Caretech Community Services (No.2) Limited

St Agnells House

Inspection report

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Date of inspection visit:
23 January 2018

Date of publication:
14 February 2018

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 was carried out on 23 January 2018 and was unannounced. At their last inspection on 7 October 2016, they were found to be meeting the standards we inspected. At this inspection we found that they had continued to meet all the standards.

St Agnells House 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.

St Agnells House provides accommodation for up to eight people with learning and physical disabilities. The home is not registered to provide nursing care. At the time of the inspection there were eight people living there.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service has a manager who was registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the 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 and associated Regulations about how the service is run.

People told us they felt safe at the home and they liked the way staff supported them to live the life they wanted. Relatives told us they were happy how people were looked after and they felt the service was safe and met peoples` needs.

People were involved in developing their care and support plans and relatives where appropriate were invited to participate in developing and reviewing people`s care and support plans.

Relatives and staff told us there were enough staff to meet peoples` needs and support them with the activities they chose to do.

People lived an active life and had been provided with opportunities to pursue their hobbies and interests including going away on holidays.

People were supported by staff who were trained and received regular supervision. People were encouraged to eat a healthy, balanced diet and there was access to healthcare professionals when needed. Staff understood the importance of giving people choice and listening to their views and opinions. However staff needed more training to fully understand the principles of the Mental Capacity Act and Deprivation of Liberty Safeguards.

The design and layout of the building met the needs of people who lived at the service, however the environment needed some redecoration and windows and high ceiling beams needed cleaning.

Staff felt supported by the registered manager and they told us that recent changes in the management structure impacted positively on staff`s morale bringing and motivated them to work as a team.

People's personal care records were kept securely to ensure unauthorised people did not have access to them. Staff spoke to people in a kind, patient and friendly way and people were treated in a dignified manner. Staff consistently ensured people's social needs were met, and people felt staff listened to them and valued their views.

There was a complaints process available and people were asked for their views at meetings. In addition relatives told us they were regularly asked to give feedback about the service and they felt positive about how the home was managed.

The registered manager was passionate about providing the best possible support for people and they actively supported people and staff to achieve this. There were quality assurance systems in place which were used effectively to identify any areas in need of improvement. Actions were taken to improve the quality of the care people received when it was necessary.

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 remains Good.

Is the service effective?

Good

The service remains Good.

Is the service caring?

Good

The service remains Good.

Is the service responsive?

Good

The service remains Good.

Is the service well-led?

Good

The service was well led.

There was a registered manager in post who ensured people received appropriate care and support.

Systems and processes were in place to monitor the quality of care people received and actions were taken where necessary to improve the service.

Staff told us the recent changes in the management structure boosted staff`s morale and they felt supported by the registered manager.

Regular meetings were held for staff to discuss matters relating to the home, and feedback from people and relatives had been sought with regard the quality of care they received.

St Agnells House

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2014 and to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Before the inspection we reviewed information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us. We also reviewed the provider information return (PIR) submitted to us. This is information that the provider is required to send to us, which gives us some key information about the service and tells us what the service does well and any improvements they plan to make.
The inspection took place on 23 January 2018, was unannounced and carried out by one inspector.

During the inspection we spoke with two people who used the service, two relatives, three staff members and the registered manager. We received information from service commissioners and health and social care professionals.

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 with us due to their complex health needs. We reviewed care records that related to two people who used the service and other documents central to people's health and well-being. These included staff training records, medication records and quality audits.

Good

Our findings

People said `Yes` when we asked them if they felt safe and happy in St Agnells House. Relatives told us they had no concerns regarding the care and support people received and they felt the service was safe.

Staff were knowledgeable about signs and symptoms of abuse and how to report their concerns. They told us and we saw that they received training about safeguarding people from the risk of harm and abuse. Staff knew where to find information about relevant contact details from outside safeguarding agencies where they could report their concerns under the whistleblowing policy.

Where potential risks to peoples' health, well-being or safety had been identified, these were assessed and reviewed regularly to take account of their changing needs and circumstances. This included areas such as falls, mobility, nutrition, skin integrity and going out. This meant that staff were able to provide care and support safely. For example a person had not been feeling very well and struggled to chew and swallow their meals. This was quickly identified by staff and a risk assessment with appropriate actions was put in place. The actions included a referral to the speech and language therapist and a pureed diet was provided to the person. We found that the person`s condition improved and they were now able to have soft food and drinks without thickeners.

