

Wyggeston's Hospital Agnes House

Inspection report

Hinckley Road
Leicester
Leicestershire
LE3 0UX

Tel: 01162542973

Website: www.wyggestonshospital.org.uk

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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

We inspected the service unannounced on 14 November 2018. Agnes House provides care and support for up to 26 older people some of whom are living with dementia and physical disabilities. At the time of our inspection there were 26 people using the service.

Agnes House 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.

At our last inspection on 11 April 2016 we rated the service 'Good' overall in and in all domains except 'Responsive' which was 'Requires Improvement'. At this inspection we found the evidence continued to support the overall rating of 'Good', with 'Responsive' having improved it's rating to 'Good'. There was no evidence or information from our inspection and ongoing 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.

People continued to receive a safe service. People told us they felt safe because there were enough staff duty and they were experienced. People had risk assessments in place so staff knew how to support them to say safe. People received their medicines when they needed them and staff were kind and patient when they gave medicines out. The home was clean and fresh throughout and staff followed the provider's infection control policy. If an accident or incident occurred lessons were learnt and staff acted to prevent a reoccurrence.

People continued to receive an effective service. The staff were well-trained, skilled and knowledgeable and had experience of meeting the needs of people from a variety of cultural and religious backgrounds. People told us the food was good and they had plenty of choice at mealtimes.

People had access to the healthcare services they needed and staff knew when they needed to refer them for medical assistance. The premises were spacious with good access to all areas for people with limited mobility. Staff followed the principles of the Mental Capacity Act (MCA) and sought people's consent before they cared for them.

People continued to receive a caring service. They told us the staff were caring and kind and went out of their way to support them. People were actively involved in making decisions about their care and support and said the staff respected and promoted their privacy and dignity. The home had its own Chaplain who was based on-site and available to people, relatives and staff for pastoral and spiritual care.

People received a responsive service. People's care plans were personalised and provided clear instructions to staff on how to meet people's needs in the way they wanted. People took part in group and/or individual activities depending on what they preferred. Staff listened to people and made improvements to the service

if they were needed. People were supported at the end of their lives to have a comfortable, dignified and pain-free death.

People continued to receive a well-led service. All the people we spoke with reported high levels of satisfaction with the home and made many positive comments about the care provided. The home had an open and friendly culture. The registered manager carried out audits to ensure the home was running effectively and kept up with changes in legislation and guidance. People, relatives, and staff were encouraged to share their views on the home and contribute to how it was run.

Further information is in the detailed findings below

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remained safe.

Is the service effective?

Good ●

The service remained effective.

Is the service caring?

Good ●

The service remained caring.

Is the service responsive?

Good ●

The service was now responsive.

Is the service well-led?

Good ●

The service remained well-led.

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 comprehensive inspection took place on 14 November 2018 and was unannounced.

The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert by experience's area of expertise was the care of older people.

Prior to this inspection, we reviewed information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. We also considered the last inspection report and information provided by other agencies including commissioners who contract with the service.

During the inspection, we spoke with six people using the service and three relatives. We also spoke with the registered manager, deputy manager, two seniors, two care workers, the cook, the handyman, and the home's Chaplin.

We looked at records relating to all aspects of the home including staffing, medicines, accidents and incidents, and quality assurance. We also looked at two people's care records.

Is the service safe?

Our findings

All the people we spoke with said they felt safe. One person told us, "I feel safe because there is always someone around." Another person said, "I feel safe when they assist me with my bath or shower." Staff were trained in safeguarding and knew what to do if there were concerns about a person's well-being. Records showed any safeguarding concerns were taken seriously and the registered manager and staff worked closely with the local authority to ensure people were safe at the home.

People had risk assessments in place so staff knew how to support them to stay safe. They were of a good standard and had been regularly reviewed. Measures were put in place to reduce risk to people, for example if a person had had a fall sensor mats were placed by their bed and staff checked them more often. The premises were risk assessed and the home's handyman carried out regular checks and repairs to ensure the environment was safe for people.

The home was well-staffed and people said this made them feel safe. One person told us, "I feel safe because I have a buzzer and when I press it someone comes." Since our last inspection an extra member of staff had been assigned to the conservatory and lounge area on 'non-care duties' so they could ensure people were safe as well as interacting and socialising with them. A staff member said, "We get to chat to people uninterrupted and they love it." Staff were safely recruited to ensure they were suitable to work with people who use care services.

People told us they received their medicines when they needed them. One person said, "I get my medication on time, regularly, and they never forget to give it to me." Staff were kind and patient when they administered medicines to people. Since our last inspection the provider had created a new medicines room which was air-conditioned to ensure medicines were stored at the right temperature. Only trained staff whose competency had been checked were authorised to give out medicines. The registered manager and deputy manager carried out regular medicines audits. Staff arranged for people to have their medicines reviewed where necessary. Medicines were kept securely and administered safely.

