Charnat Care Limited

Agnes House

Inspection report

79 Newbury Lane
Oldbury
West Midlands
B69 1HE

Tel: 01215525141

Date of inspection visit:
07 November 2016

Date of publication:
23 December 2016

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
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 the 7 November 2016 and was unannounced. Agnes House is registered to provide accommodation with personal care to five people with a learning disability, and autism. People supported lived in the residential home or in the bungalow situated next door. People were supported by staff at all times. At the time of our inspection three people were using the service.

There was a manager in post and he was present during 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 and associated Regulations about how the service is run.

At our last inspection in August 2015 we found that the provider was meeting the regulations we checked of the Health and Social Care Act 2008. However some improvements were needed which we found were in the process of being made at this inspection.

A person told us they felt safe and we observed people were supported safely by the staff members. Staff were aware of their responsibilities to report any concerns about people's safety or risk of harm, and they confirmed they had received training in relation to safeguarding people from abuse. People were supported by sufficient staff in accordance with the requirements of the funding authority. People received their medicines safely. We identified some areas where improvements could be made to the medicine procedures in place.

We saw that improvements were being made to provide refresher training to staff. However this was on-going and we found that training for several staff had expired based on the provider's renewal timescales. This included training in relation to managing people's behaviour. This meant staff were supporting people without having received refresher training in a timely manner to ensure their skills and knowledge were updated.

Staff sought people's consent before providing support. Where people were unable to consent to their care because they did not have the mental capacity to do this, decisions were made in their best interests. Staff knew which people had their liberty restricted to keep them safe, but they were unsure about any conditions attached to the authorisations in place.

People were treated with kindness, and respect and staff promoted people's independence and right to privacy. People were supported to maintain good health; we saw that staff alerted health care professionals if they had any concerns about their health or well-being. People were supported to eat and drink in accordance with their preferences and dietary requirements.

There was a complaints policy in place and staff were aware of the signs to look out for which may indicate people where unhappy. Records showed how complaints had been responded to and the actions taken. We

also saw that people had family or representatives to advocate for them.

People, staff and professionals told us the service was managed well and in people's best interests. Systems were in place to gain feedback from these people to enable the service to make any required improvements. Audits were undertaken regularly to monitor the quality of the service provided.

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.

People were protected from the risk of harm or abuse by staff who had been trained to recognise and report concerns.

Potential risks to people's well-being were well managed.

People received their medicines when they needed them and in a way that was safe.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff training had expired which meant staff did not have refresher training in a timely manner to ensure their skills and knowledge were updated.

Staff sought people's consent before providing support.

Staff ensured people had access to sufficient food and drink, and they monitored people's healthcare needs.

Is the service caring?

Good

The service was caring.

People were treated with kindness and respect by staff who knew them well.

Staff told us how they maintained people's dignity, privacy and independence.

People were supported to maintain relationships with their family and friends.

Is the service responsive?

Good

The service was responsive.

Staff had information on how to support people and meet their

needs.

People were supported to follow their own recreational interests.

Systems were in place to respond to any concerns that were raised.

Is the service well-led?

Good

The service was well led.

Staff told us they were supported by the management team who promoted an open and transparent service.

Staff understood their roles and responsibilities.

Systems were in place to monitor the quality of the service provided.

Agnes 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 7 November 2016 and was unannounced. The inspection was carried out by one inspector.

We asked the provider to complete 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. The form was completed and returned so we were able to take the information into account when we planned our inspection. We reviewed the information we held about the service. Providers are required by law to notify us about events and incidents that occur; we refer to these as 'notifications'. We looked at the notifications the provider had sent to us. We also contacted the local authority who monitor and commission services, for information they held about the service. We used the information we had gathered to plan what areas we were going to focus on during our inspection.

We spoke with one person, one relative, four support staff, two senior staff, the assistant manager, and the registered manager and a healthcare professional. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk with us .We looked at the care records for two people. We looked at the way people's medicines were managed for three people; two staff recruitment files, and staff training records. We also looked at records that related to the management and quality assurance of the service, such as complaints, rotas and audits.

