

Charnat Care Limited

Agnes House Flat 1

Inspection report

83 Ascot Close
Oldbury
West Midlands
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Tel: 01215525141

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on the 25 September 2018 and was unannounced. At our last inspection in November 2015 the service was meeting the regulations of the Health and Social Care Act 2008.

Agnes House Flat 1 is registered to provide accommodation with personal care to one person with associate needs related to a learning disability, mental health and autism.

Agnes House Flat 1 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.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

There was a manager in post. 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 and associated Regulations about how the service is run.

The person was supported by staff who knew how to manage risk and report concerns to keep them safe. The person was supported by staff at all times. The person received their medicines when they needed them and they received support to keep their home clean.

Staff had received training which enabled them to meet the person's needs. The person's human rights were promoted and staff obtained their consent before providing support.

Staff were observed to be respectful, kind and caring when interacting and supporting the person. Observations demonstrated that staff were responsive to the person's needs. Staff encouraged the person to eat a healthy diet when choosing what they wanted to eat and drink. The person was supported to attend healthcare appointments to maintain their wellbeing.

The person told us they had someone they could talk to if they had any concerns. The staff knew the person well and were aware of the signs to look out for which may indicate the person was unhappy. The person had family and an advocate to ensure their human rights were being met.

The systems to monitor the quality of the service needed improvement as they did not identify some of the shortfalls we found during our visit. The registered manager took action to address some of these following our visit and an action plan was shared with us. We found some records were not readily accessible to us

and we had to wait for information to be shared with us following our visit.

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.

The person was supported by staff who knew how to manage risks to keep them safe.

Staff were recruited safely and the person was supported by staff at all time.

The person received their medicines when they needed them.

Is the service effective?

Good ●

The service was effective.

Staff had received training to support the person.

Staff promoted the person's human rights.

The person was supported to maintain their wellbeing.

Is the service caring?

Good ●

The service was caring.

The person was supported by staff that were respectful, kind and caring.

Staff promoted the person's independence where possible.

Is the service responsive?

Good ●

The service was responsive.

The person had contributed to their support plan which gave staff information about their abilities and areas of needs.

The person spent their time doing the things they enjoyed.

Systems were in place to respond to any concerns that were raised.

Is the service well-led?

The service was not always well led.

The quality assurance systems were not effective and did not identify the shortfalls in the service.

Staff understood their roles and responsibilities.

Requires Improvement 

Agnes House Flat 1

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 25 September 2018 and was unannounced. The inspection was carried out by one inspector.

We reviewed the information we held about the service. Providers are required by law to notify us about events and incidents that occur; we refer to these as 'notifications'. We looked at the notifications the provider had sent to us. We also contacted the local authority who monitor and commission services, for information they held about the service. We did not request an updated Provider Information Return for this inspection. We used the information we had gathered to plan what areas we were going to focus on during our inspection.

We met the person who was using the service and spent time talking with them about their experiences of living at this service. We also observed how staff supported the person to help us understand their experience of using this service. We spoke with the person's relative, three staff members and the registered manager. We looked at the care records for the person including how the person's medicines were managed at the home. We reviewed two staff recruitment files, and staff training records. We also looked at records that related to the management and quality assurance of the service.

Is the service safe?

Our findings

The person we spoke with told us they felt safe living at the home and when they were supported by staff. The person said, "The staff keep me safe as they are with me most of the time and they are nice. I also feel safe as I have my front door key so I can lock the flat to keep my things safe". The relative we spoke with told us, "I think [name] is safe with the staff. If they didn't feel safe they would soon tell me and then I would any report any issues to social services".

Staff we spoke with knew what action to take if they had any concerns about people's safety. One staff member said, "I would always report anything concerning abuse I would always act on any concerns. I have confidence action would then be taken to address the issues raised". Staff confirmed they had received training in relation to safeguarding adults from abuse. The registered manager was aware of his role and responsibilities in raising and reporting any safeguarding concerns.

The person told us they had enough staff to support them. They said, "I have staff to support me during the day and at night, I always have the staff support I need". The registered manager told us the person was supported at all times by a member of staff apart from when they were at college.

Staff we spoke with confirmed they had provided the required recruitment information before they had commenced work. One staff member said, "Yes I provided information relating to references and a police check was completed before I started working with people". We looked at the staff recruitment files for two staff. We saw all the required information was available except for evidence of the check completed by Disclosure and Barring Service (DBS). The registered manager and staff were unable to locate the file containing this information at the time of our inspection. This information was sent to us following the inspection to confirm these checks has been undertaken before the staff member commenced work.

