Leonard Cheshire Disability

Agnes Court - Care Home with Nursing Physical Disabilities

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

About the service:

Agnes Court is a service registered to provide accommodation and personal or nursing care to adults living with physical disabilities. The service can provide accommodation and care to up to 24 people and was fully occupied at the time of the inspection.

People's experience of using this service:

People told us they were safe at the service. There was sufficient number of safely recruited staff to keep people safe. People had their medicines administered to them in a timely manner, safely and as prescribed. Risks to people's well-being and individual conditions were recorded and updated as required. The management ensured any lessons learnt were reflected to improve the service and experience for people. Risks surrounding infection control were managed appropriately, the service was clean, airy and bright.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff were aware of principles of the Mental Capacity Act. People were supported to access health professionals and any advice received was incorporated into people's care planning process. People were encouraged to maintain good diet and nutrition. People benefitted from the environment that catered for their individual mobility needs. This included spacious bedrooms and wide corridors that allowed people to move freely and safely using their mobility aids.

People continued to receive caring and kind support. The senior team led by example and staff were committed to delivering compassionate care. People complimented about staff and told us they built positive working relationships with the staff. Staff respected people's privacy, dignity and their individual needs including communication needs. People were supported to be as independent as possible and told us they were in control of how their care was provided.

People received support that met their assessed needs and in line with their care plans. People knew how to raise any concerns and told us any concerns were promptly addressed. No people received end of life support at the time of our inspection, people's end of life wishes where appropriate had been recorded.

The service was managed by an experienced interim manager who planned to continue to support the newly appointed manager who was due to commence their employment next month. People and staff complimented the senior team and told us management were accessible and approachable. There was a clear staffing structure, staff were aware of their roles and responsibilities and had opportunities to develop in their roles. There were a number of effective quality assurance systems in place and an ongoing service improvement plan that supported continuous development. The service worked well with other partners, organisations and commissioners and the feedback we received from external professionals about Agnes

Court was very positive.

Rating at last inspection:
Good (report published 30 July 2016).

Why we inspected:
This was our scheduled, planned inspection based on previous rating.

Follow up:
We will monitor all intelligence received about the service to inform the assessment of the risk profile of the service and to ensure the next planned inspection is scheduled accordingly.

More information is in Detailed Findings below.

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 safe. Details are in our Safe findings below.	**Good**
Is the service effective? The service was effective. Details are in our Effective findings below.	**Good**
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 well-led. Details are in our Well-led findings below.	**Good**

Agnes Court - Care Home with Nursing Physical Disabilities

Detailed findings

Background to this inspection

The 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 checked 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.

Inspection team:
The inspection team consisted of two inspectors.

Service and service type:
Agnes Court is a service registered to provide accommodation and personal or nursing care to adults living with physical disabilities. There was no registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. 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. The new manager had been recruited and was due to start next month.

Notice of inspection:
This inspection was unannounced and took place on 21 February 2019.

What we did:
Before the inspection we reviewed the information, we held about the service and the service provider. The registered provider completed a Provider Information Return (PIR). This 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. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law.

During the inspection we observed how staff interacted with people. We spoke with three people and three relatives. We looked at records, which included four people's care and medicines records. We checked recruitment, training and supervision records for three staff. We looked at a range of records about how the service was managed. We also spoke with the interim manager, one nurse, the administrator, four care staff, activities assistant, one domestic member of staff and the chef.

After the inspection we contacted 17 external health and social care professionals, including commissioners to obtain their views about the service.

Good

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes:

• People and their relatives all felt people were safe. One person said, "Oh yes, super safe". One relative said, "[Person] is quite safe there. They try to keep [person] as safe as possible".
• Staff were aware how to report, raise and escalate any safeguarding concerns.
• The provider had safeguarding and whistle blowing policies in place and there was evidence the local authority's safeguarding procedures were followed where required.

