Caretech Community Services (No.2) Limited

St Agnells House

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?	Requires Improvement

Summary of findings

Overall summary

This inspection was carried out on 6 September 2016 and was unannounced. At the last inspection on 8 December 2015, the service was found to not be meeting some of the standards we inspected. This was in relation to ensuring people's personal care records were kept securely and that quality improvement systems had not ensured the service identified concerns and continually improved. The provider sent us an action plan stating how they would make the necessary improvements. At this inspection we found that they had made significant improvements, however further improvements were required to meet the regulations.

St Agnells provides accommodation and personal care for up to eight people with learning and physical disabilities. At this inspection six people were living at the service.

The home did not have a registered manager. A registered manager is a person who has registered with the Care Quality Commission (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 2008 and associated Regulations about how the service is run. The previous manager had recently resigned from the home, and as an interim measure, the deputy manager and locality manager were providing day to day management of the home.

At this inspection we found sufficient numbers of staff were deployed to provide support to people living in St Agnells. The manager had reviewed and investigated incidents and accidents to help keep people safe from the risk of harm or abuse. Risk assessments had been developed to positively respond to risks that were identified. People's medicines were managed safely and people received their medicines as the prescriber intended.

Staff felt supported by the deputy manager to enable them to carry out their role sufficiently. Staff had received training relevant to their role, and were able to obtain further qualifications where required. People were supported to eat a healthy diet by staff who knew their individual needs well. When people required support from health professionals such as the GP or Nurse, we saw people were swiftly referred and supported.

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.

The home did not have a registered manager in post. People received quality care, however this continued to require improvement to ensure it was effective as a range of audits required to monitor the quality of the service had been reviewed as required, however actions resulting from these were not always implemented. People, their relatives and staff were supported by the deputy manager who they felt listened to their views

and encouraged feedback.

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 supported by sufficient numbers of staff in a timely manner.

Risks to people's individual health needs were assessed and appropriate equipment was used to reduce the likelihood of harm.

People were cared for by staff who were aware of how to identify, respond to and report concerns regarding abuse.

Peoples medicines were managed well and people received these when the prescriber intended.

Is the service effective?

Good

The service was effective.

People were supported by staff who were well trained and supported by the interim manager.

People were supported by staff who sought their consent prior to delivering care or support and where people were unable to make choices themselves staff followed the appropriate guidance.

People's nutritional needs were met.

People were supported by a range of healthcare professionals when required.

Is the service caring?

Good

The service was caring.

People were able to contribute to their care, and were kept up to date with developments.

People were listened to and their views were respected and acted upon.

Staff spoke with people in a kind and sensitive manner and ensured people were treated with dignity.

Is the service responsive?

Good

The service was responsive.

People received care that was personalised and responsive to their needs.

People were supported to pursue individual hobbies and interests.

Complaints were managed appropriately.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

The home had undergone a sustained period of instability due to continued management changes meaning a registered manager was not in post at the time of the inspection.

Systems or processes were in place to monitor the quality of care people received, however actions needed to improve areas were not implemented and monitored when required.

People told us that the deputy manager was approachable and listened to their views. 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 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 06 September 2016 and was unannounced. The inspection team consisted of one inspector.

Prior to the inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law. We spoke with a member of the contracts monitoring team for the local authority.

During the inspection we observed staff support people who used the service, we spoke with two people who used the service, three members of staff, the deputy manager and the locality manager. We spoke with four people's relatives to obtain their feedback on how people were supported to live their lives. 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.

We reviewed care records relating 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

Is the service safe?

Our findings

When we previously inspected St Agnells we found there were insufficient numbers of staff to support people's needs. We found people were not always supported to attend appointments on time, and a reliance on the use of agency staff affected the consistency of care people received because they did not always know their care needs.

At this inspection we found improvements had been made in this area. Recruitment had been an on-going area the management team focused on with support from the provider. The deputy manager told us they had recruited three members of staff recently, and were also attending the local employment service to promote the home further. Agency staffing in the home had decreased significantly and the same temporary staff were booked consistently to ensure they had knowledge of the people they supported. We spoke with one agency staff member who demonstrated to us an in depth awareness not only of people's care needs, but also of their individual preferences around how they liked their care delivered to them. One person's relative said, "It can be tight sometimes, but [deputy manager] has recruited more and it has got better, they always get the care they need and there is always someone around when they need them."

People's relatives we spoke with confirmed that staff were able to meet people's care needs, and provided them with care when they needed this. Throughout the inspection, we saw that staff were unhurried and took the necessary amount of time needed to support each person. The atmosphere in the home was calm, people were unrushed, and were seen to be supported when required.

When we previously inspected St Agnells we found that people's medicines were not always managed safely. This was because accurate records were not maintained when people's medicines were administered. At this inspection we found that improvements in this area had been made.

