Mr & Mrs M Hamilton

Agape Annexe

Inspection report

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08 May 2018

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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

Agape Annexe is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Agape Annexe is registered to accommodate four people, with learning disabilities and mental health needs; at the time of our inspection there were four people living in the home.

At the last comprehensive inspection in March 2016, the service was rated good. At this unannounced inspection undertaken on 25 April, 3 and 8 May 2018, we found the service remained overall 'good'.

This inspection report is written in a shorter format because our overall rating of the service has not changed since our last comprehensive inspection.

Some people's personal rooms and the main bathroom was not visibly clean and some items of furniture required replacing. However, the provider who is also the registered manager had addressed these concerns by the end of the inspection.

Audits to monitor the quality and safety of the service undertaken by the provider required improving to ensure that all rooms in the home where assessed for general decoration and cleanliness on a regular basis.

Staff followed the procedures for safeguarding people from the risks of harm or abuse. Risk management plans were in place to safeguard people's personal safety and manage known environmental risks.

Staffing arrangements met people's individual support needs. The recruitment procedures ensured only suitable staff were employed to work at the service. Medicines were appropriately managed and staff followed infection control procedures to reduce the risks of spreading infection or illness.

Staff had comprehensive induction training and on-going refresher training that was based on following current best practice. Staff supervision and appraisal systems ensured staff had regular opportunities to discuss and evaluate their learning and development needs and their work performance.

Staff supported people to follow a nutritious, varied and balanced diet. The staff supported people to access health appointments as required so that people's continuing healthcare needs were met.

Staff understood the principles of the Mental Capacity Act, 2005 (MCA) and ensured they gained people's consent before providing personal care. People were encouraged to be involved in decisions about their care and support and information was provided for people in line with the requirements of the Accessible Information Standard (AIS).

People had their privacy, dignity and confidentiality maintained at all times. People experienced positive relationships with staff and received care that respected their diversity as staff supported people to maintain relationships with family and friends and make new friends. The care people received from staff was kind, caring and compassionate.

The provider operated an open and transparent culture. Events such as safeguarding matters, accidents and incidents had been reported to the Care Quality Commission (CQC) and other relevant agencies as required. Complaints brought to the provider's attention had been dealt with in accordance with the complaints procedure.

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 remains good.	**Good**
Is the service effective? The service remains good.	**Good**
Is the service caring? The service remains good.	**Good**
Is the service responsive? The service remains good.	**Good**
Is the service well-led? The service has deteriorated to requires improvement. Audits to assess the quality and safety of the service required strengthening. People knew the provider well and were able to see them when required. People were asked for feedback on the service they received. Systems were in place to respond to feedback appropriately.	**Requires Improvement**

Agape Annexe

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.

The inspection took place on 25 April, 3 and 8 May 2018 and was unannounced. The inspection was undertaken by one inspector.

The registered manager who was also the provider was out of the country and therefore not available on the first day of our inspection. We returned to complete the inspection once the registered manager was available.

Before the inspection, the 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 reviewed the previous inspection report, information we held about the service and notifications we had been sent. Notifications are changes, events or incidents that providers must tell us about. We also received feedback from commissioners.

As part of this inspection, we spent time with people who used the service talking with them and observing support; this helped us understand their experience of using the service.

During our inspection, we spoke with four people using the service. We spoke with one care staff, and the registered manager who is also the provider.

We also spent time looking at records, including four care records, medication administration procedures, staff training plans, compliments and complaints and other records relating to the management of the service.

Good

Is the service safe?

Our findings

People felt safe living in the home, one person said, "I feel safe here, I go out on my own and when I come back I know this is my safe place." Another person told us, "I am safe here; I wouldn't want to be anywhere else." Staff had the information they required to ensure people's support was provided in a safe way. There were risk assessments in place, which gave staff clear instructions as to how to keep people safe. For example, we saw assessments in people's care files that identified risks associated with accessing the community, declining mental health needs and managing behaviour that may challenge. Where risks had been identified appropriate control measures had been put in place to reduce and manage the risk.

Recruitment processes protected people from being cared for by unsuitable staff and there were enough staff employed by the service to cover all the care required. The service was small and only employed two care staff and the registered manager who was also the provider also worked in the home on a regular basis.

