

Voyage 1 Limited

Agricola House

Inspection report

17 Kirklees Street
Tottington
Bury
Lancashire
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Tel: 01204880023

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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

Agricola House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided and both were looked at during this inspection.

Agricola House is a detached purpose built home situated in a residential area of Tottington in Bury. It is part of the Voyage 1 Limited Group and is registered to care for up to 8 adults with an acquired brain injury. The home offers spacious accommodation, which had been adapted to support people with physical needs. The home is wheelchair accessible and ceiling tracking is available as required. Externally there is a well-maintained garden with a level access patio area as well as adequate parking for visitors. At the time of our inspection there were eight people using the service.

We last inspected the home in August 2015. At that inspection we found the service was meeting all the regulations that we reviewed and was rated 'Good'.

At this inspection, carried out on the 24 and 25 April 2018, we found the evidence continued to support the overall rating of good. There was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection. At this inspection we found the service remained Good overall.

Why the service is rated good.

People spoke positively about their experiences living at Agricola House. They told us staff were polite and friendly and respected them. People appeared to enjoy a good rapport with staff who clearly had a good understanding of their individual needs and abilities.

The home had a manager registered with the Care Quality Commission (CQC) who was present on the day of the inspection. A registered manager is a person who has registered with 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.

Systems were in place to help safeguard people from abuse. The registered manager had taken appropriate action to address issues brought to her attention and had cooperated with the local authority so that matters were resolved.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Staff members had been safely recruited. A large number of staff had been employed over the last year

providing sufficient numbers of staff to meet people's needs. Staff received on-going training and support. This helped to ensure they had the knowledge and skills needed to meet the specific needs of people living at Agricola House.

The provider had effective systems in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others.

People were provided with a good standard of accommodation, which was comfortable and well maintained. Suitable aids and adaptations were provided to promote people's safety and independence. Hygiene standards were maintained throughout.

The requirements of the Mental Capacity Act 2005 were being met. 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 support this practice.

People were encouraged to follow a balanced diet and were involved in the planning, purchasing and preparation of their meals. Staff worked closely with healthcare agencies so that people received the care and treatment they needed.

People's needs were assessed, planned and delivered in line with their individual needs, wishes and preferences.

People were supported in promoting their independence and community involvement.

Records showed that people's complaints and concerns were taken seriously and responded to. People we spoke with said they had no hesitation in speaking with staff and the registered manager if they were concerned about anything.

Systems to effectively monitor, review and improve the quality of service provided were in place to help protect people from unsafe or inappropriate care and support.

The provider had notified CQC of significant events and displayed the rating from the last report.

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 remains Good.

Agricola 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 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 the 24 and 25 April 2018 and was unannounced. The inspection was carried out by an adult social care inspector.

Before the inspection we reviewed information we held about the service, such as notification of incidents. A notification is information about important events which the service is required to send us by law. The provider had also completed the Provider Information Return (PIR) as required and returned this to CQC. The PIR provides key information about the service, what the service does well and the improvements the provider plan to make.

We contacted the local authority commissioning teams and Health Watch prior to our inspection to seek their views about the service provided by Agricola House. Health Watch is an independent consumer champion for health and social care. No concerns were raised with us.

During the inspection, we spoke with four people who lived at the home. We also spoke with five members of staff. This included the registered manager, two senior support workers and two support workers. We looked at records relating to the care and support provided as well as the management of the service. These included; three care plans, staff training and development, the medication system, health and safety checks, staffing rota's and auditing systems.

Is the service safe?

Our findings

At our previous inspection we found that the service was safe. At this inspection we had no concerns about people's safety and the service continued to be good in this area.

People we spoke with told us they were happy and felt safe living at Agricola house. One person told us, "Yes, I'm safe here, they [staff] look out for you." Another person said, "They [staff] go out with me and make sure I'm okay."

Appropriate systems were in place to safeguard people from abuse. Policies and procedures were available to guide staff in safeguarding and whistleblowing (reporting of poor practice) as well as training. Records we reviewed confirmed this. Staff we spoken with were aware of their responsibilities in reporting any concerns and knew who they could speak with.

Over the last year two safeguarding concerns have been raised. The registered manager had informed relevant agencies and had cooperated with investigations carried out. At the time of our inspection we were advised that these matters had been resolved and we saw where necessary action had been taken so that people were kept safe.