We found that a monitoring system was utilised that checked for gaps in the Medication Administration Record (MAR) on a weekly basis, and more in depth audits were carried out monthly. A copy of the last audit was completed by the deputy manager for August and identified no concerns, errors, or missed doses which confirmed our own findings.

People were supported to take their medicines by staff who were trained and had their competencies checked and assessed in the workplace. Guidance was available to staff to read in relation to the specific medicines they administered. This helped to ensure that staff were aware of any potential side effects that the medicine may cause. Where people were prescribed, 'As required' medicines, such as laxatives, or painkillers, guidance was available to staff about when to use, and how people communicated when they required this, where they were unable to verbally communicate.

Staff maintained accurate records of when medicines were administered and we found there were no gaps or omissions in the MAR. When medicines were booked into people's stocks this was completed by two staff members, who ensured they checked and verified the amount of tablets and the required dosage. Stock records we checked for people's medicines matched the physical stocks in the cabinet we counted. This

demonstrated to us that staff had administered people's medicines as the prescriber intended.

People and their relatives told us they felt safe living at St Agnells. One person when asked smiled and said, "I like living here, it's my home." One person's relative said, "Oh I think they are all very safe and well looked after."

Staff had received appropriate training to support them to identify and report abuse. Information on how to raise any concerns was displayed around the home and staff told us that any issues relating to safeguarding was discussed within the team meetings to further their understanding of the incident, and discuss strategies to mitigate the likelihood of this recurring. Staff were aware of who they were to report any concerns to, and were aware of external organisations they could report their concerns to if they needed to.

We saw that accidents and incidents had been documented, investigated and reported to the appropriate professionals when needed. Where necessary we saw that incidents triggered a review of people's care needs to ensure staff were able to support people with their changing needs.

People's individual risks were regularly assessed and staff we spoke with were aware of how to individually support people. For example, people who had difficulty swallowing were supported to eat following guidance from health professionals. Where people's skin was at risk of breaking down, we saw the appropriate pressure mattresses and seat pads were used, and people had cream applied regularly to mitigate the risks of developing a pressure sore.

Good

Is the service effective?

Our findings

People's relatives we spoke with told us that staff had the necessary skills to carry out their role. One relative said, "They [Staff] all know what they are doing and how to do their job."

Staff we spoke with were complimentary about the current deputy manager and were supportive of them as the interim manager. Staff told us they felt supported and explained to us they had been trained in a variety of areas key to their role, including safeguarding, moving and handling, epilepsy awareness, and first aid. One staff member said, "Even with the changes in managers, I feel supported, I like working here, we are a good team of people."

Staff we spoke with told us that they had received an induction that was thorough and enabled them to provide care safely. Training records we looked at confirmed staff received training in key areas such as equality and diversity, moving and handling, safeguarding and nutrition. Some of this training for staff had very recently expired, however the deputy manager had organised refresher training for staff which was booked for the near future.

Staff were seen to seek people's consent prior to supporting them. Where people gestured to staff they did not want support at that time, this was respected and staff were seen to respect this decision and return at a later time. For example, staff approached one person asking if they were ready to be supported. The person did not understand the staff member's request, so they took the time to explain clearly what they wanted to do, and asked once more if the person was ready. They still refused as they were busy at the table with a colouring book; however staff respected this decision and returned later when the person was more amenable.

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 provider worked within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. At the time of our inspection we found that nobody who lived at the home had been deprived of their liberty and so DoLS applications and authorities were not required.

Staff received training about DoLS and how to obtain consent in line with the MCA. They were knowledgeable about how these principals applied in practice together with the circumstances in which DoLS authorities would be necessary. We saw that where people may have lacked capacity to make their own decisions in certain areas, assessments and best interest decisions were properly structured, formalised and reviewed in line with requirements of the MCA.

People and their relatives were positive about the food people were provided with. One person told us, "I like the food here it's better than what I had at the other place." Where possible the cook tried to make the food as homely and comforting as possible, but people were also reminded about the need to eat healthily. The cook told us how one person particularly enjoyed helping them prepare the meals and would happily

sit preparing vegetables or making cakes with them. We saw that one person who had recently arrived at St Agnells had both gained weight, and was eating healthily. Their care records showed that staff had encouraged and educated them about healthy options for meals and snacks as opposed to eating crisps, snacks and unhealthy options. The person had recorded in their care plan that they enjoyed the new foods offered to them, and felt their health had improved. They confirmed this by telling us, "Food is good, I eat better now than I did and feel good in myself."

We observed people being supported to eat both their breakfast and lunch. People were able to choose were they ate, some people opted to sit at the dining table and others wishing to watch TV, listen to music or talk with staff. The atmosphere was relaxed and sociable, people and staff were happily chatting together. When staff supported people to eat they did so in a patient and calm manner, not rushing people, and not leaving them to assist others. Where people were able to eat they were encouraged to maintain their independence by the use of adapted equipment such as spouted beakers for drinking and finger foods where possible.