Relatives told us they felt there were enough staff to meet people`s needs. They told us that staff accompanied people to their appointments and also supported people to get out and about in the community when they wanted. Staff told us they felt there was enough staff and that agency use had dropped significantly in the last year which had a positive impact on people and staff.

Throughout the inspection, we saw that staff were unhurried and took the necessary amount of time needed to support each person. People were confident to ask staff to support them and we saw that staff responded in a timely way.

Safe and effective recruitment practices were followed which ensured that all staff were suitable to work in a care setting. They ensured all required documentation was received before a member of staff commenced employment. This included written references and criminal record checks.

People were supported to take their medicines by staff who were trained and had their competencies checked and assessed in the workplace. Medicines were stored safely and administered by trained staff. We checked a random sample of boxed medicines and those in the pharmacy blister packs and found that

stocks were accurate with the records held. People received regular reviews which ensured medicines they were taken were still appropriate for their needs. Recently all staff who worked at night had also received training to administer medicine to people. There were also plans in place for medicines prescribed as and when required and these were regularly reviewed.

There were systems in place which promoted infection control. These included cleaning regimes and schedules and training for staff. However we saw that the high ceiling beams had cobwebs, some windows needed to be cleaned and some window frames were chipped which could potentially present as an infection control risk. The registered manager showed us evidence that the cleaning of high ceiling beams and the replacement of a carpet had been approved by the provider and were scheduled to be done as a matter of urgency. However further work was needed to ensure that the environment people lived in was refreshed. We noted that the service had achieved a five star rating for the hygiene and practices in the kitchen and for the management of food safety.

Staff told us that lessons learned were shared at team meetings and supervisions or as needed via handovers. Since our last inspection the service had introduced a 'Grab Bag' to be used in the event of an emergency and this contained all information needed to support people safely and the contingency plan for the home.

Good

Our findings

People told us staff were `very good` and supported them well. Relatives told us staff were knowledgeable. One relative told us that staff were learning about a condition their relative was recently diagnosed with. They said, "Staff are learning about [condition] and they seem to be knowledgeable."

Staff we spoke with told us that they had received an induction when they started working at the home and this prepared them to carry out their roles effectively. Staff received training in areas such as moving and handling, safeguarding, epilepsy and nutrition. However some more training was needed for staff to understand fully the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS).

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 found that staff asked for people`s consent before they carried out any aspect of the care and support people needed. People were seen to ask staff to move to different parts of the home or to their bedroom and we saw that staff listened and helped them accordingly. One person said, "I can do here what I want and I can choose what I want to do or eat."

However for some people mental capacity assessments had not been completed thoroughly for the reader to understand how they had assessed and established if people lacked capacity to take certain decisions or not. The registered manager told us they were re-assessing people and documenting what decision had to be made. The registered manager had applied for DoLS for the people who had to have some restrictions in place to keep them safe.

The environment and layout of the building was suitable for people to move around using mobility equipment if they needed. Corridors were kept clutter free and bedrooms were personalised to ensure people felt at home. There was an accessible garden that people had enjoyed in the warmer months.

People told us that liked the food. One person said, "It is very nice, I like the food." Another person said, "Oh

yes, the food is good." We saw that staff supported people to have their meals appropriately and they recorded people`s intake. Staff monitored people`s weight and they told us they involved people`s GP`s in cases where people had lost weight. Staff also supported people to have healthy food choices and we saw that the discussion about menus were on residents meeting agenda.

People's health needs were supported by a range of healthcare professionals. We saw that arrangements were in place with a local GP surgery, and people were further referred for support to services such as district nurses, psychiatrists, podiatrists and social workers. Relatives confirmed that staff supported people to attend hospital appointments when needed and that they were also invited to attend. One relative said, "[person] is much better when staff take them to their appointments. We are updated by staff of what is happening."

Good

Our findings

People told us that staff were king and caring towards them. One person said, "I like them [staff]. They are nice to me." Another person said, "They are very good and I know them all." Relatives told us they found staff caring and kind towards people. One relative said, "The staff are very good. They have so much patience and they are kind."

