

Angel Care Homes Limited

Agnes House - Residential Care Home

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection took place on 19 and 27 April 2016 and was unannounced. We returned for a second day on the 27 April 2016 to follow up on some concerns that had been raised with us since our first day of inspection. The service was last inspected on 5 November 2014 when we found that the quality monitoring of the service needed to be improved. At this inspection we found that improvements had been made.

Agnes House – Residential Care Home provides care to up to 15 people who have an enduring mental health diagnosis. At the time of our inspection there were 14 men living at the home. Accommodation was provided over three floors. All bedrooms were for single occupation and there were shared bathing and toilet facilities except in one bedroom where there was an en-suite facility. The accommodation is not suitable for people who are not independently mobile.

There was a registered manager in post at the time of our inspection. 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.

The service was well led and the accommodation was being refurbished to improve the environment in which people lived and worked. Audits were being carried out to ensure a good quality service was provided. However, there continued to be areas in the home that needed to be improved and some mattresses that needed to be replaced.

People were safe because there were sufficient numbers of appropriately recruited staff available with the skills and knowledge to recognise abuse and harm and take the appropriate actions to protect people.

People were involved in planning their care and knew about potential risks to their health and welfare and the actions taken to minimise them including regularly taking medication.

People had built up good relationships with staff that were kind and supportive and that encouraged people to remain as independent as possible.

People were able to express their views and felt listened to. People were supported to maintain their hobbies and contact with people important to them.

People were supported to eat and drink a healthy diet and received medical care and attention when needed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

There were enough staff that were safely recruited to provide care and support to people and that had the skills and knowledge needed to keep safe from abuse and harm.

People were supported to receive their medicines as required to keep them healthy.

Is the service effective?

Good ●

People were involved in planning their care and supported to live individual lifestyles according to their personal preferences.

People's human rights were promoted and there were no restrictions on them so that they were able to come and go as they wished.

People were supported to make choices about their daily lives and supported to develop their skills.

People were supported to eat well and received medical care as needed.

Is the service caring?

Good ●

The service was caring.

People were supported by staff that were caring and kind and treated them as individuals.

People were supported to make choices on a daily basis about their lives and their privacy and dignity was maintained.

People were supported to maintain their independence as much as reasonably possible.

Is the service responsive?

Good ●

The service was responsive.

People were involved in reviewing their care and supported to plan their time to enable them to do the things they wanted to do.

People were supported to express their views about the service and maintain contact with their friends and relatives.

Is the service well-led?

The service was well led.

The leadership and culture of the home ensured that the needs of people were met because there were good working relationships with healthcare professionals involved in people's care.

People's views were taken into consideration when assessing the quality of the service and there were some systems in place to audit the quality of the service.

The service was in the process of being refurbished so that people had a pleasant environment in which to live.

Good ●

Agnes House - Residential Care Home

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 18 and 27 April 2016 and was unannounced. We returned on 27 April to look into some concerns we received after the first day of the inspection.

The membership of the inspection team consisted of one 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. Our expert had experience of this type of service.

When planning our inspection, we looked at the information we held about the service. This included information received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law.

The provider had completed a Provider Information Return (PIR). This is information we asked the provider to tell us about what they are doing well and areas they would like to improve.

During our inspection, we spoke with nine people who lived at the home, two relatives, four support workers and the registered manager. We observed interactions between staff and people that lived there.

We looked at the care plans of three people, the medicine management processes and records maintained by the home about staffing levels and staff training. We looked at three staff files to check if the appropriate recruitment checks were being undertaken. We also looked at records relating to the management of the service and a selection of the service's audits to check people received a good quality service.

Is the service safe?

Our findings

People told us they felt safe in the home. One person told us, "I feel safe here. Staff are good and look after me. I get on with most people." Staff spoken with were able to describe the different types of abuse and showed that they were able to recognise poor practice if it was occurring. Staff told us and records showed that they had received training that provided them with the knowledge they needed to keep people safe and to raise any concerns they may have. Staff were aware of other people apart from the registered manager they could raise their concerns with such as the provider and social workers.

People were aware of any risks to their health and welfare. One person told us about fire drills that they were involved in. Some people were able to go out unescorted if they had been assessed to do so and if they wanted to. We saw that some people liked to go out alone whilst others preferred to be accompanied by staff and this was supported. Others only went out with the support of staff due to reduced mobility. People were generally aware of the risks to them due to their mental health illnesses and were able to identify if they were becoming unwell. However, staff were aware of how people would present if their mental health was deteriorating and what actions to take if this happened. There were good relationships with community mental health teams so that people's conditions were monitored and received appropriate treatment when needed.