The home was clean and fresh throughout. One person said, "The place is always clean and tidy." A relative told us, "They [the domestic staff] always seem to be cleaning. It's is very clean here, no odour."

Staff were trained in infection control, followed the provider's infection control policy, and understood the importance of regular hand washing. They used personal protective equipment, including gloves and aprons, when supporting people with personal care.

Lessons were learned and improvements made when things went wrong. Records showed that following accidents or incidents the registered manager and staff acted to reduce future risk. For example, if a person fell the registered manager carried out a root cause analysis to determine how the fall had occurred. They then used the home's fall decision tree to decide what action to take to prevent the person in question having another fall.

Is the service effective?

Our findings

People were assessed before they came to the home to ensure staff could meet their needs. The home's assessment documentation was mostly detailed but did not show that people's cultural needs were fully assessed. The registered manager updated the form during our inspection to ensure that it did and we were shown a copy of the new and improved form before the end of the day. Staff were trained in equality and diversity and human rights and understood the importance of providing an effective and non-discriminatory service to people. The staff team were multicultural and had experience of meeting the needs of people from a variety of cultural and religious backgrounds.

People said the staff were well-trained, skilled and knowledgeable. One person told us, "The staff know what they are doing when they look after me." A relative said, "They [the staff] are effective and friendly." Records showed staff attended a wide range of training courses and had additional training to meet people's specific needs, for example the care of people living with Parkinson's Disease. Staff told us they had attended a 'virtual reality' dementia course and were putting what they had learnt into practice. For example, they said they now understood why one person was distressed by the sound of laughter and this meant they could relieve the person's distress by getting them to join in and feel included.

People told us the food was good and they had plenty of choice at mealtimes. One person said, "The food is excellent and I have enough to eat." Another person said they chose to have their breakfast in bed which they enjoyed. Relatives told us they sometimes ate with their family members and praised the food served. People's nutritional needs were assessed when they came to the home and people referred to dieticians and the SALT (speech and language therapy) team where necessary. Staff monitored the amounts people ate and drank when risk was identified. We met with the cook who told us that meals were freshly prepared in the home and menus based on people's preferences.

People had access to the healthcare services they needed. One person said, "The district nurse comes in once or twice a week change the bandages on my legs." Staff were knowledgeable about people's healthcare needs and knew when they needed to refer them for medical assistance. Records showed staff communicated well with healthcare professionals, worked closely with them, and followed their advice to ensure people had effective care, support and treatment.

The premises were adapted to meet the needs of the people living at the home. They were spacious with good access to all areas for people with limited mobility. Since our last inspection the provider had installed a new shower room on the ground floor to make it easier for people who wanted a shower, rather than a bath, to have one. The home also had a new cinema lounge/sensory room. This featured mood lighting, a popcorn machine, relaxation massage chairs, and black-out curtains to make the room dark if people wanted this. The registered manager said people liked to sit in this room and relax with a musical film on in the background.

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).

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. Staff were trained in the MCA and DoLS and understood the importance of people consenting to their care and support. One person told us, "I feel safe here and do not feel like my freedom is restricted in any way." Where people were subject to deprivations the registered manager had sought authorisation from the local DoLS team in keeping with their legal responsibilities.

Is the service caring?

Our findings

People told us the staff were caring and kind. One person said, "The staff are very caring, they are marvellous." Another person said all the staff were caring people and praised a newly-recruited care worker for their 'exceptional patience and skills'. People told us staff ran errands for them in their own time. One person said, "They go over and above. If I want any shopping they will do it for me."

The home had its own Chaplin who was based on-site and available to people, relatives and staff for pastoral and spiritual care. At the time of our inspection he was in the home meeting a newly-admitted person to explain what he could offer them in terms of support. He was also seeing another person, who was living with dementia. This person had asked for him as they found his company reassuring and said it made her feel 'safe'. The Chaplin was trained in dementia care and had a good understanding of the needs of the people living at the home.

People were actively involved in making decisions about their care and support. Comments included: "I stay up and watch tv in the lounge until late at night if I want"; "I choose what I wear"; and "I make my own decisions about my care." People and relatives said they were involved when care plans were written and reviewed. One person said, "I do know of my care plan and it has been reviewed." A relative said, "I know of the care plan, we ask questions relating to [family member's] care, and they often update us on this."

People told us the staff respected and promoted their privacy and dignity. One person said, "The staff show me the utmost respect when they are giving me personal care, and we laugh and joke which makes it easier." Another person said, "The staff always knock before entering my room." People said they were consulted about whether they would prefer male or female staff to ensure they felt comfortable with the staff team.