Medicines were safely managed. Staff had received training and their competencies were tested regularly. There were regular audits in place and any shortfalls found were quickly addressed. We saw that people received their medicines at the times they were prescribed.

Any incidents that occurred were discussed and action plans put in place to ensure similar incidents did not happen again. For example, the service has a sleep in member of staff but they stay at an adjacent property with access to a call bell should anyone require support. Recently the staff that were scheduled to work on the morning shift did not attend the home and it was not identified until a person became anxious about a door to door salesman. We ensured that this had not happened again; the provider had discussed with staff a new procedure of informing the provider when they started their shift. The care staff we spoke with confirmed this was in place.

People were protected by the prevention and control of infection. We saw that communal areas of the service were clean and tidy. Staff were trained in infection control, and had the appropriate personal protective equipment to prevent the spread of infection.

The cleanliness of people's personal rooms had deteriorated since the last inspection. Three people agreed to show us their bedroom and we found that they were not visibly clean and the furniture required replacing in some people's bedrooms. However, it was clear from talking to the people who used the service that they did not 'allow' the provider or care staff in their bedrooms and had declined any offers of support to assist with regular cleaning. One person who did require support with personal care tasks had a bedroom that was fit for purpose and was decorated to an acceptable standard. We raised our concerns with the provider and they immediately addressed our concerns. On the second day of the inspection, people's room were visibly clean and people had chosen new bedroom furniture which we saw had been ordered.

Good

Is the service effective?

Our findings

People's care was effectively assessed to identify the support they required. This provided staff with information that guided them to providing effective care that met people's cultural needs. The staff we spoke with understood that people they were supporting had a diverse range of needs and preferences, and told us they ensured that people were not discriminated against.

People received care from staff that had the skills and knowledge to provide the right care for people using the service. Staff received induction training based on current best practice and on-going training in areas such as, health and safety, infection control, equality and diversity and safeguarding. One person told us, "I help with the induction of new staff, show them around and help them to understand information in my care plan." The staff we spoke with felt that training enabled them to confidently carry out their roles. One staff member said, "I have only been here a few months, I've done lots of training and I am undertaking the care certificate."

Systems were in place to provide staff with on-going supervision and support. Staff told us, and records showed they had regular one to one supervision meetings. These meetings gave staff the opportunity to discuss individual learning and development needs and the general needs of the service.

People were supported to have a healthy balanced diet that met their preferences and cultural needs. Staff supported people to choose what they wanted to eat and drink and menus were planned with people. One person told us, "The food is good, we all choose what we want to eat but we can change our minds if we want." Staff supported people to eat and drink sufficient amounts and made appropriate referrals to health care professionals if there was concerns about poor food or fluid intake.

The provider and staff were committed to ensuring people received on-going support to meet their physical and mental health needs. People were supported to attend routine health screening and specialist appointments. People had been supported to complete hospital passports [information for health professional's] and Accident and Emergency grab sheets to provide guidance to healthcare professionals in the event that people required medical treatment.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA.) The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff told us, and records showed they received training on the MCA and DoLS legislation. The provider, deputy manager and staff understood and worked within the principles of the MCA legislation.

People were supported to have maximum choice and control of their lives. Staff were observed to promote equality and diversity and demonstrated their responsibility to protect people from any type of discrimination.

Good

Is the service caring?

Our findings

People were treated with kindness, respect and compassion. People said they were happy with the care and support they received from staff. One person said, "I get on really well with the staff, I moan a lot on my bad days and I sometimes say nasty things about them to other people but I never mean it, and they don't hold it against me." One member of staff said, "I am just getting to know people but we all get on great."

It was evident from observations during the inspection that staff and people using the service knew each other well, had good relationships and were relaxed with each other. We observed staff treated people with warmth and kindness and included them in all conversations and decisions.

Care plans contained detailed information to inform staff of people's history, likes and dislikes, their preferences as to how they wished to be cared for and their cultural and spiritual needs. People's individuality was respected. People were supported by staff to maintain their personal relationships. This was based on staff understanding who was important to the person, their life history, their cultural background and their sexual orientation.