People living in the home told us that staff were always available to support them. One person told us, "There are always two staff [during the day], one at nights and enough at the weekend." People living in the home were independent with personal care and dressing and only required some prompting. Staff told us there was always enough staff available to support people to do what they wanted and to attend any appointments they had. The registered manager told us that they had staff that would come to work at short notice so it made it easier for them to increase the staffing complement when needed. Staff told us and records showed that all the required employment checks were carried out so that the suitability of staff was determined before they were employed.

People were supported to receive their medicines as prescribed. People were aware of the medicines they were taking and what they were for. One person told us, "We come to the office to get our medicines." Another person said, "Staff sort medicine out because I wouldn't take it." Staff confirmed that people were asked to come to get their medicines however, if they didn't medicines were taken to them. No one in the home managed their own medicines because it was important for staff to monitor that people were taking their medicines regularly to reduce the risk of them becoming unwell. Staff were vigilant in monitoring that people were taking their medicines and people were aware that if they didn't take their medicines staff would contact their support teams because they may be at risk of becoming unwell. We looked at the medicine records of three people and the systems for safe storage of medicines. We saw that medicines were appropriately and safely stored and records for the administration of medicines were appropriately completed. We saw that regular audits of medicines were carried out to ensure that any problems were quickly addressed.

Is the service effective?

Our findings

People told us that they were happy with the care and support they received. We saw that people were encouraged to be as independent as possible and were supported to live individual lifestyles as much as they wanted to. For example, people told us they took responsibility for cleaning their own bedrooms and we saw that one person had been supported to learn to drive. We saw them going out in their car during our inspection. We also, saw that if people's mental health deteriorated they were supported to access specialist services or to have respite so that they received specialist support.

People were supported in an individualised way by staff that had the skills and knowledge to provide appropriate support and guidance. One person told us, "I am treated as an individual and I can have a bath or shower when I want." Another person told us, "I have a key worker. The new keyworker is still getting to know me." Staff spoken with showed that they were knowledgeable about people's needs and received the support they needed to assist people. Staff told us and records showed that they received regular training in topics such as mental health awareness and managing behaviours that could challenge people. They also told us that they received support and guidance through one to one meetings with the registered manager and staff meetings where people's needs were discussed. Staff told us and records showed that they had the information they needed about people's needs and how they were to be supported. Staff.

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. Staff told us they had received training in the MCA but everyone in the home was able to make decisions for themselves. People were encouraged to make choices and decisions about their care where possible. For example, one person was refusing to take their medicine because they felt that it was causing them health problems. An appointment had been made for the individual to discuss their medical needs and the medicines they needed to take with a healthcare professional to allow them to make an informed decision about whether they would continue to take the medication or not. We saw that people were able to come and go from the home freely because they had the code to open the front the door. We saw that the registered manager was making arrangements to ensure that people were able to maintain their right to vote. One person told us, "I voted last time. The manager sorts it all out for us."

People can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA or the Mental Health Act 1983. No one in the home was prevented from leaving the home under the Mental Health Act and everyone had capacity to make decisions so were not subject to the MCA. People who were able to come and go independently because they had the code to open the front door so that they didn't have to wait for staff to open the door for them.

People were generally happy with the food they ate and we saw that the menu provided a variety of meals and choices. One person told us they had a separate diet because they didn't eat meat. Most people said they enjoyed the meals and told us they had discussed meals at meetings and chosen what they wanted.

Another person told us, "Foods good. Always fresh." Another person told us, "I like the food, good quality, hot and fresh fruit available all day." A member of staff told us that people were able to add meals to the menu and we saw that menus were discussed with people at house meetings. We saw that people's nutritional needs were assessed and people were encouraged to eat healthy meals.

People living in the home told us they had access to a variety of healthcare professionals. One person told us, "I get to see the GP regularly. The manager sorts out optician, dentist and chiropractor." Records looked at showed that people were seen regularly by community psychiatric nurses, chiropractor, opticians and doctors. We saw that people were supported to attend nurse, doctor and hospital appointments when needed to support people's well-being. A health care professional told us, "Agnes House support people who often have chronic mental health conditions. The service is effective in supporting people in the community and preventing long term hospital admissions. The service is very effective in supporting residents to access the community on a frequent basis."