Staff monitored people's weight and recorded in food or fluid charts what people had consumed. This enabled health professionals to review people's nutritional needs robustly as they could see what people's eating habits were. Where there were concerns about people's nutritional needs, or where people had swallowing difficulties, such as dysphagia, they were referred to dieticians and speech and language therapists for review. The recommendations from these reviews were clear and staff followed these when assisting people with their meals. For example, we saw guidance for one person was to have a soft meal with thickened liquids. Staff were clear when they explained this to us, and demonstrated they were fully aware of how to support this person. One person's relative confirmed this by saying, "[Persons] weight, oh my yes that's not a problem, she has a tummy that just keeps growing."

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, "When [Person] needs to see the doctor, they see the doctor and we get told about it when we visit." This demonstrated to us that people's needs were additionally supported by a variety of health professionals that staff swiftly referred to when needed.

Good

Is the service caring?

Our findings

People were treated with kindness, and in a dignified and respectful manner. People and their relatives told us they thought staff were caring and sensitive to people's needs. One person said "They [Staff] are gentle and kind to me." One person's relative said, "All the staff are very caring and kind when they are looking after [Person]."

We observed throughout the inspection that staff spoke with people in a friendly and endearing manner. Staff were seen to adapt their approach to people when talking to them based on their communication needs. Staff were seen to speak to one person closely by their side, and to another person use a range of facial expressions, gestures and signals. At all times in which ever manner staff communicated with people they ensured they spoke or indicated clearly and slowly and waited for the person to respond, either verbally or through smiling, or nodding for example. Care plans clearly identified how to communicate with each person and also detailed how staff would understand the variety of different feelings a person may be experiencing. When staff entered people's rooms they knocked and entered, closing the door behind them and kept their voices low so not to be overheard when providing personal care. When people required assistance, staff prompted them sensitively and took them back to their rooms with minimal fuss ensuring their dignity was maintained.

All the people we saw during the inspection were clean, dressed in clean clothing and appeared content. In the event that people needed to change their clothes during the day, staff were quick to spot this and support people to change to maintain their appearance.

Staff told us about people's preferences and how they liked their care to be provided, and relatives told us they were kept informed about people's care and support needs. People and their relatives were involved in reviewing their care regularly with care plans developed in an easy read format that enabled people to be given the opportunity to fully be involved in discussing their needs. Each person reviewed their care plan with their key worker and where possible a family member. At the time of the inspection, staff were organising the annual reviews for people, which although had been disrupted by the departure of the registered manager, were being rearranged, although one relative had arrived expecting this to be held that day.

We saw that advocacy services were available to people in the home, and one person who had recently moved into the home had used this service to ensure their choice and views were respected and met. A full record of the assessment was available, and the care plan reflected clearly the wishes of the person that were communicated by the advocate.

People's care records, where previously not held securely were found to be at this inspection, not left lying around the home, and were stored securely. Staff were aware of the need to protect people's confidentiality and personal information, and were seen to speak quietly to other staff when discussing matters that related to people's private matters

Good

Is the service responsive?

Our findings

When we previously inspected St Agnells we found that complaints or concerns were not always responded to and resolved. At this inspection we found improvements had been made and the deputy manager was responsive to concerns raised by people or their relatives. People and their relatives were aware of how to raise a complaint and information was provided to people and visitors about how to raise their concerns, and if they are unhappy with the outcome then the details of external organisations were also provided.

No complaints had been received by the interim manager within the last six months to review, however verbal concerns had been responded to appropriately and positively. For example, the deputy manager had ordered plates with dividers and food moulds for people who had a pureed diet. Relatives told us that previously people's meals were blended together and given to them as one dollop of food on the plate. The deputy manager had listened to these views responded appropriately. It would be beneficial however for a record to be maintained where concerns are raised to keep track of any emerging patterns.

People's relatives told us that staff knew people well and responded to their needs when needed. One person's relative said, "[Person] has been here for ages, they are like one of the fixtures so the girls of course know them inside out."

People had individual care plans that recorded in detail the care that people needed. These were developed for a number of specific areas including pressure care, mobility, communication, eating and swallowing and nutrition. Staff we spoke with were acutely aware of people's needs, could describe changes to people's health and wellbeing, and the actions taken to support them. One person was seen to become agitated and aggressive towards another person in the presence of staff. We saw how the staff member swiftly intervened, distracting the person with an activity, reassuring the person who had been shouted at, and calmly went back to the duties they were doing. There was minimal disruption and the staff member clearly knew how to respond to the behaviour.