Good

Is the service safe?

Our findings

At our last inspection we found that concerns were raised about the staffing levels provided at night and at weekends. This was because of the potential risk associated with meeting people's personal care needs, and the number of staff that would be required to manage people's behaviours if this was challenging. We found that the service was providing the staffing levels in accordance with the contractual requirements of the funding authority.

We spoke with one person who told us, "I am satisfied with the staffing I receive and the support I receive at night". Staff told us that sufficient staffing levels were in place to enable them to provide people's care safely. Records showed that there had not been any incidents during the night. We saw that a risk assessment was in place detailing the procedures that would be implemented in the event of any incidences occurring during the night. The registered manager advised us that he would increase the staffing levels in response to any risks or situations if these occurred, to ensure people received safe care and support. We saw that sufficient staffing was available to meet people's needs during the day. A healthcare professional told us, "Sufficient staffing levels were provided and met people's needs".

A person we spoke with told us "The staff help me feel safe. I feel safe when staff support me to use equipment". We asked two people if they were okay. One person gave us thumbs up and the other person nodded. A relative we spoke with told us, "I have no concerns about the safety of my family member, the staff support them well and they are good to them". We saw that people appeared relaxed and comfortable in staff member's presence. We saw a person went up to certain staff members for reassurance and touched the staff in a gentle way. People appeared calm and content in their environment.

Staff we spoke with knew what action to take if they had any concerns about people's safety. One staff member said, "If I saw any abusive practices I would report it straight away. If action was not taken then I would report it to CQC or the local authority". Staff confirmed they had received training in relation to safeguarding adults from abuse and they felt confident action would be taken in response to any concerns that were raised. The registered manager was aware of his role and responsibilities in raising and reporting any safeguarding concerns. A review of our records showed we were kept informed of any issues that had been raised.

We saw that people had risk assessments in place which identified any risks due to their specific health and support needs. These assessments included information for the staff to follow to enable them to support people with their behaviour. People's records showed that clear protocols were in place which staff should follow to reduce the risk of behaviours that might cause harm. Staff we spoke with told us about the signs people presented of increased anxiety and self-harming behaviours and how they managed these. Staff told us how they supported people using their training and following the agreed strategies to divert people whose behaviour was escalating. This showed there was a person centred approach to people's individual behaviour and safety needs.

Records showed that any risks within the environment had been identified and managed so that people

were able to move about in an environment that was safe and met their needs. Staff we spoke with had a good knowledge of risks associated with supporting people and how to manage these. One staff member told us, "I have worked with [person name] for a long time so I know the signs when they are becoming anxious. We have detailed support plans and risk assessments and we regularly discuss these and any required changes".

Staff we spoke with confirmed they had provided all of the required recruitment information before they had commenced work. These checks included requesting and checking references of the staff member's character and Disclosure and Barring Service (DBS) check. The DBS is a check undertaken to ensure staff are suitable to work with people. We looked at the staff recruitment files for two newly employed staff. We saw that one staff member's application form contained a gap in their employment. The registered manager provided us with information following our inspection which accounted for this gap. We saw that a new staff member had started their employment and they were shadowing experienced staff members as part of their induction.

A person we spoke with told us, "Staff give me my medicines on time. If I am in pain staff give me pain relief when I ask for it". A relative we spoke with said, "I have no concerns about the way my family member is supported with their medicines". Records showed that Medicine Administration Records (MAR) were completed by staff showing that people had received their medicines as prescribed. We found that variable doses had not always been recorded, and a stock count of tablets contained in bottles was not completed. This is to ensure that the amount balances with the record of what medicines had been administered. We also saw that prescribed creams were applied to people but body maps were not in place to direct staff on the area the cream should be applied. The registered manager confirmed that action would be taken to address these shortfalls. We found that some people received medicines "as required" and protocols were in place to guide staff on when this should be administered. Staff we spoke with had the knowledge about what to look for so they knew when people may need this medicine. Staff confirmed that they received medicine training and had been observed to demonstrate they followed safe practices and were competent. Records we saw confirmed this.