Assessing risk, safety monitoring and management:

• Risks to people including any risk surrounding their individual needs were assessed and recorded. People's care files contained detailed guidance for staff how to manage risks. For example, one person required hoisting for all transfers. The guidance included the use of slings and hoist and stipulated two staff were required to support the person with transfers at all times. Other risks included skin integrity and the risk surrounding compromised swallowing.
• There were robust systems in place to manage emergency situations such as evacuation of people in case of a fire. People's individual evacuation plans included information about people's mobility, any mobility aids needed, their communication and flammable topical medicines (cream) when in in use.
• There was a system to record accidents and incidents, we saw appropriate action had been taken where necessary. For example, regular observations took place after a person had suffered a fall to monitor the person's well-being and to identify any potential implications of the fall.

Staffing and recruitment:

• There were sufficient staff to keep people safe. People did not need to wait long for support. We observed staff were attentive and worked well as a team.
• Staff told us there was enough staff. Comments included, "We have enough staff to meet client's needs" and "Yes, there's enough staff. If staff go sick it can get tight but we cover everything well".
• The provider followed safe recruitment practices that ensured relevant checks took place to ensure staff were suitable to work with adults at risk.

Using medicines safely:

• People received medicines in a timely manner and as prescribed.
• People told us they had their medicines as needed, one person said, "I can rely on them giving me my medication".

• Appropriately trained, designated staff were responsible for ordering, signing in and safe disposal of the medicines. We saw evidence the management carried out regular competencies checks that ensures staff had suitable skills and were confident how to manage medicine safely.

Preventing and controlling infection:

• Staff received training in infection control and had access to protective personal equipment. We observed staff wore gloves when needed, for example when dealing with body fluids.
• People told us the environment was well maintained. One person said, "The home is clean". There were no unpleasant odours at the service and the environment was bright, airy and fresh.
• There was a system to ensure water safety at the service, evidence showed regular checks took place.

Learning lessons when things go wrong:

• The management ensured they reflected on where things could be improved, for example, they had identified the kitchen at the service needed an upgrade in order to enhance the dining experience for people. We saw there was a work in progress to refurbish the kitchen and the dining area at the time of our inspection.
• The feedback from staff demonstrated there was a culture that supported reflective practice. Comments from staff included, "Yes, lessons get learnt, we learn from our mistakes" and "If things go wrong we discuss it and try to learn from it".

Good

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.

People's outcomes were consistently good, and people's feedback confirmed this.

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

• People spoke positively about the food at the service. The comments included, "Food is OK, had lovely breakfast and cup of tea" and "I'm lucky I can eat anything".
• People's care plans contained information about people's nutritional needs and their likes and dislikes. For example, one person was at risk of choking and the person had been assessed by a Speech and Language Therapist (SALT). The guidance from the SALT team was contained in the person's care plan. We observed this guidance was followed by staff.
• The kitchen staff were aware of people's dietary needs, such as soft or puree diets.
• The lunch service we observed was a positive, social event. Food was served hot from the hotplate and looked wholesome and appetising. If needed people were supported appropriately by staff with patience and compassion.

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

• People and relatives were positive about support provided by staff. Comments from people and relatives included, "They know what they're doing" and "Nothing concerning noted".
• People's needs were assessed before people care to live at the service. Assessments included people's physical and emotional needs and individual abilities. People told us they were involved in assessment process. One person said, "Been involved in care plan".
• Staff ensured the use of technology was explored to benefit people, we saw people had alert mats where needed.

Staff support: induction, training, skills and experience:

• People told us staff were well trained. One person said, "(Staff) appear well trained". Staff had opportunities to develop in their roles and take on extra tasks and responsibilities.
• Staff received ongoing training that reflected the Care Certificates standards. Care Certificate is a nationally recognized set of training designed for staff working in social care settings.
• Staff had opportunities to complete additional training relevant to their roles, for example nursing staff had training around the PEG. Percutaneous endoscopic gastrostomy (PEG) is an endoscopic medical procedure in which a tube goes into a patient's stomach through the abdominal wall when oral intake is not adequate.
• Staff told us they had good support and received good support from the management. The management carried out staff supervision.