People who lived at St Agnells were encouraged where possible to be an active part of the wider community. We have reported elsewhere in this report how recently due to a lack of available staff people were not always able to engage with their personal interests or activities outside of the home; however this was for a short period of time. We saw that overall people enjoyed a variety of different activities both in St Agnells and also within the wider community. These ranged from attendance at the day centre to shopping trips, visits to the pub for lunch, hair salon days, pyjama days, day trips to zoo's, parks and parties. This was in addition to attending local day centres and visiting family. When people were in the home, staff supported them to engage in a range of one to one activities. We saw that people happily sat and drew pictures, cooked, played games, read, watched television, sung and socialised freely. The home was adorned with works of art created by people, who proudly displayed their creations.

People's relatives were encouraged to spend time with people and were invited to attend activities such as parties and celebrations in the home. There were no restrictions on when people could visit, and should people choose to, then their relatives were able to take them out. One person's relative said, "We visit once

weekly and it's always welcoming and friendly here."

Requires Improvement

Is the service well-led?

Our findings

During our previous inspection we found the service did not have a registered manager in post, notifications of incidents that are required to be reported to CQC were not completed, and there were not effective measures in place to monitor the quality of the service. We found at this inspection there had been some improvements; however there were remaining areas that required further development.

The home continued to be without a registered manager. The previous manager had resigned with immediate effect in the beginning of August 2016. However this was also following a period of extended leave. They had not completed their registration with CQC to manage St Agnells. This meant the home had been without a registered manager since May 2015. The current deputy manager supported the service in their absence. The provider at the time of the inspection had interviewed potential managers and was at the point of offering the position; however the candidate, due to a change in their circumstances withdrew their application. Whilst without a registered manager the home continued to be managed by the current deputy manager, with support from both the locality manager and additional head office support. We discussed this with the locality manager who was aware it was an issue but told us they wanted to ensure they had the right person for the manager's role before they registered with the commission. They said that previously they had recruited from within the organisation and promoted deputies to the manager's post before they were ready. However, this is the fourth manager in two years who had been in post for a short period of time, and this continues to bring instability to people, relatives and the staff team.

Prior to the registered manager leaving the service they had approved annual leave requests for all staff who requested this for August 2016. This meant that the service was left short of permanent staff members and the deputy manager had to use a higher number of agency staff than usual to cover the gaps. This did not have an impact on the care people received, but it did mean that people were unable to take part in planned activities, both inside and outside the home. One person told us, "I wasn't able to do a lot of the things I had planned in August because the staff were on holiday."

At our previous inspection the service improvement plan had not been updated for six months prior to the inspection and was found to be ineffective in identifying areas to improve the service. At this inspection we found that the previous registered manager had not updated this tool; however this oversight was being addressed by the deputy manager, who was in the process of reviewing progress against the actions set. Where some areas of the plan were overdue, some of these areas were being addressed. One area that remained incomplete was the development of a sensory room for people to use. At the last inspection, a room that was designated to be used by people was cluttered with items in storage and unavailable to them. The previous registered manager showed us plans of how they were constructing a sensory room, and provided us with a quote from a local company to do so. This had not been completed at this inspection. Some efforts had been made, for example, thin foam matting was placed on the floor, however this was wholly inadequate to support people who may wish to lie on the floor out of their wheelchair. When we asked one person's relatives they said, "I think [Person] would really benefit from being out of their chair, [Person] may not react physically, but it would give [Person] a laugh and then there is also the benefit of exercise."

All people, relatives and staff we spoke with were positive about the deputy manager and the current management changes. One staff member said, "We will get another manager at some point but [deputy manager] is doing a great job, we all work as a team." One person's relative said, "[deputy manager] works hard, is enthusiastic but is obviously weighed down by the volume of paperwork. They need a manager, who will bring team spirit, and at the moment they have that, there is no doubt that [deputy manager] is on the ball, and this home is so very clearly important to them." Team meetings were held regularly and all staff were able to freely share their views on the running of the service and discuss ideas and suggestions that they had. Staff told us that since the management changes, morale in the home had improved, and staff felt supported. One staff member said, "[Manager] didn't lead us, they tried to be a friend instead of a manager, but with [deputy] and [Locality Manager] running the home it feels a lot more like it should."

The deputy manager had however completed a range of audits within the home around areas such as medicines management, care planning, staffing and also regular safety checks were in place looking at environmental safety, infection control and finances for people who used the service. These were then reviewed on a monthly basis by the locality manager, which was an area that had improved since our last inspection. Information from these audits was shared with the provider's quality team to help ensure all trends and themes were identified. This also helped to ensure that all remedial action that had been developed was put into place.

The deputy manager had begun to carry out a satisfaction survey with people and their relatives, and we were able to see some of the completed questionnaires. These demonstrated that people were happy with the care they received, with no negative comments.

At our previous inspection the manager had not ensured that statutory notifications were sent in accordance with the regulations. However at this inspection we found where notifications were required to be sent they had done so in a timely manner.