Requires Improvement

Is the service effective?

Our findings

At our last inspection we found that improvements were required as staff had not received refresher training in key areas. We found that improvements were on-going and training was being arranged and a programme was in place. We saw several training posters displayed of the future training events that were being held. We reviewed the training matrix which still highlighted several gaps for staff where their training had expired based on the provider's renewal timescales. This included various topics including behaviour management training. Although training in this area was being planned this still meant that staff were supporting people without having received refresher training in a timely manner to ensure their skills and knowledge were updated.

One person told us, "Staff meet my needs, in a way I want them to. They know how to use the equipment I need, they know what they are doing". A relative we spoke with said, "The staff have the skills to support my family member". Our observations showed us that the support and assistance provided to people was effective in meeting their needs. We saw staff supported people to live their lives in accordance with their preferences.

Staff spoken with told us they were supported to deliver effective care to people. A staff member said, "I have the skills and knowledge for my role, and I have completed all required training. Refresher training is now being rolled out so that we can update our knowledge and skills. I feel confident in my role and in supporting people with complex needs". We saw staff had the skills to communicate with people and used Makaton to support people's communication. Makaton is a form of sign language which is used to communicate with people who are not able to communicate verbally. We saw staff had the necessary skills and knowledge to support people with autism and understanding of people's behaviours. We saw the provider had implemented the Care Certificate which all new staff now completed as part of their induction. The Care Certificate is a set of standards designed to equip staff with the knowledge they need to provide people's care.

Staff we spoke with told us they felt supported in their role. One staff member told us, "I do feel supported we have good leadership and there is always someone available for advice. I have supervision where we discuss my performance and I am able to discuss any areas I need to". We saw that as part of the supervision process staff discussed key topics such as safeguarding, and the Mental Capacity Act. This is to ensure that they had the required knowledge in these areas. We saw a system was in place for staff to receive supervision on a regular basis. The registered manager advised that they were behind in providing staff with their annual appraisals. This is where staffs overall performance is discussed and personal development plans were devised. The registered manager said that a plan was in place to start providing these to 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. 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 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 saw that DoLS authorisations were in place for some people. Only one person had conditions on their authorisation and we found that these had been met. Staff we spoke with had an understanding of the requirements of The Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Staff we spoke with knew which people had an authorisation in place and the reasons for this. However staff were unsure if there were any conditions on a person's authorisation. This meant that staff would not be aware of what actions they needed to take to reduce the impact of the deprivation so that their care was delivered in the least restrictive way possible. We discussed this with the registered manager who confirmed that this would be addressed and this information would be shared with staff. The registered manager advised that training packs in relation to MCA and DoLS had been prepared and were due to be given to the staff who had not yet received this training. The registered manager was also sourcing training provided by the local authority.

We observed and heard staff asking people's consent before providing support. We also observed staff providing people with choices where this was possible. One person told us, "Staff ask my permission before they support me. I am in control about where I want to go and how I want to spend my day". One staff member said, "I always seek people's consent. I explain my actions and wait for them to respond. This might be verbally or facially or through gestures". We saw that people were able to take risks which were not in their best interests and this was supported by risk assessments and protocols.

One person told us, "I choose what I want to eat and drink and the staff prepare my meals, and I help them where I can". A relative we spoke with said, "The staff support my family member to eat and drink enough in line with recommendations from healthcare professionals. We saw that menus where in place and staff advised that these had been devised based on people's preferences and dietary requirements. We saw that people accessed the kitchen to make drinks and they assisted staff with meal preparation if they chose to. Staff understood people's dietary needs and their preferences. We saw people were appropriately supported in line with their eating plans, and people had appropriate plate guards and cutlery to aid independent eating. Recommendations from the dietician and speech and language therapist were followed to ensure people had their meals and drinks in a way they could manage.