Effective recruitment processes continued to be in place. We were told that relevant information and checks were carried out prior to new staff commencing their employments. Both paper and electronic records were held. A review of the records confirmed what we were told. These included, an application form including employment history, references, copies of identification, interview records and criminal record checks. These checks help to keep people safe.

We saw there was enough staff to meet the needs of people. Over the last year there had been a high turnover of staff. The service had been actively recruiting new staff and all posts had now been filled. We were told staffing levels comprised of four or five staff throughout the day depending on people's plans and a sleep in and wake in staff at night. Additional support was available be a designated 'on-call' staff member should additional advice and support be required. A review of rotas confirmed this.

People and staff spoken with felt there were sufficient numbers of staff available each shift. People told us, "There's always enough staff available if I need them", "The staff are wonderful" and "Staff are great, always polite and helpful." Staff also commented, "Staffing has improved", "It's getting better, it's improving with more staffing" and "Yes we've enough staff now."

The management and administration of people's prescribed medicines continued to be managed safely. Only those staff trained and assessed as competent administered people's medicines. Medicines including controlled drugs, were stored securely and accurate records were maintained. Regular audits were completed to check people received their medicines as prescribed so that their health and wellbeing was protected.

We saw records on people's files to show risk assessments had been completed where potential hazards had been identified. Staff spoken with were able to tell us how they provided support so that areas of identified risk were minimised. Feedback from a social care professional following a visit to the home included, "I feel there was evidence that the service is safe i.e.; risk assessments regarding supervision in the kitchen, the home more broadly and in the community." These helped to protect people against unsafe or inappropriate care and support.

The registered manager monitored any accidents or incidents to check that appropriate action had been taken where necessary and any themes identified could be addressed, minimising any further risks to people.

Systems were in place in the event of an emergency, for example a fire. Servicing of the fire alarm and equipment were completed. We saw personal emergency evacuation plans (PEEPs) had been developed for all people who used the service. A 'grab bag' was being developed so that all relevant information was kept together. This was to be stored near the main entrance so easily accessible if required. The service also had a contingency plan in place for dealing with any emergency that could affect the provision of care, such as severe weather conditions and utility failures. This should help staff take appropriate action to keep people safe in the event of an emergency.

We saw up to date servicing certificates were also in place to show the premises and equipment were kept safe. Checks included gas safety, mains electric small appliances, hoisting equipment and the fire alarm.

Internal checks were also carried out with regards to moving and handling equipment, fire safety and water temperatures. We found in some areas water temperatures were very hot. We raised this with the registered manager. It was confirmed on the second day of our inspection that these had been repaired.

Effective systems were in place with regards to infection control. Policies and procedures were in place to guide staff and annual training was provided. We spent time looking around the service and found areas to be clean and comfortable. We noted staff provided support with people's care, laundry and meal preparation whilst personal protection equipment (PPE) such as gloves were worn staff did not wear aprons to protect their clothing. We raised this with the registered manager who said that aprons were available and the use of these had been communicated to staff.

The service was audited in January 2018 by the local authority infection prevention team and had been assessed as being 98 % compliant.

Is the service effective?

Our findings

At our previous inspection we found the service was effective. At this inspection we had no concerns and the service continued to be good in this area.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). During this inspection we checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

We found the provider was working within the principles of the MCA. People had been assessed in line with the MCA to determine whether they had capacity to make specific decisions and also whether a DoLS authorisation was required. DoLS applications had been submitted to the relevant local authorities where appropriate and a record of this was kept.

From our discussions with people, our observations and a review of people's care records we saw people were consulted with and consented to their care and support, where able. We found people made decisions about their support and routines. People had support from advocates where they needed help to make decisions in their best interests. Staff spoken with confirmed they had completed training in the Mental Capacity Act. Their understanding of the legislation varied however staff were able to give good examples of how they sought people's consent before offering support.

The registered manager told us that a detailed pre-admission assessment was completed prior to admission so that relevant information could be gathered about the person's individual needs. Assessments were completed by the registered manager and a placement manager. People were fully involved in discussions and decisions about whether the service would be able to meet their needs. People and their families were also offered the opportunity to visit the home and meet with people and staff. Once placement was agreed arrangements were put in place to help the person move into the home. This may include arrangements for any aids and adaptations or access to a specialist healthcare professional.

