

Angel Care Homes Limited

Agnes House - Residential Care Home

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	

Overall summary

This inspection took place on 5 November 2014 and was unannounced. At the last inspection carried out on 26 November 2013 we found that the provider was meeting all of the essential standards we inspected.

Agnes House – Residential Care Home provides care to up to 15 people who have an enduring mental health diagnosis. At the time of our inspection there were 14 men living at the home. Accommodation was provided

over three floors. All bedrooms were for single occupation and there were shared bathing and toilet facilities except in one bedroom where there was an en-suite facility. The accommodation is not suitable for people who are not independently mobile.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage

Summary of findings

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 were not protected from harm because the systems for monitoring the service were not sufficient to ensure that risks were identified and people that lived and worked in the home were protected from harm. Systems in place were not effective in ensuring that people had a safe, pleasant and comfortable environment to live in. We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 in relation to not monitoring the quality of the service well enough. You can see what action we told the provider to take at the back of the full version of this report.

People received a safe and responsive service from staff that had the skills and knowledge to meet their needs.

People's individual needs such as dietary and mobility requirements were met by staff who understood their needs and through the provision of appropriate equipment.

There were sufficient numbers of staff to support people as required. Staff were provided with the training and supervision they needed to meet the needs of people.

Systems were in place that ensured people received their medicines as prescribed and supported to have their health needs met and reviewed regularly.

People were supported to do the things they liked to do including attending college, using community facilities and visiting friends and relatives.

All the people living in the home were able to make decisions about their care and no one was under any restrictions in their day to day lives. People were supported to make choices and were treated with respect by staff who treated them as individuals in a caring way.

Summary of findings

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 was safe.

People told us they felt safe in the home and able to raise any concerns with the staff and registered manager.

There were enough staff that were safely recruited to provide care and support to people and that had the skills and knowledge needed to keep safe from abuse and harm.

Good



Is the service effective?

The service was effective.

People were looked after well by staff that knew their needs and that had the skills and to support them. Staff received effective support, training and supervision to help them care for people.

People were supported to eat and drink sufficient amounts to remain healthy and were supported to access healthcare professionals as needed.

People's human rights were promoted and there were no restrictions on them so that they were able to come and go as they wished.

Good



Is the service caring?

The service was caring.

People were cared for by staff that were caring and approachable. People were spoken with in a caring and kind way and there were good relationships between people and staff. People said they views about the service were listened to and acted on.

People were supported to make choices and their privacy and dignity was maintained by staff. People were supported to maintain contact with significant people in their lives.

Good



Is the service responsive?

The service was responsive.

Good



Summary of findings

People were involved in reviewing their care and staff responded to people's needs on a day to day basis and were able to comment on the service they received.

People were able to choose what they did to keep themselves occupied.

People were supported to maintain and develop relationships that were important to them.

Is the service well-led?

The service was not always well led

Systems in place had not ensured adequate standards of cleanliness, repair, furnishings and temperatures so that people had a pleasant, comfortable and hygienic place to live.

Systems were not always sufficient to ensure that people were protected from the risks of accidental scalding.

People's views about the service were sought and improvements made where appropriate.

Requires Improvement



Agnes House - 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 checked 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 5 November 2014 and was unannounced.

The inspection was carried out by two inspectors and a specialist professional advisor who had experience of providing care to people with an enduring mental health diagnosis.

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. The PIR was completed and returned to us as requested.

Before we inspected we reviewed all the information we held about the home. This included statutory notifications received from the provider about accidents, deaths and safeguarding's in respect of the people living in the home. We received comments about the service from two visiting healthcare professionals.

During our inspection we spent time observing care in the communal areas of the home. 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 use the service. We spoke with nine people that lived in the home and three staff including the registered manager. We looked at four people's care records. We also looked at the employment records for two staff and other records that related to the management of the service including staff training records.

Is the service safe?

Our findings

People told us they felt safe and our observations showed that people knew the staff and were comfortable in their presence. One person told us they would tell the staff or the registered manager if they were unhappy about anything.

