

Mrs Bimla Purmah

# Angel Court Residential Care Home

## Inspection report

Manor Road Precinct  
Walsall  
West Midlands  
WS2 8RF

Tel: 01922633219

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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

This inspection was unannounced and took place on 11 February 2016. At the last inspection in February 2014, we found the provider was meeting all of the requirements of the regulations we reviewed.

Angel Court Residential Care Home is registered to provide accommodation for up to 25 people who require personal care and support. On the day of the inspection there were 24 people living at the home. There was a registered manager in post. 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.

People told us they felt safe. Staff knew how to report any potential abuse. There were enough staff to meet people's needs and provide them with effective care and support. People received their medicines safely when they needed them and medicines were stored securely.

People were supported by staff who had the skills, knowledge and experience to meet people's needs. People's consent was sought before care was provided. People liked the food provided and received the food and drink they required. Arrangements for meeting people's healthcare needs were in place and people had access to appropriate healthcare professionals when they needed them.

People were supported by staff who were caring and treated them with respect. Staff understood people's needs and preferences. People were involved in making decisions about their care and support. People were treated with dignity and offered choices in a way they could understand.

People felt able to express their views to the staff or the registered manager. There were systems in place to manage complaints.

The provider had not consistently followed local procedures when reporting issues relating to people's safety. People, relatives, professional visitors and staff felt the home was well managed. Risks to people were recorded and understood by staff. The provider had systems in place which monitored the quality of service the home 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 felt safe. Staff understood their responsibilities to protect people from the risk of harm or abuse. People were supported by sufficient numbers of staff to meet their needs. People received their medicines as prescribed.

### Is the service effective?

Good ●

The service was effective.

People were supported by staff who understood their needs. People were asked for consent before care was provided. People were involved in making choices about their care and diet. People received additional support from healthcare professionals when required.

### Is the service caring?

Good ●

The service was caring.

People were supported by staff who they liked and had developed positive relationships with. People were treated with kindness, dignity and respect.

### Is the service responsive?

Good ●

The service was responsive.

People and their relatives were involved in planning the care they received. People were supported by staff who understood their interests and activities were provided.

### Is the service well-led?

Good ●

The service was well-led.

The provider had not consistently followed local procedures when reporting issues relating to people's safety. There was an open culture and people, relatives and staff were asked to share their views about the care they received. People and staff felt the home was well managed and systems were in place to monitor the quality of care provided.

# Angel Court Residential Care Home

## **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 11 February 2016 and was unannounced.

The inspection team included three inspectors. As part of the inspection we looked at the information we held about the service. This included statutory notifications, which are notifications the provider must send us to inform us of certain events. We also contacted the local authority and commissioners for information they held about the service. This helped us to plan the inspection.

During the inspection we carried out observations of the care and support people received. We met and spoke with three people who lived at the home, two relatives, three staff members and the registered manager for the service. We looked at three records about people's care and support, three staff files, medicine records, and systems used for monitoring quality.

# Is the service safe?

## Our findings

People told us they felt safe living at the home. One person told us, "I feel safe; I don't ever want to move from here." Another person said, "I feel safe, the staff are always there." People were supported by staff who understood their responsibilities in relation to keeping people safe. Staff had received training in protecting people from abuse and knew how they would identify signs of possible abuse and how they would report any concerns. Staff told us how they would escalate any concerns about people's safety and were aware of the provider's policies in relation to keeping people safe from harm. One staff member told us, "I know about the whistleblowing policy, if I see any poor practice, I tell the manager."

Staff were able to tell us how they kept people safe. Risks to people had been identified and assessed and plans were in place for staff to follow. We found that some of these had been recently reviewed and updated when people's needs had changed. We saw that some people's behaviours could present a risk to other people living at the home. We looked at their care records and found that staff were following the guidance in their risk assessments. Where the risks presented by people indicated they may no longer be appropriately accommodated at the home, we saw the registered manager had taken appropriate action to address this. One member of staff told us how they monitored risks and shared any concerns with the registered manager. We saw there were systems in place for staff to share information about possible risks with the rest of the staff team, including handovers and staff meetings. This meant staff could act in a way that kept people safe.

We saw that where accidents or incidents had taken place they were recorded by staff and then investigated by the management team. We saw that the management team had learned from incidents that had taken place and had taken action to ensure that people's health and safety were protected. Any changes were recorded as part of the investigation and people's care plan and risk assessments were updated accordingly.

People were supported by sufficient numbers of staff to meet their needs. Most people felt there were enough staff available to provide care and support when they needed it. One person told us, "There are enough staff, I never have to wait." Other people felt staff could be slow to respond if they required assistance in their rooms. One person said, "I think there could be more staff, sometimes I have to wait for the call bell to be answered." All of the staff members we spoke with felt there were enough staff to meet people's needs. One staff member told us, "I think there are enough staff, we can answer the buzzers quite quickly." A relative told us, "There's plenty of staff around." We saw that staff were available when people needed them and were able to respond to people quickly.