The registered manager and staff had familiarised themselves with the GDPR (General Data Protection Regulation). They had signed and agreed to the home's policy on this and made changes to way they stored computer records to ensure the service was compliant with the new regulation.

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. People said this had improved their well-being. One person said, "When I first came here, I was in bad shape. The care has made me lots better." A relative told us, "If you saw the way [family member] was before she came here, you would not think that it was the same person. I am more than happy she is here." People's care plans were personalised and provided clear instructions to staff on how to meet people's needs in the way they wanted. They were regularly reviewed to ensure staff were aware of changes to people's needs.

People took part in group and/or individual activities depending on what they preferred. One person said, "We do have activities and I do participate." A relative told us, "They have done a marvellous job getting [family member] to take part in activities, she was never interested before." The home had its own activities organiser and a weekly programme of activities was advertised in the home. Some people said they liked to attend the regular religious services held in the home.

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. Information in the home was available in a variety of formats on request including large print, braille, and in a range of languages. Staff used pictorial flash cards to aid communication with some people using the service to assist them in making choices and decisions.

People knew how to complain if they needed to. One person said, "I definitely know how to complain if I had to." Staff told us they ensured people had the opportunity to raise any concerns they might have. One staff member said, "I always ask the residents how they feel so they can tell me if there's anything wrong." Records showed that if a person did complain they were listened to and taken seriously. The registered manager carried out a full investigation, involving the complainant, and made improvements to the service where necessary.

People were supported at the end of their lives to have a comfortable, dignified and pain-free death. Staff were knowledgeable about the needs of people having end of life care and dedicated to providing the best care possible. For example, we heard how the deputy manager stayed on shift for five consecutive days to ensure a person had continuity of care and a familiar face when they were reaching the end of their life. Relatives were welcome to stay on site so they could be close to people receiving end of life care. The home's Chaplain provided ongoing support and spiritual guidance to people, relatives and staff and the chapel was available for quiet time and contemplation whenever it was needed.

Is the service well-led?

Our findings

All the people we spoke with reported high levels of satisfaction with the home and made many positive comments about the care provided. These included: "I am very impressed with my experience here"; "It was the best move I ever made, I am so happy here"; and "I can't image anywhere better." Relatives also praised the home. One relative told us, "From our family's perspective, this home is brilliant." Relatives said their family members always seemed happy and well-cared for when they visited and staff were welcoming and kind. A care worker said, "I love the home, it's lovely, its small, and it feels like we are a family unit."

The home had an open and friendly culture. The registered manager said, "The residents are at the heart of everything we do and we respect the residents and staff." She said she recruited staff who had a vocation to care and they were encourage to develop professionally, for example by becoming 'dementia champions' (someone with excellent knowledge and skills in the care of people living with dementia). The registered manager said she runs the home in keeping with the 'duty of candour' (which aims to ensure that providers and staff are open and transparent with people who use services and other relevant persons). She told us, "We embrace this. We're all here for the same reason - the protection of the residents."

The registered manager carried out audits to ensure the home was running effectively. These were plotted on an online calendar so it was clear when each audit was due. Records showed the audit system was effective and if shortfalls were identified these were addressed. For example, improvements were made to the premises following the latest bi-annual audit. One person told us, "They maintain the place and inform us of any changes or maintenance due to happen."

Central to the audit system was a personalised audit of each person using the service. This entailed looking at every aspect of a person's care and support including their records and their room. This meant the registered manager had a good overview of how the home was meeting people's individual needs. Since our last inspection the registered manager had reviewed and updated all the home's policies and procedures to reflect changes in legislation and guidance.

People and their relatives were asked for their feedback and encouraged to share their views on the service at three-monthly meetings. One person told us, "They [the managers and staff] do ask my opinion on anything and everything." Another person said, "We have residents' meetings and I've been to a couple. I've never had an issue here that couldn't be solved." Questionnaires were issued annually to people, relatives, staff and health and social care providers and the feedback displayed on a notice board in the home.

Staff also had the opportunity to contribute to the running of the home at their own three-monthly meetings, during supervision sessions, and at any other time. One care worker told us, "The [registered manager] always wants to hear our ideas and suggestions." Another care worker said, "Staff are well-looked after here. We get lots of support and we can speak out if we don't agree with something. We can talk to the manager at any time and they listen to us."

The registered manager was a member of a number of local statutory and voluntary sector health and social

care groups which looked at improving people's care and safety. These included a multiagency safeguarding panel, a training development group, and a local provider organisation. This enabled her to keep the home up to date with developments and improvements to care policies, practices and procedures.

The latest CQC inspection report rating was on display at the home and on their website. The display of the rating is a legal requirement to inform those seeking information about the service of our judgments.