Conversations with staff showed that they were knowledgeable about what abuse was and the actions they would take if they suspected any abuse. Records showed, and staff confirmed that they had received training that provided them with the knowledge they needed to help keep people safe. Staff were aware of their role in identifying and raising concerns but there had been no concerns raised about people that lived in the home.

One person told us that they were able to go out alone however; staff would go with them if they wanted them to. We saw that several people had gone out alone but other people were only able to go out escorted by staff. All the staff spoken with were aware of people's individual risks. Care records showed that people's needs had been assessed and risks identified.

We saw that access to the main kitchen was through a half stable door. We asked the registered manager to contact West Midlands Fire Service to check that the fire safety of the home was not compromised by this door and people put at risk in the event of a fire. Following our inspection we were informed that the fire officer was happy with the safeguards in place. This meant that people were not at risk in the event of a fire.

People living in the home told us that there were always staff available to support them. We saw that staff were available to respond to people's needs when requested. We saw that most people were able to independently wash and dress but were dependent on staff for their medicines, meals and laundry. We saw that this enabled staff to undertake their roles that included supporting people, cooking and cleaning. All of the staff spoken with told us there were enough staff on duty to carry out their roles. Staff told us and records showed that all the required employment checks were carried out so that the suitability of staff was determined before they were employed. This showed that there were sufficient numbers of suitable staff to meet the needs of people that lived in the home.

One person told us that they were supported by staff to take their medicines. We saw that staff had undertaken training in the safe handling of medicines and one staff confidently explained how medicines were administered to people. We saw that there were systems in place that ensured that medicines were ordered, delivered and booked into the home. Medicines were stored at appropriate temperatures that ensured they were safe for use. The pharmacy that provided medicines to the home told us that they had no concerns about the management of medicines in the home. We looked at the medicines for three of the five people whose care we looked at. We saw that there were no gaps in the records which indicated that people received their medicines as required.

Is the service effective?

Our findings

People told us that they were looked after well. One person said, “Staff support me with budgeting.” Another person stated they had “Improved loads” since they had moved into the home. This meant that they had developed skills such as keeping their room clean and learning to drive. Staff spoken with showed they knew the needs of the people they supported. Staff told us that they received regular training updates and supervision to support them carry out their roles and meet people’s needs appropriately. Staff told us that the registered manager was always available for support and advice. Our observations showed that people were able to meet the needs of people because they had the required skills and knowledge. A social worker for one of the people that lived in the home told us that they felt the home was meeting the individual’s needs.

People told us they were able to go out when they wanted. The registered manager told us that everyone knew the code to open the front door and people who needed someone to escort them outside were supported to go out when they wanted. During our inspection we saw people come and go from the home as they desired. The registered manager told us that everyone living in the home had capacity to make decisions and no one was subject to a Deprivation of Liberty Safeguard (DoLS) application. These are safeguards that ensure that people are not subjected to restrictions on their liberty unless they have been agreed by the appropriate authorities because they are required to keep people safe. People were unable to smoke in the home, due to the risk of fire and passive smoking, and they

were made aware of this rule before they moved in. This showed that people’s rights to make decisions were supported and there were no unnecessary restrictions on people’s liberty.

Although not everyone was happy with the food they ate meals provided variety and choice. One person said that he was not keen on the meals as they were mainly “processed meals” but everyone else said they were happy with the meals. We saw that there were frozen pies and burgers, but fresh fruit and vegetables were available and records showed that there was a mixture of processed and home cooked meals provided. One person told us that menus were discussed in meetings and they were able to make suggestions for meals to be included on the menu. We saw that staff offered people choices at lunchtime and the menus showed choices were available. We saw that people prepared drinks for themselves throughout the day when they wanted one.

We saw that people’s dietary needs were assessed and meals were provided that met their nutritional needs. Food and drinks intake was monitored for people identified as being at risk of not eating enough to remain healthy so that actions could be taken in a timely manner to improve the amount they ate and drank.