The provider continued to provide a programme of induction, supervision and training. New staff we spoke with confirmed they completed a comprehensive induction, Care Certificate, which they told us involved; "Lots of shadowing" and "Time to read through people's support plan." The Care Certificate is a standardised approach to training for new staff working in health and social care. We were also told that relevant e-learning was completed and observations of practice before they were able to work alone with

people. New staff told us this was not done until they felt confident to do so.

Staff confirmed that regular supervisions were held as well as occasional team meetings. We were told this provided them with an opportunity to discuss their work and any areas of development they may have. One staff member told us, "It's a good staff team", "We communicate well together", "Staff know what they need to do" and "There are a lot of new staff but we are bonding with each other."

Additional practical and e-learning training was provided in a range of areas including first aid, moving and handling, food hygiene, infection control, medication, safeguarding, privacy and dignity, person centred care, mental capacity and deprivation of liberty safeguards and mental health awareness. We saw that current training in acquired brain injury (ABI) and MAPA (Management of Actual or Potential Aggression) was being completed by staff. Staff spoken with said there was regular training and confirmed they were to attend the planned ABI training. We discussed with the registered manager about this training being offered to all bank staff who worked at the home. We were told some of the bank staff who regularly worked at the home were booked on the training. Arrangements would be made on future events for this to be completed by those who had not completed the training.

People were protected from inadequate nutrition and dehydration. Some people planned their own menu and did their own shopping and cooking. Whilst others were supported by staff to create menus reflecting their choices, preferences and dietary needs. People told us, "I can make snacks but they help with cooking my meals", "They ask us what things we like" and "I also like going out for something to eat." Where concerns were noted in relation to people's diet and weight additional monitoring was put in place.

The home had been inspected by the local authority food hygiene inspectors in March 2018. The home was rated 5, which is good.

We saw people had a 'hospital passport', which included important information about their support needs and medical conditions. This would be given to health care professionals if the person needed to go to hospital. We found this contained information that would help keep the person safe by making sure healthcare staff had the information they needed to care for and support the person in the way they preferred.

People had regular access to all health care support needed include therapeutic support such as neuropsychologist, a physiotherapist and occupational therapy. Support was provided to appointments if needed and records were maintained detailing any changes to people's treatment.

The home was purpose built and provides a good standard of accommodation, furnishings and facilities. Single en-suite bedrooms were provided on both the ground and first floors and people were encouraged to personalise their own rooms. We found the home was clean, comfortable and well maintained and people living at the home are encouraged to personalise their own rooms. People told us, "Lovely home, very comfortable and kept nice" and "Plenty of space for us all."

The environment had also been designed to meet the physical needs of people. We saw that equipment necessary to support people safely and promote their independence were in place. This included rise and fall beds, bed rails, pressure relieving mattresses, hoisting equipment including ceiling tracking hoists as well as bath/shower aids.

Is the service caring?

Our findings

At our previous inspection we found the service was caring. At this inspection we had no concerns and the service continued to be good in this area.

People using the service had a range of complex needs. We were told the service was not intended to provide long term care but to assist and support people so that they were able to live more independently, where possible. This could range from a number of months to several years dependent on the person's individual needs. One person we spoke with said they hoped to move out soon. A staff member said they felt the service was good as it was, "Promoting and enabling people to get back home or move into the community."

Regular contact with family and friends was also seen as very important. People were supported to maintain regular contact with some people having weekend visits at home with family. Visitors were also made welcome at the home.

We found the atmosphere at the home was relaxed and friendly. We saw people spent their time in communal areas or in the privacy of their own rooms. Interactions between people and support workers were polite and friendly and everyone appeared to get on well. People we spoke with told us, "I like communal living" and "You can have a laugh with them all."

Staff spoken with told us, "Everyone gets their wants and needs met", "We have good relationships and people and staff are comfortable with each other" and "Staff know people well, their changes in behaviour."

We saw that staff respected people's privacy and were seen to knocking on people's door before entering. One person told us they liked to spend a lot of time in the privacy of their own room, adding; "They [staff] respect my privacy."

We saw information about people who used the service was treated confidentially. Care records were kept in the staff office and were easily accessible to all staff. A staff handover also took place at each shift change so everyone was made aware of any changes in care and support people needed.

Is the service responsive?

Our findings

At our previous inspection we found the service was responsive. At this inspection we had no concerns and the service continued to be good in this area.