Is the service caring?

Our findings

People told us that they were happy at the home and liked the staff. One person told us, "I like the staff here. They look after me. They treat me with respect." We saw that people were happy in the company of staff and staff responded kindly when they spoke with them. We saw that staff called people by their preferred names and listened to what people had to say. Staff were able to tell us about people's individual support needs, their likes and dislikes. This supported the staff to be able to care for people in a way that was individual to the person. People were engaged in friendly conversations with each other and staff. A healthcare professional told us, "I have always found the manager and staff to be very caring towards residents. To my knowledge staff turnover is low which enables staff to build consistent and supportive relationships with residents."

People told us that they had a care plan but some said they had not been involved in planning their care but had signed to say they agreed with the care plan. The person went on to tell us, "I have improved a lot since being here." Care records looked at showed that people had been involved in telling staff what they like and, what could upset them and how staff should support them if they became upset or unwell. We saw staff had a good understanding of people's needs and showed empathy towards people. There were good humoured interactions between staff and people living in the home. We saw relationships between staff and people were good and people felt they could go to staff and ask for help when needed.

We saw that people were treated with respect and dignity. One person told us, "If I want privacy I get it." Another person said, "I like it here. Don't feel intimidated." Staff knew the people who lived in the home well and spoke about their health challenges in an understanding way. They were able to explain how they ensured people's privacy and dignity. We saw that staff knocked on bedrooms doors and waited to be invited in before entering. One person told us, "Staff knock on the bedroom door and wait to be invited in. I've got my own key for my bedroom and can lock it, no lockable cupboard though". The registered manager told us she would address the lack of a lockable cupboard. One member of staff said, "If we knock the bedroom door and there is no response I will say that unless they respond I will have to come in. This tells them what is going to happen and gives them time so their privacy and dignity can be preserved."

Everyone living in the home had a bedroom of their own. People were able to lock their bedroom doors and maintain their bedrooms as their private area and were able to invite people they chose to go in. People told us they chose when they got up and went to bed and were able to choose whether they relaxed in their bedroom, the lounges or the garden. People told us they were happy for us to look at their bedrooms and we saw that bedrooms were personalised to the liking of the occupant. We saw that there was a programme of refurbishment that was ongoing and this meant that some bedrooms had been fully refurbished, others were partly refurbished and some were waiting to be refurbished. A relative told us, "[It is] Great here but décor needs freshening up".

People we spoke with felt they were supported to be as independent as much as possible. People were encouraged to go the shops, local social clubs and complete some household tasks. For example, keeping their bedrooms tidy. Twice a week people were encouraged to make their own lunches but if people didn't

want to staff would prepare their meals for them so that they did not go without. Most people told us they were not allowed in the kitchen but they also said they didn't want to cook their own meals. People told us and we saw that they were able to make drinks for themselves at most times. Some people told us that there were times when the drinks making facility was closed. The registered manager told us that this was so that staff could clean up the area as people would leave it dirty and unhygienic.

Is the service responsive?

Our findings

All the people living in the home were able to make decisions about their care and support needs. One person told us, "Not really involved in the care plan but it is reviewed regularly, about every six months or so." Another person told us, "Yes the staff are responsive. I was ill not so long ago and the manager got in touch with the GP straight away". We saw that staff responded to people that required support. For example, when people wanted a member of staff to accompany them to the shops or for a walk, they were supported in a timely way. A healthcare professional told us, "Agnes House are quick to respond to any difficulties they are encountering and work collaboratively with professionals to solve problems."

People were supported to structure their day and week to promote their health and well-being. For example, people told us that they were encouraged to get up for breakfast and have their medicines even if they wanted to go back to bed afterwards. One person told us, "I go into the community regularly. I don't want to go to college. I have been asked. There are always activities going on." We saw that there was an activities programme organised with input from people that lived in the home. We saw that during the second day of our inspection people went out for lunch although this was not on the programme. The registered manager told us that the programme was a very 'loose' programme and could be changed if people wanted to do so. People were asked if they wanted to go out for lunch. Some people chose to go out but others decided to have lunch prepared for them at home. One person told us that they liked to go to the allotments and another person told us they went to college. In the home people told us they were able to do things they liked doing such as playing the guitar or sitting in the garden chatting with people. People told us about visits that had been arranged and that they had enjoyed. We saw photographs on display of people on these outings. We saw the registered manager encouraging an individual, who felt they were unable to walk long distances, about a visit and the ways in which they could be supported to go on the visit.