People told us they were happy with the way staff supported them with their medicines and that they received pain relieving medicines when they needed them. One person said, "I can get pain killers if required." Staff told us they received training before they were able to support people with their medicines and their competency was assessed. We looked at the medicines records for three people and found that people had received their medicines as prescribed by their GP and medicines that had been administered had been signed for correctly by a member of staff. Staff demonstrated a good knowledge of people's

medicines and there were systems in place to ensure medicines were administered and managed safely and stored securely.

## Is the service effective?

### Our findings

People told us they thought that staff knew them well and were confident when they supported them. One person said, "The staff are very good, they come and talk to me and have time for people." A relative told us they were happy with the way staff supported their family member with their mobility. We spoke with staff who told us they felt supported by the registered manager and had received the training they needed to meet people's care needs. Some staff told us they were undertaking nationally recognised qualifications and they received support from an external training agency for this. Staff shared with us how they supported new staff in their role and throughout their induction period. The registered manager shared learning with us from local training and information sharing events they had attended, which enabled them to keep up to date with current best practice. Staff told us they had team meetings and one-to-one meetings with the provider. They said they found these meetings useful and had the opportunity to discuss any concerns they had, they were also provided with feedback on their performance by the provider.

People were asked for their consent before staff provided care and support. We observed that staff sought agreement from people about things such as where they would like to sit, or what they would like to eat and drink. One person told us, "Everything is done with my agreement."

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 found that they were.

The provider had considered whether individuals were being deprived of their liberty and had submitted applications for DoLS. Staff had received training in MCA and DoLS and the registered manager and senior staff had assessed people's capacity to make certain decisions. These assessments were shared with staff and recorded in people's care records. Staff shared with us examples of meetings that had been held to ensure that decisions being made were in people's best interests.

People told us the food was good and they were given choices about what they ate. One person told us, "The food is lovely. I'm eating more than I ever have." Another person said, "The food is nice, and there are plenty of drinks." We saw there were plenty of choices at meal times and lunch was a lively and social occasion with people chatting with one another. We talked to staff who demonstrated a good knowledge of people's likes and dislikes in relation to food. Where appropriate staff had carried out nutritional assessments with people to ensure they received the correct diet. Staff shared with us examples of people who required specialist diets and we saw that the staff responsible for food preparation were aware of people's individual needs. People told us they were weighed regularly and records we looked at confirmed this. A healthcare professional we spoke with told us they had encouraged the staff to ensure drinks were

always available in the lounge area of the home. We saw drinks were available, and people accessed them as and when they wanted to.

People were supported by staff to access healthcare when required. People told us staff arranged appointments for them when they needed them. One person told us, "If I am poorly the staff will make sure I see my GP". We saw staff followed the advice given by healthcare professionals and we spoke with two visiting professionals who expressed confidence in the staff team and told us they felt staff had a good understanding of people's health needs. One visiting healthcare professional told us, "I think the care here is well rounded and not task focused. Staff ask for advice, and will follow up with a phone call if they are unclear. Actions and instructions are always followed up and the staff are very diligent."



## Is the service caring?

### Our findings

People told us that staff were caring and treated them with respect. One person told us, "The staff come and check on me and have a chat with me. They care about how I feel." Another person said, "The staff are kind. [name of staff member] is lovely; nothing is too much trouble for them." We saw there were positive caring relationships between people and staff and there was a friendly relaxed atmosphere within the home. We observed a staff member gently removing an eyelash from someone's cheek, and saw staff supporting people to eat in a discreet and caring manner. One relative told us, "On the whole there is a happy atmosphere".

People told us staff took time to listen to them and understand their needs. One person said, "The staff come and talk to me, they understand my likes and dislikes." Another person told us, "The staff understand my preferences". We spoke with staff who could tell us about people's life histories, interests and care needs. We observed that people began their day at a time of their choosing, and used the call bell to contact staff when they needed support. One member of staff told us, "To be a good carer you need to know your residents, know their previous lifestyle and preferences." We saw that people were comfortable and relaxed in the company of staff who supported them.

People were supported by staff to make decisions for themselves. One person said, "I get up when I want and go to bed around 10pm, it's my choice." Another person told us, "I'm encouraged to do what I want, staff give you your own space but they are there if you need them." We saw staff offered people choices about food and drink, and options for activities. We observed the provider made daily newspapers available for people, which a number of people read. One person had recently been assisted to access large print books from the local library and they told us how pleased they were about this. Staff told us they encouraged people to be as independent as possible and shared examples of people assisting with laundry and other tasks. One person told us, "I do what I can but staff are there to support me if I need it." Where people had specific communication needs we saw staff knew how to interact with them and understood how to read facial expressions, body language and gestures.

People told they were supported by staff who respected their privacy and maintained their dignity. People told us staff knocked on their door before entering their room, and closed curtains and doors when supporting them with personal care. Staff shared examples with us of how they supported people in a way that upheld their dignity which included giving people choices and supporting people with personal care in a discreet manner.