People living in the home had access to a variety of healthcare professionals and this ensured that they received the support they needed for any health conditions they had. One person told us, “The North Outreach team visit regularly and I can call them when needed.” People were supported to have regular reviews for specific health conditions. People were seen by healthcare professionals including community psychiatric nurses, chiropodists, opticians and doctors either in the community or in the home when needed to support people’s well-being.

Is the service caring?

Our findings

One person told us, “The staff are good. They are approachable.” We heard another person ask staff if they would take them out. This showed that people felt comfortable asking staff for the support they wanted. Staff spoke with people, and about people, in a caring and kind way. The manager and staff were caring towards people and showed an understanding of people’s needs. For example, one person was unwell following a family bereavement. We saw that referrals had been made for them to receive support with their loss and their behaviours were monitored discreetly to ensure they remained safe. Another person was unable to sleep during the night and they were supported to listen to music without this impacting on the sleep of other people with the use of headphones. This showed that staff supported people’s individual changing needs in a supportive and caring way.

We asked people if staff listened to them and acted on issues they raised. One person told us, “I can speak to the manager or staff if I have a problem.” Most people living in the home told us they were happy there and those that were not had specific reasons for being unhappy and these had been discussed with staff and they were being addressed. This indicated that people felt able to raise issues they were not happy with and they were listened to.

People told us they were able to express their views about the service and were involved in making decisions about their care and support they received. One person told us that they had a key worker they could speak with and they were able to raise issues at meetings organised for them to make comments about the service. As an example, this person told us they had had a problem with the water taps in their bedroom and the issue was quickly attended to. Another person told us, “I find it hard to wake up in the morning so I like staff to wake me up. Which they do.” Care records showed that this had been agreed as part of the support they received.

One person told us that they knew who to contact if they felt that their mental health had deteriorated. We saw that people were involved in reviews about their care with other professionals such as social workers and community psychiatric nurses. We saw that one person no longer wanted to adhere to the no smoking rule in the home and had been involved in discussions about where they wanted to live. This showed that people were supported to seek support when needed and take control of their treatment needs and involved in planning and making decisions about their care and where they lived.

Everyone living in the home had their own bedroom. This meant that they had private space where they were able to relax and have privacy. People were supported to maintain their privacy because they were supported to lock their bedroom doors if they wanted. People were able to meet friends, relatives or professionals in their bedroom or in the quiet lounge which meant they were able to maintain their privacy. Staff referred to people by their preferred names and waited to be invited in after they knocked on bedrooms doors. We saw that some language used in care records were not respectful and did not show empathy and dignity for people. For example, one care plan referred to an individual’s bedroom as “filthy” and another person was said to be “toileted”. This meant that although we saw good practices and people told us their privacy and dignity was respected records did not always reflect that people were treated with dignity and respect.

Staff gave us examples of how they supported people to remain independent. For example, people were supported to clean their bedrooms, bring down dirty laundry and manage some aspects of their medicines such as administering insulin with staff support. Two people said they had been involved in preparing a sandwich and egg on toast but had not prepared any substantial meals. The registered manager told us that this was an area they wanted to develop in the future. This showed that people’s privacy and dignity was respected and that people could be supported further to develop their independent living skills.

Is the service responsive?

Our findings

People told us that their views on the care they wanted were sought and they were supported to learn new skills. One person told us they knew about their care plans and agreed that we could look at them. Another person told us, "I have been to several homes but this is the best by far." We saw that the individual was quite independent and had pride in the skills and independence he had developed. Staff were aware of people's individual needs because they had known them a long time and they had care plans to refer to. Staff recognised when people's needs had changed. Feedback from a visiting professional confirmed that the staff supported people to develop and were responsive to the changing needs of people. For example, when there was a relapse in people's mental health appropriate support and guidance was sought. People with reduced mobility were provided with equipment to support them move around the home and in the community. The registered manager told us that people were involved in reviews of their care and this was supported by records and other professionals involved in their care. We saw that staff received ongoing training to meet the changing needs of people. This showed that people's current needs were met but staff skills were also developed so that they were able to meet the needs of an ageing population where appropriate.