One person told us, "The staff help me manage my health and I attend all routine appointments". A relative we spoke with said, "The staff support my family member to attend appointments and I have no concerns about how their healthcare needs are managed". Feedback we received from healthcare professionals told us that staff worked well with them and good links had been established. Records showed that a variety of health professionals were involved with people's health needs and referrals to specialist health care were completed when needed. Records showed that information following any appointments was recorded so it was clear what the outcome was and any actions that were needed to maintain someone's health. Staff we spoke with had a good knowledge of people's health issues and could describe how they supported people with these. Records showed that health action plans were in place for people and people had well person's checks completed with healthcare professionals.

Good

Is the service caring?

Our findings

One person told us, "The staff are kind, and caring and I like them". A relative we spoke with said, "The staff care about my family member and they have a good relationship with them".

People appeared to be happy and comfortable in the presence of staff. We saw people sitting with staff and being tactile with them. For example stroking their hand or face. People engaged with staff using verbal communication or signs and gestures. We observed people laughing with staff and having friendly banter. We saw that people were responsive to staff and knew the staff that were supporting them.

Staff we spoke with consistently spoke about and referred to people in a caring, and respectful way. We saw staff showed kindness and compassion in their interactions with people. Staff encouraged and involved people to make decisions wherever possible. For example what drinks they would like or how they wanted to spend their day. One staff member said, "I try and get people involved in their care and give them choices from what they want to wear to the types of food and drinks they have, and the places we go out to. One person really enjoys going out for a hot drink and we take them to their favourite place on a regular basis. We are led by them and their preferences".

We saw that people had their own unique ways of communicating. For example staff used pictorial cards to communicate with a person, and this method was used to inform them about what activity would be happening at a certain time. Another person used their own form of Makaton which staff was familiar with so they were able to understand what the person wanted. Information was provided in people's care records about the ways they communicated.

We saw that people were supported and staff responded to them in a way that met their individual needs. Staff we spoke with knew people well and this was demonstrated through the interactions we observed. We saw staff allowing people the level of freedom they sought in the home, whilst remaining close to ensure their safety and to assist them as necessary. We saw that people had private time in their rooms and this was respected by staff. Staff told us how they maintained people's privacy and dignity. One staff member said, "When I supporting someone with personal care I undertake these tasks in their bedroom and make sure doors are closed and the person is covered. I also respect people's need for privacy and some down time in their bedrooms".

One person told us "The staff do encourage me to do things for myself". Staff told us how they encouraged people to be independent. One staff member said, "I always try and get people to do as much for themselves as possible such as washing areas of their body, getting themselves dressed and helping to make a drink". We saw people assisted staff to make hot drinks.

We saw that people was supported to maintain relationships with people who were important to them. This included family members visiting them in their home or by telephone contact. Staff also supported people to visit their family member's at home. One staff member said, "We support people to have contact with family members when they wish to".

We found that advocacy services were used to represent people's interests where they were unable to do this for themselves. The registered manager confirmed that an advocacy service was currently been utilised for a person. Advocacy is about enabling people who may have difficulty speaking out, or who need support to make their own, informed decisions that affect their lives.

Good

Is the service responsive?

Our findings

One person said, "The staff meet my needs I am happy where I live and with the support I get". A relative we spoke with told us, "I think my family member is happy here and their needs are met by the staff".

Our observations showed that people received consistent care and support that was responsive to their individual needs. Support plans were in place which were detailed and tailored to the support needs of the person. These provided information about people's complex needs and conditions, providing staff with guidance and direction on how to support people. We saw that people's needs were monitored as required and in accordance with recommendations by healthcare professionals. People had keyworkers who reviewed their support needs, behavioural plans and medical needs on a monthly basis. Staff advised that people were encouraged to be involved in this process, and sometimes would sit for a few minutes and be part of the discussions. We saw that people's support plans were updated when people's needs changed. A relative we spoke with said, "I am involved in reviews and if there are any significant changes to the support my family member receives the staff would tell me and keep me updated". Staff told us, "The communication in the home is good so if there are any changes we are informed either in the handovers or through the information recorded in the communication book or in memos that we receive".