People's choices in relation to their daily routines and activities were listened to and respected by staff. A member of staff said, "All the people here access the community independently, sometimes they can make decisions that I may not think are best for them, but I respect their choices."

People were encouraged to maintain their relationships; families and friends were welcomed at any time. People told us they could visit when they wished and staff supported people to make visits to them when they wished.

People were treated with dignity and respect. Staff told us how they maintained people's dignity when providing personal care. They described how they ensured curtains and doors were kept closed, and how they encouraged people to be independent and help themselves.

People had the opportunity to access an advocate to support their rights to have choice, control of their care and be as independent as possible, although they chose not to. The provider had a good understanding of when people may need additional support from an advocate. An advocate is an independent person who can help people to understand their rights and choices and assist them to speak up about the service they receive.

Good

Is the service responsive?

Our findings

People had individualised care plans, which detailed the care and support people wanted and needed; this ensured that staff had the information they needed to provide consistent support for people.

The plans enabled staff to interact with people in a meaningful way and ensured that people remained in control of their lives. They were reviewed regularly and any changes communicated to staff, which ensured staff remained up to date with people's needs.

Care and support was personalised to meet each person's individual needs. We saw that care planning in place included lifestyle plans with a section on "about me'. These detailed the specifics of people's likes, dislikes and preferences. We saw that where people had a preference to be supported by a specific gender of staff, this was respected. People's personal and family history was documented so that staff could better understand the experiences of each person and their social and emotional support requirements.

People were supported and encouraged to follow their interests. One person said, "I work three days a week at a voluntary placement so I'm very busy and like to relax at the weekends." Another person told us, "I always go to the market on a Saturday because I like looking around the stalls and seeing people I know."

At the time of the inspection, nobody was receiving end of life care. The provider had plans in place for the staff to work sensitively with people to offer support to plan for future events taking into account people's wishes.

If people were unhappy with the service, there was a complaints procedure in place. The information was accessible to meet people's individual communication needs. There were house meetings held each month and we saw from the minutes of those meetings that people were given an opportunity to raise any concerns. When a complaint had been raised we saw that it had been responded to appropriately and action taken to address the issue. One person told us, "I know I complain about lots of things and they [staff] always sort it for me or explain to me so I understand things better. Sometimes I misjudge what is being asked of me and I think I am being 'told off', but I know once I've calmed down that I got it all out of perspective."

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given. For example, People with learning disabilities were supported to communicate using easy read documents.

Requires Improvement

Is the service well-led?

Our findings

The provider was also the 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'. 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 audits in place to assess the quality and safety of the service required improving. Although audits were undertaken on a regular basis by the provider, consideration had not been given to how to assess the environment when access was consistently denied by people who used the service. The bedrooms people gave consent to us to view, were not visibly clean and some pieces of furniture required replacing and was below the expected standard of what would be required in a care home. The provider is registered for the regulated activity of accommodation and personal care and therefore is required to ensure that the accommodation is fit for purpose and kept visibly clean while supporting people to have privacy.

We discussed our concerns with the provider and the people who used the service, and the provider explained to people why access with their permission was required; which was to ensure the safety and quality of the service. At the end of our inspection, people living in the home and the provider had agreed a way forward, however the provider lacked oversight and responsibility to assure themselves that the home was adequately clean and maintained.

Staff understood their responsibilities and received regular training updates to keep up to date with current good practice guidelines. They received support through day-to-day contact with the provider, and had formal one to one supervision meetings. The staff felt able to voice any concerns or issues and felt their opinions were listened to.

The feedback from people's and their relatives was positive. People's views about the quality of care were sought and the results of quality surveys indicated that people were pleased with the service they received.

People's care plans were regularly reviewed to reflect any changes in their care needs. We saw that people were fully involved in any reviews of their care plans and had signed to say they agreed with any changes.

The provider was aware of their responsibility to report incidents, such as alleged abuse or serious injuries to the Care Quality Commission (CQC).

We saw that the service was transparent and open to all stakeholders and agencies. The service was in communication with people's relatives, social workers, and other health and social care professionals to ensure the best support for each person. The service worked openly with people in sharing information accurately, confidentially and promptly, to ensure people's safety and quality of care.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can

be informed of our judgments.