People were able to choose how their care was provided and by whom. People knew they had key workers but they were able to choose who they got support from. For example, they could go out with staff on duty or wait for

their key worker to support them in the community. People were able to consent to treatment and had regular reviews with their doctors to discuss issues such as their medication regimes.

People told us they were able to do things that they were interested in. One person told us that they did not like going out and preferred to watch Coronation Street on the television. Another person told us, "I have my music around me." We saw that they had a guitar to play. We saw that people went on holiday and used the local community facilities such as shops, parks, library and cinema. During our inspection we saw several people go out and return at various times of the day. We saw that some people attended local colleges to undertake courses in cookery, computing and arts and crafts. This showed that there were a variety of activities available to people to choose to undertake.

People were supported to develop and maintain links with friends and families. People told us and records showed that visits to friends and families was organised on a regular basis. This showed that people were supported to make contact and rebuild relationships that had been lost.

People told us they were able to speak with staff if they were unhappy and had opportunities to raise issues in meetings or surveys they had completed. One person told us that any issues raised were responded to. We saw that no formal complaints had been raised by people but people had said they were not happy with the level of ironing of their clothes and this was being addressed. This showed that there were systems in place for people to raise concerns and that concerns raised were addressed in a timely manner.

Is the service well-led?

Our findings

Some management systems were lacking and ineffective. The registered manager told us that they carried out some auditing of the service that enabled them to monitor the quality of the environment and care. We were told that hot water temperatures were checked but no records were kept of these. We found that these systems were not effective as we found that the shower water temperature had not been restricted and was very hot. This meant that there was a potential risk that people who showered unattended could be at risk of accidental scalding.

We were shown a schedule of cleaning in the home but some areas of the home were not adequately cleaned, for example, mould in the downstairs bathroom. Repairs were brought to the attention of the maintenance person but we saw that the window in the bathroom could not be closed due to expanded wood. The systems in place had not ensured adequate standards of cleanliness and repair were maintained so that people had a pleasant and hygienic place to live.

Systems in place had not ensured that people had a pleasant, comfortable and well maintained environment in which to live. We found that several areas of the home were cold because doors were wedged open when people went outside for a smoke because they could not easily re-enter the home and the heating was off in one lounge. One person told us that the dining room and lounge were often cold because of the open door. We saw that another person put on a jumper during our inspection. They said this was because it had gone cold. Some communal areas of the home had been repainted but overall the premises needed maintenance and cleaning. A visiting healthcare professional had commented to us about the need for improvement of the premises.

This demonstrated a breach of Regulation 10 of the of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

People and care professionals spoken with were complimentary about the service provided. We saw that people were comfortable in the presence of the manager and staff. Discussions with the manager and staff showed that the manager was caring and interested in the welfare of staff and people that lived there. One person told us, "I can speak to the manager anytime." There was a registered manager in post with no changes of manager so that there was stability in the management of the home. Staff told us that they liked working there and they had worked there a long time so that care was provided by a stable staff team. During the inspection we saw that people approached the manager and other staff freely, the door to the office was kept opened and people could access it whenever they wished. All staff said that there was an open style of management, they were free to discuss any issues with the manager and she would help them if they needed support. Before our inspection we had asked the provider to send us provider information return, this is a report that gives us information about the service. This was returned to us, completed and within the timescale requested. The home was managed in an open and transparent way by a stable staff team.

People told us they attended meetings where they could express their opinions about the service they received and we saw records to support this. We saw that people had completed a satisfaction survey. The results of this survey were on display in the lounge area so that people could see their comments had been listened to and analysed so that the appropriate actions were taken to address the issues raised. For example, people had commented they were not happy with the standard of ironing and night staff responsible for this task were being spoken with. This showed that systems were in place to gather the views of people so that they any changes required were considered and action taken where appropriate.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers

People were not protected from the risks of unsafe care and treatment because there were inadequate systems in place to identify and address shortfalls in the service. Regulation 10(1)(a)(b)