People were supported to participate in meaningful activities. We saw that people had weekly plans which identified a variety of activities people could be supported with. This included going out on public transport to go shopping, bowling, swimming, and to the cinema. People went out to for meals and drinks at places they enjoyed. One person said, "I go out when I want to, and to the places I like and prefer". We saw activities focused on each individual's preference. We also saw individuals specific needs had been catered for so that they had sensory items in their bedrooms to enjoy. For example one person had a projector in their room.

We saw that a complaints procedure was in place and available in a format that was accessible to people. Some people may not be able to use this due to their complex needs. A person told us, "If I was unhappy I have someone to speak to. I would also tell the manager and he would sort it". Staff we spoke with told us about the signs that would indicate that people were expressing they were unhappy about something. For example their body language would change and their facial gestures. They said they would take action to address this. The registered manager also told us that they often observed people interacting with staff and that he would look for signs to indicate if people were happy in the service.

The provider information told us that the service had received some complaints since our last visit. We saw that these had been recorded and responded to appropriately.

Good

Is the service well-led?

Our findings

We observed that people knew who the registered manager was. One person told us, "I like the manager he is good and I can talk to him about things". Staff told us the registered manager supported them in their work and provided advice and direction when this was needed. A staff member told us, "The registered manager is supportive and he puts people's needs first. I think he manages the service in people's best interests. He is very open and transparent in the way he works and manages the service". Discussions with the registered manager demonstrated that he knew people well and about their specific needs. We saw that a person smiled when they saw him and they shared a joke and the person was laughing, indicating they felt comfortable in his presence. A healthcare professional that we spoke with us told us, "The service is well led and the management team and staff promote a person-centred approach to people's care needs".

Staff we spoke with confirmed they had regular meetings where they were able to discuss the service provided and people's needs. A staff member said, "We have regular meetings and we discuss people's needs and the strategies we use to support their needs. I feel able to raise any suggestions and these would be listened to, this makes me feel valued". Records showed these meetings had been held regularly throughout the year.

Discussions with the registered manager demonstrated that he had a good oversight of the service and areas for improvement such as working towards ensuring staff had received their refresher training and appraisals. He was receptive to our feedback and confirmed that action would be taken to improve the areas we had identified such as the issues with the medicine practices. We saw there were clear lines of accountability in the way the service was managed. The registered manager was supported by an assistant manager and senior staff and they all monitored the support that was provided to people. Staff demonstrated that they understood their roles and responsibilities and told us they enjoyed working at this service. The registered manager told us that he was supported by the area manager and received regular supervision.

We saw that surveys were in place to obtain relatives, and professional's feedback. We looked at the results of the recent survey that had been undertaken. Records showed that positive feedback had been received. Comments included, "Agnes house is warm, clean, and sociable home. I am happy for my relative to be living there. It is a safe environment". We saw that the report included responses to any areas that could be improved. For example in the way staff communicated with relatives and provided an update about their family member's welfare.

Staff we spoke with were familiar with the provider's whistleblowing policy and they were confident to raise concerns. Whistleblowing is the process for raising concerns about poor practice. Staff told us, "I feel confident to raise any issues I have about concerns to people".

We found that systems were in place to monitor accidents and incidents, which were analysed to identify any patterns or trends. Audits were undertaken to monitor the safety, effectiveness and quality of the service provided. These included action points to address any shortfalls that were found. For example missing

signatures on medicine records. The registered manager advised that a schedule was now in place for the provider to complete monthly audits, as these had not been completed previously on a regular basis.

We found that the registered manager knew and understood the requirements for notifying us of all incidents of concern and safeguarding alerts as is required within the law. We asked the provider to complete 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. The form was completed and returned to us within the timescale we agreed.

At our last inspection in August 2015 we rated the service as Requires Improvement. The provider was required to display this rating of their overall performance. This should be both on their website and a sign should be displayed conspicuously in a place which is accessible to people who live at the home. We were able to see the rating displayed at the home and on the provider's website.