had this knowledge. In addition, we found the outcome of a deprivation of liberty assessment undertaken in January 2019 had not been reflected in a person's support plan to make staff aware of this.
- Providers are required to display their current rating certificate both in their home and on their website. Although the rating was displayed on the provider's website, the rating displayed within the home was from the inspection completed in 2015 and not from the inspection undertaken in October 2018. Immediate action was taken to address this when we brought this to the registered manager's attention, but the

internal audits had not identified this prior to our inspection visit.

- We asked for a copy of the training matrix to demonstrate the training provided to staff, as staff advised us their refresher training was out of date. The registered manager advised us he would update the information and then send it to us. The registered manager failed to provide us with this information following our inspection visit to enable us to review the training provided to staff.

We found no evidence that people had been harmed however, systems and processes were not robust enough to demonstrate the service was operating effectively. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following our inspection, the registered manager sent us an action plan in response to some of the shortfalls we had found to tell us the action they intended to take to address these.
- Throughout the inspection we found the registered manager to be honest, and open about any issues we brought to their attention. They were receptive to our feedback and advised us of their commitment to making any required improvements.

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

- Staff told us morale was low within the team of staff that worked both within this home and in the provider's other homes which were located close by. Staff had recently attended a staff meeting and the reasons for this were discussed and included lack of team work, communication, and leadership. We were advised the meeting was attended by the provider and open and frank discussions were held. Following the meeting minutes had been completed to enable staff that did not attend to read the discussions held. Shortfalls within the provider's services were discussed and improvements requested. Staff were hopeful improvements would be made.
- Staff we spoke with felt supported in their role. Staff confirmed they felt confident to raise issues but did not feel confident issues would be responded to in a timely manner. For example, when reporting repairs or when requesting training.
- People knew who the registered manager was and felt able to speak to him about any issues. One person told us, "I like the manager he is easy to talk to. He comes and visits me regularly and has chat with me."
- Systems were in place to seek feedback from people and their relatives. A relative told us, "I did receive and complete a survey and gave feedback about what improvements I think there should be to the service. I am hoping this feedback is listened to and changes are made."

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 understood his responsibilities in relation to the duty of candour regulation and the action that should be taken when things go wrong.

Working in partnership with others

- The registered manager and staff worked in partnership with health colleagues, local authority and other community groups as part of ensuring people received a personalised service.



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.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Quality monitoring systems were not robust. There was a lack of evidence that the provider was continually evaluating the service and making the required improvements.

### **The enforcement action we took:**

Warning Notice.