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

• The service was a purpose built to cater for people that used a wheelchair to mobilise, the corridors were suitably wide and the bedrooms big enough for people to move freely. We saw people moved independently, for example, one person moved her wheelchair using her chin to operate the chair's controller.
• People were able to personalise their rooms as they wished with items of importance to them.
• People had a good choice of indoor communal areas and a garden to benefit from.

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

• People had good access to healthcare professionals. Records of referrals and any guidance were held in people's care plans. This included GPs, Dietitians, Speech and Language Therapists (SALT) and opticians.
• People's care files contained 'hospital passports' with details about the person and their care needs. These would accompany people in case of a hospital admission to ensure hospital staff had the information how best to support the person.
• There was an in-house physiotherapist that worked with people to devise and deliver an individual programme to improve people's mobility, confidence and well-being.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

• People told us staff respected their rights to make their own decisions. One person said, "Can't fault, definitely respect my decisions".
• Staff knew the principles of the MCA. Comments from staff included, "Always presume people have capacity".
• People's care plans highlighted people's ability to make decisions and how people wanted their choices presented. For example, one person had requested that once their choices were explained to them they were given time to make their decision. Staff were aware of, and told us they followed this guidance.
• Where one person had a DoLS authorisation in place the records confirmed the person's best interests had been discussed and considered.
• Where people had a legal representative to make decision on their behalf this was detailed in their care plans.

Good

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.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported:

• People told us staff were caring. One person told us about their key worker, "She is fantastic, can totally trust her". Another person said, "I been very happy here".
• Our observations reflected staff were kind and built meaningful caring relationships with people. We saw positive, light banter and the ambience at the service was warm and friendly.
• Staff told us they felt the team was caring. Comments from staff included: "Senior team do lead by example", "We have very caring relationships here" and "This place is so friendly, I love the residents. We all have a really good time".
• One of the external visiting professionals told us, "In my experience I am pleased when I learn that a new patient is going to Agnes Court due to the care and attention the team give to their residents".

Supporting people to express their views and be involved in making decisions about their care, equality and diversity:

• People's individual communication need were assessed and considered. This ensured people had access to information in a form that met their assessed needs. A member of staff told us, "I explain processes and procedures and I do the little things like keeping their glasses clean so they can see for themselves". We observed staff communicating effectively with people using a pictorial aids and gestures.
• One person had difficulty verbalising. Their care plan said they tended to use 'many of their own made up words' to communicate. There was a list of these words and their meaning. Staff we spoke with were aware of this person's preferred method of communication.
• People's diverse needs were respected to ensure equality. Staff recognised people's needs due to their conditions and ensured people's human rights were respected. One relative told us, referring to the increased sense of freedom the person had at the service, "[Person] would be more confined at home".
• People's emotional support needs were assessed and care plans guided staff on how best to support people. One person's care plan stated, 'poetry lifts my mood, as well as staying in touch with friends'.

Respecting and promoting people's privacy, dignity and independence:

• People's privacy was respected. We observed staff knocked at people's door. A member of staff told us, "I close doors, draw curtains and cover people with towels during personal care. It keeps it all dignified and private".
• People's personal files were kept secure with only designated staff having access which ensured confidentiality. Staff used individual logins to access electronic records.

• People and relatives told us staff promoted people's independence. One person said, "I got better, I was in a wheelchair once and I bounced back". One relative said, "[Person] is able to wash and dress herself, they support [person] being independent".
• People's care plans highlighted people's capabilities and needs. For example, one person had requested information surrounding oral care which had been provided. This helped the person to manage their own oral care needs.