People were encouraged to maintain and develop contact with family and friends. . Everyone we spoke with told us they were able to contact friends and family when they wished. One person told us, "We can have relatives and friends [visit]. Staff welcome them in." One relative we spoke with told us, "I can pop in if I want but I usually phone first. Manager keeps us up to date with changes."

People and health care professionals told us they had no complaints about the quality of the service being provided. Most of the people told us they knew how and who to complain to if they had any concerns. One person told us, "I would go to any of the staff if I was unhappy with something." Another person said, "I'd speak with the manager." A third person said, "Wouldn't know [how to make complaint but would tell [relative]]." A relative told us, "I have no worries. I would speak to the manager or social worker if I had an issue." Staff explained how they would deal with complaints and confirmed they would follow the complaints process and were confident the registered manager would resolve them quickly. No formal complaints had been made.

Is the service well-led?

Our findings

At our last inspection we found that improvements were needed in the monitoring systems to ensure a good quality service was provided. At this inspection we saw that improvements had been made.

The registered manager monitored different aspects of the service provided through audit and analysis. The service was assessed through satisfaction surveys, and audits of health and safety, medication management and cleaning schedules. The provider visited the home on a regular basis and monitored complaints and issues that affected the home through monthly management reports and by spending time in the home. We saw that the provider was refurbishing the home and had replaced many of the widows, updated some of the bathing facilities and some bedrooms. However, there was still ongoing work needed to ensure that a comfortable and pleasant working and living environment was available to everyone.

During our inspection we received some concerns regarding the condition of some of the mattresses. We revisited the service on 27 April 2016 to check and found that there were some mattresses that needed to be replaced. The registered manager told us that mattresses were being replaced as bedrooms were being refurbished and stated the stains were due to people spilling drinks on the beds. We saw that some mattresses had mattress protectors on them and the manager told us that she would look into whether these would be appropriate for other people. Two of the mattresses checked did not provide people with good back support and the manager told us she would have them replaced. One mattress found to be dirty but the registered manager told us the staff had not been in to clean the bedroom yet and we saw that the occupant had only just got up. There was no system in place to ensure that mattresses were checked and cleaned regularly. The registered manager said that the cleaning schedule would be expanded to include checking and cleaning of mattresses.

People we spoke with, staff and health care professionals told us the home was 'well managed' and the quality of the service was good. One person told us, "Very happy with service. One of the best places I have been in. Home from home." One health care professional told us they felt the service was very good at providing a good service to people. They said, "The manager has worked at Agnes House for many years and knows the service, staff and residents very well. I have always found the manager to be professional, caring and always willing to support residents through challenging times."

Staff told us and records we looked at confirmed regular supervision and staff meetings were held. This ensured staff were kept informed on the development of the service and given opportunities to raise any concerns they may have with the management team. One staff member told us, "We are a good team. We work well together and the manager is supportive. If there are any problems she is always available."

We saw the provider sought feedback from people through surveys and 'house meetings'. One person told us, "We do have regular meetings. Opinions are listened to and acted on." Surveys completed by people living in the home showed that people had rated meals, staff, personal care and activities as either good or very good. The current surveys had not yet been analysed but an analysis of the previous surveys showed that staff were happy that the laundry service had been improved. We saw that surveys were also sent to

family members and visiting professionals to get a wider view of what people thought about the service provided. A family member had commented, "[Relative] is extremely well cared for. I have no concerns whatsoever, staff all work very hard and are always very helpful. Happy with regular reviews from doctor and I always receive feedback about how [person] is." Professional comments included, "Please continue to provide the excellent care and service for service users at Agnes House. Staff and management are very professional in their practice. They go out of their way to do more for my patients. It is an excellent home."

Agnes House had developed close links with local recreational and community groups. People who lived at the home explained how they had been supported to access them and the benefits they had brought. For example, one person regularly attended the allotments and told us this helped them to remain well, physically and mentally. .

There was a registered manager in place who had provided continuity and leadership in Agnes House. The management structure was clear and staff knew who to go to with any issues. The registered manager had completed our Provider Information Return (PIR). The information provided on the return, reflected what we saw during the inspection.