People were involved in discussions and decisions around their care and their decisions were respected by staff. Staff we spoke with about people's needs had a good understanding of what was important to people and how to provide personalised care to them. We saw staff interacted and responded to people in a positive manner and spent time with them. There was a happy and relaxed atmosphere in the home where people were seen smiling and socialising together.

People told us there were no restrictions in the home and they could have visitors or go out any time they wished. One person told us, "I can go out when I want. Yesterday I went for a coffee with staff and my friend." Relatives told us they could visit any time and staff made them feel welcome.

All the people we saw during the inspection were clean, dressed in clean clothes and appeared content. Staff were quick to prompt people to clean their face or hands when needed.. People who lived at the service and many of the staff who supported them had been there for a number of years. It was evident from the way people related to staff that they knew each other well.

This was evident in how people responded to staff and the awareness staff had about people's needs, life histories and preferences. They were able to tell us about people's health, families and important relationships and their interests. We saw that staff protected people`s dignity and privacy and spoke with people in a respectful way.

Confidentiality was well maintained by staff and information held about people's health, support needs and medical histories were held securely. Staff understood the importance of confidentiality and respected people's privacy.

Good

Our findings

People told us they were getting the care and support the way they wanted. They told us staff helped them do the things they liked. Staff had access to detailed information and guidance about how to look after people in a person centred way, based on their individual health and social care needs and preferences. This included information about people's preferred routines, medicines, relationships that were important to them, dietary requirements and personal care preferences. Care plans also detailed what body language or signs people used to express their consent, happiness, sadness or pain.

Opportunities were provided for people to take part in meaningful activities and social interests relevant to their individual needs and requirements, both at the home and in the community. Key workers were encouraged to identify, plan and deliver specific activities that best suited the needs and preferences of the people they cared for. Relatives told us they had regular meetings with people`s key workers and discussed all aspects of the care delivered.

People who lived at the home had the opportunity to take part in trips and holidays. People told us they been on holiday and they were looking forward going again.

Complaints received were fully investigated and responded to by the registered manager. Relatives told us that they knew how to raise concerns and these were actioned by staff and the registered manager. We saw that the complaints process was in a pictorial format which helped people understand how to make a complaint
Relatives told us they were regularly asked to provide feedback about the service and that issues they reported had improved.

Good

Our findings

At our last inspection well led was rated as required improvement. This was because the manager was not registered with the Care Quality Commission (CQC). At this inspection we found that the manager in post had registered with the CQC.

The registered manager was known to people well and we saw during the day of the inspection that they regularly had a chat with people and relatives. Staff told us they felt well supported by the registered manager and they felt they were approachable and listened to them. One staff member said, "[registered manager] is very good. He brought the team together. Since [member of the management team] left it is so much better. We really work as a team."

The registered manager supported both St Agnells House and the sister home located within the same grounds. We saw that the registered manager had plans in place to improve the quality of the care and support people received in the home. They told us that since the last inspection one of their biggest achievements was the reduction of agency staff they used. Staff confirmed that this helped boost staffs` morale. Relatives told us that since recent changes in the management team there seemed to be a better team work and staff seemed happier.

There were quality assurance systems in place to assess the quality of the care and support people received. The registered manager carried out regular audits and any actions needed to improve the service were promptly identified and actioned. For example they recently provided medication training to all night staff so they could administer people medicines as and when required during the night. We also saw that the registered manager requested support from the provider in order to improve the environment in which people lived.

There was a regular locality manager visit and they, along with a compliance team, completed audits which ensured the home was being managed effectively. We saw that actions that arose from these visits were shared with the home manager and these were dated when completed.

The management team worked with the local authority which ensured they worked in accordance with people's needs and obligations with the commissioning contract. A recent monitoring visit form the local authority had been positive. The service was also supported by a local care providers association who provided support with activities and training to help keep staff's knowledge up to date.

There were regular team meetings where the staff discussed changes to practice and any issues. The meetings included information to help staff remain informed about changes to the home and future plans.

Providers of health and social care are required to inform the Care Quality Commission, (CQC), of certain events that happen in or affect the service. The registered manager had informed the CQC of significant events in a timely way which meant we could check that appropriate action had been taken.