People live at Agricola House for a period of time so that they can be supported to re-learn or improve their daily living skills, with the intention of returning home or moving onto more independent living. People told us they were involved with household tasks such as keeping their bedrooms tidy, washing up, cooking, doing their laundry and cleaning. This was seen during the inspection.

We saw that people were involved in developing their weekly plans based on their individual preferences and chosen routines, this included activities within the local and wider community. Whilst some people pursued activities independently, others required support from staff. On the day of the inspection two people were attending an interview to join the organisations quality team, seeking feedback from people who used services about their experiences. We were told two other people worked at a local charity shop, whilst others followed more relaxed routines taking part in a range of activities, such as; attending local centres, visiting pubs, having meals out, visiting the gym and cinema as well as shopping. One person told us, "I'm able to go out and about as much as possible."

People also received therapeutic support from staff and therapists, such as occupational and physiotherapists. This involved doing exercises to help improve people's memory and physical needs. We were told the service was to appoint a 'therapy co-ordinator'. This person would work closing with the therapists in developing achievable goals for people. These would be kept under review to check progress made.

Individualised support plan were provided detailing how people's assessed needs were to be met as well as reflecting their needs, wishes and preferences. Records showed that people were encouraged and supported to make decisions in their day to day lives and take responsibility for risks. We saw most people were able to express their needs and wishes verbally. However where people were not able to or had difficulty in finding the right words then other methods were used such as pictures or writing questions down for people to respond to. Information was also seen on one person's file that specific words had been translated into the person's first language. This helped staff to better understand and communicate with the person.

Staff we spoke with were knowledgeable about each person living at the home and the best way to support them. A social care professional involved with one person living at the home told us they had recently visited the home to complete a review. They told us, "There was much evidence of the team being caring and having good insight into [persons]. Their approach is very person centred."

We saw the service had a complaints procedure which was made available to people. The registered manager recorded and responded to any complaints and concerns appropriately. Records showed two concerns had been raised over the last year. Information detailed the investigation and action taken, where

necessary. This demonstrated people and their relatives were listened to and matters were taken seriously. We asked people what they would do if they had any concerns. People we spoke with said they would speak to any of the staff if they had any concerns or were worried about anything. People said, "You can talk to any of them [staff]", and "Yes [registered manager] would always sort it."

Is the service well-led?

Our findings

At our previous inspection we found the service was well-led. At this inspection we had no concerns and the service continued to be good in this area.

The home had a registered manager who was supported by a deputy manager as well as a team of support workers. People told us they knew who the manager was and that they could always speak with her if they needed to. People said, "She's always happy to help" and "You can ask her anything."

Staff also spoke positively about the management of the home. It was acknowledged by staff who had worked at the home for some time that at times it had been difficult over the last year due to the turnover in staff. However felt some of the changes had a positive impact on the service and things were more settled. Other comments from staff included, "There's clear management", "[Registered manager] is great and supportive", "She's a really good manager" and "She focuses on the service."

A social care professional who recently visited the service for a review told us, "The meeting was held with the registered manager and the key worker. I have had a timely response to reviewing the plan since the meeting from the registered manager, which have been well reasoned and thorough."

Effective systems were in place to monitor and review the service provided. Comprehensive audits of the service were completed by the registered manager, area manager or a manager from another service. Checks included the environment, health and safety, medication and infection control. Regular reviews of support plans were also completed as well as an analysis of accidents and incidents to help identify any themes and where action was required to minimise risks to people.

We saw that opportunity was also provided for people, their relatives, staff and health and social care professionals to feedback about the service. We saw the surveys had last been distributed in November 2017. Feedback had been summarised and action identified where improvements would be made. We discussed with the registered manager how the results were communicated to people. We were told this was not routinely done. On the second day of our inspection the registered manager told us that a staff member would be identified to develop a newsletter which would provide updates for people so that they were kept informed.

The registered manager told us the service had again been awarded as a Headway Approved Provider, following a further review of the service. This is an accreditation scheme open to residential care settings specialising in acquired brain injury (ABI) and involves an assessment of the quality of the service provision.

People are provided with a handbook which detailed what they could expect from the service. This was provided in written and pictorial form making it easier for some people to read and understand the information.

The registered manager had notified CQC of significant events and the rating following our last inspection

was displayed within the home, as required by law.