People told us their family members were able to visit at any time and that staff welcomed them. We spoke with visiting relatives who told us staff kept them updated with any relevant information about their family members. One relative told us, "The staff are caring. They always talk nicely to [person's name], they are very patient".

## Is the service responsive?

### Our findings

People told us they were involved in making decisions about their care and support. Relatives we spoke with told us they had been involved in planning their family member's care and one relative shared how they and their family member had met with the registered manager and a social worker to discuss if the person was enjoying living at the home. We saw that people had signed their care plans where possible and people's relatives had also contributed information about people's life histories and interests. During the inspection we saw the registered manager and staff speaking with people's family members and updating them with information relating to their relative's needs. Relatives told us they felt staff knew their family members. One relative told us, "They [staff] know them and what they like".

We saw staff understood people's needs and responded appropriately to any changes in people's health or well-being. For example, one person returned from a stay in hospital and we observed staff liaising with healthcare professionals to ensure the person had what they needed, in order to remain safe. Staff told us they informed the senior staff on duty if they identified any changes in people's needs and we observed a handover meeting taking place during which staff demonstrated a good knowledge of people's care and support needs.

People's individual cultural needs were met by staff who spoke a range of languages and staff shared with us how they supported one person with their religious needs. We saw from people's care records that staff had taken time to discuss people's specific needs with them in relation to gender and sexuality and this was recorded, giving staff the information they needed to support people appropriately. We saw that people received a culturally appropriate diet and their needs were met through appropriate meal options.

We saw that staff had carried out a survey of people and relatives, gathering views and ideas about activities. They told us this would enable them to make improvements to the activity programme currently offered at the home. We saw some activities available included exercise, craft work and reading. One person told us they had recently visited the cinema and a couple of people went out for a walk with staff during the inspection. Some people and relatives told us they felt there could be more variety in terms of activities and we spoke with the registered manager about the absence of activities for people with more complex needs. The registered manager was receptive to the concerns raised and advised they would discuss the matter further with people and staff members.

The provider had a complaints policy and we saw feedback was invited from people and visitors to the home. People told us they knew how to complain if they were unhappy about aspects of their care and support. One person told us, "I have no complaints, but if I did I would speak to senior staff or the manager." One relative we spoke with shared how they had raised concerns after an incident with their family member. They were pleased with the way in which their complaint had been dealt with, and happy with the action taken by the provider. Staff were aware of the provider's complaints procedure and knew how to escalate any concerns raised with them to the registered manager.

## Is the service well-led?

### Our findings

The registered manager was aware of their responsibilities as a registered person and had notified CQC of significant events as required by law. We discussed recent safeguarding alerts with the registered manager, who was also the provider. They shared with us the process they followed when dealing with allegations or incidents of abuse. We found there had been times when the registered manager had not followed local procedures in relation to referring matters to the local authority. We discussed this with the registered manager who understood our concerns and told us that improvements would be made.

People and their relatives told us they felt the home was well managed and the management team were approachable. One person told us, "I know the deputy manager; they come and talk to me about how I'm finding it." A relative told us, "The manager is approachable; they always tell us about changes." People told us they were happy living at the home and they felt staff listened to them. Three healthcare professionals told us they felt the home was well managed and they were made to feel welcome when they visited the home.

Staff told us there was an open culture and they felt able to discuss any concerns with the provider who was also the registered manager of the home. One staff member told us they felt people could speak "without fear". Staff told us they were comfortable to approach the provider and contribute ideas towards the development of the home. One staff member told us, "There's the deputy, or the manager, they are approachable, I can phone them anytime." Staff told us they could contribute their ideas in staff meetings and the management team were open to new ideas. Staff also received supervision from the management team and were given feedback on their performance in the role. The registered manager told us they felt it was important for staff to have the opportunity to express their thoughts and feelings to the management team, and as such, they made themselves available so people and staff could contact them at any time.

They shared with us examples of how they worked with other healthcare professionals and approached them when they needed guidance or advice. They told us they attended local provider forums and training events which kept their practices up to date.

We saw regular checks were made to review people's medicines, the environment people lived in, accidents and incidents and records of people's care and support. We saw this included reviews of people's care records, as well as health and safety, kitchen management and medicines audits. The deputy manager told us they were in the process of improving the systems for audits and quality assurance and they shared with us examples of recent changes they had made. For example condensing a number of audits in to one with the aim of improving efficiency. One of the audits we reviewed highlighted some outstanding maintenance issues; we discussed this with the management team who advised they would take action to ensure the building maintenance was carried out promptly.

People and relatives had been asked to provide feedback on the service and a variety of feedback options were available in the reception area of the home. We looked at some of the feedback that had been given by relatives and found people were happy with the service provided. One relative said, "I am extremely pleased

at how [person's name] looks. They have gained weight and they smile a lot."