Good

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

•People told us their needs were met. One person said, "Can't fault them (staff)".
• People's needs were assessed and people were involved in the creation of support plans. People's preferred daily routines were recorded in depth and provided staff with details of how the person wanted their day structured. Care plans were tailored to people's individual needs and clearly described how they wanted their care delivered. For example, one person had stated they wanted to be assisted with putting their pressure stocking on 'whilst still in bed'.
• There was evidence that reviews of people's care were conducted and fully involved people who had signed their reviews.
• People's interests and hobbies were recorded. For example, one person liked going out and socialising. Another person's care plan stated they liked 'poetry and a good game of draughts'.
• People had opportunities to attend activities of their choice. For example, people regularly went out to the shops, garden centres and other places of local interest. People told us about trips, such as to go and see the well-known talents shows.
• The service involved volunteers to provide additional support and companionship to people.
• People and their relatives were complimentary about activities. One person said, "There are activities (that cater for) each disability". The person told us how they enjoyed the book club. One relative said, "The activities room is a godsend for [person]".

Improving care quality in response to complaints or concerns:

• People knew how to make a complaint, no one we spoke with had any issues to raise. People and their relatives told us any concerns were dealt with promptly. One person said, "I did go to manager with concerns before, been dealt with". A relative said, referring to time when they raised issues with the manager in the past, "Have been listened to".
• There was a system to manage complaints and the provider's policy was included in the welcome pack given to people coming to live at the service and their relatives.
• The complaints log we saw demonstrated any complaints received had been investigated and responded to.

End of life care and support:

• The interim manager informed us no people received end of life care at the time of our inspection.
• People's care files gave details around people's end of life wishes. Where people had stipulated they did not wish to be resuscitated, this was highlighted in their care plans.

Good

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.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

• Following the departure of the registered manager the provider ensured there was sufficient managerial cover provided. They appointed an interim, experienced manager who started working alongside the former registered manager and will continue to work for as long as needed with the new manager who was due to start next month. This was to ensure the new manager is well supported with their induction into the role. There were plans for the new manager to apply as the registered manager with CQC.
• Staff praised the interim manager. Comments included, "She is very approachable, diplomatic and she is knowledgeable" and "She can be quite stern but very effective".
• There were a number of effective in-house audits that covered areas such as care documentation, medicines and health and safety. Additional audits were carried out by the head office staff and we saw appropriate action was taken when an area for improvement had been identified. For example, one of the tasks in progress was to ensure all people's protocols for 'when required' medicines were in place. We saw this was being addressed. The actions from all audits were compiled in an ongoing service improvement plan that gave clear details about the improvements required and people identified to complete each task.
• There was evidence of continuous improvement that included introducing new ways of working. For example, a new electronic medicine management system had been recently introduced and we saw staff were supported to operate the system to its full potential.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics:

• People's opinions were valued and people had various opportunities to contribute to the running of the service. We saw there were thematic surveys carried out, for example, survey around the activities and in relation to the menu. A designated member of staff from the head office involved people in the plans to refurbish the kitchen and dining area. . People were able to contribute to the colour scheme and as per their wish the TV set was to remain in the new dining area.
• The senior team operated an open-door policy. People and relatives said they were able to confidently approach any of the senior staff.
• The feedback from staff demonstrated staff felt valued. Comments included, "It is a well-run service. I'm involved and we all have our say" and "I'm involved and I'm listened too and we work as a team to give the best care, yes we are well run".

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

• The senior team shared their expectations clearly with staff and remained accessible to people and their representatives by being visible and working with people. The information about the changes of the manager was clearly communicated to people.
• People, relatives and staff felt the service was open and transparent. A staff member said, "I love working with these people". Another staff member said, "This is a friendly, open and honest service".
• The staff kept relatives informed when an accident occurred to fulfil their obligation under Duty of Candour.

Working in partnership with others:

• The staff worked with a number of external parties, including local health and social professionals. The feedback we received was very positive. One professional said, "The staff at Agnes Court have always been friendly, approachable and appear to have everything in hand". Another professional told us, "The manager was certainly very approachable when I contacted her about the referral".