The person we spoke with told us staff kept them safe from risks related to cooking and accessing the community. They said, "The staff know what risks to be aware of, they have to help me when I cook and when crossing the road as sometimes I may run into the road. I also get anxious so they know how to support me during these times to". A relative we spoke with told us "The staff know how to support [name] and they know about their anxieties and how they need to reassure them, so I think they manage any risk well".

Staff we spoke with knew about the risks they needed to be aware of when supporting the person. Staff told us about the signs the person presented of increased anxiety and self-harming behaviours and how they managed these. Staff told us how they used the agreed strategies to divert the person when they became anxious to provide reassurance and support. Our observations reinforced this.

We reviewed the support plans for the person and saw risk assessments were in place to guide staff on the risks they should be aware of and the action they should take to reduce these risks. For example, when supporting the person in the community. Information was provided to guide staff on how to keep the person safe whilst enabling them to have freedom within the home and when going out.

The person told us they received their medicines when they needed them. The person said, "I help the staff and read out the medicines and then they give them to me and I take them. I also sign the record to say I have taken it". We reviewed the medicine records and saw that the person and the staff had signed to confirm the medicine has been administered as required. The person was prescribed 'as required' medicine and although they could ask for this, protocols were in place to guide staff on when this should be given. We noted the protocol for the medicine which could be used as a sedative required more detailed information to make it clearer when staff should administer this. The registered manager agreed to review this record and to make it more detailed. The staff confirmed they had received medicines training which included an assessment of their competency to administer medicines safely. Relatives we spoke with told us their family member received their medicines when they needed them. One relative told us, "[Name] makes sure they receive their medicines on time they know what tablets they take and when, so I have no concerns about this".

The person told us, "I help with the cleaning, I Hoover my room and sometimes I mop, the staff do the rest." We saw the home was generally clean but we did identify cobwebs high up in the hall and the woodwork would benefit from cleaning. A staff member told us, "We do clean the home and have cleaning schedules to follow, but it would benefit from a deep clean on a regular basis". We discussed this with the registered manager who agreed to address this.

The registered manager was keen to learn lessons to improve the service provided to people or the way the service was managed. The registered manager told us "Systems are in place to learn from incidents in order to improve practice and reduce likelihood of similar issues arising again. We have behaviour analysis, and incident debrief, review of risk management plans following incidents and we amend care and risk management plans accordingly".

Is the service effective?

Our findings

The person told us they had lived in the home for a few years and they had been assessed prior to moving in". They told us, "We had many discussions about me moving here and we all agreed it would be a positive move, I like living here, this is my home". Records seen confirmed that an assessment was in place and considered their needs in relation to their protected characteristics under the equality act such as religion, disability and cultural needs.

The person told us, "The staff know what they are doing I think they have had training so they can support me and meet my needs". A relative we spoke with said, "As far as I am aware I hope the staff have had the training I have no reason to think they don't".

Staff we spoke with confirmed they had received an induction when they first commenced work and this included completing the Care Certificate induction which enabled staff to develop key skills to provide effective care. The Care Certificate is a set of national standards that sets out expectations of people working within the care sector. They also confirmed they had completed other key training such as behaviour management, fire and food hygiene. A staff member told us, "When I first started I had to read policies and procedures and I had opportunities to shadow other staff to gain confidence in my role and to meet the people supported both in this home and the other services managed by the provider. I think the induction equipped me with the skills for my role". Another staff member told us, "I have completed all core training over the years but I am currently waiting for some refresher training in some areas. I think the dates are being sorted. I do feel confident to fulfil my role". Staff told us they felt supported and had access to supervision to discuss their role.

The person told us staff supported them to go shopping. They said, "I make a list with the staff and then I go shopping, they encourage me to eat healthy. I choose what food I would like and then the staff help me to cook as I am not confident using the cooker". Discussions with staff and records seen confirmed that the person was supported to eat a balanced diet and to monitor their weight in accordance with their support plan.

The person confirmed they were supported to attend all healthcare appointments. They said, "The staff support me to attend my appointments to get my teeth and eyes checked and when I wasn't feeling well they made an appointment for me to see the doctor. They also take me to see my consultant and we discuss my feelings and anxiety". Discussions with staff and records seen confirmed this. We saw staff completed records of the person's wellbeing to assist with the sharing of information at these appointments, to ensure the person received the healthcare they required. Staff told us, "We record the outcome of any appointments so any recommendations shared are noted and then followed by staff".

The person told us they had helped to choose the furnishings and decoration of the home. They said, "Do you like the colours? I chose them and I helped choose the furniture. I like my home and I do not want to move from here". We saw the environment was homely in design. We did note some remedial repairs which were discussed with the registered manager who agreed to address these.

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 authorisation 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 they were.

The person told us, "The staff always ask for my consent before we do anything, I make the decisions. If I didn't want to do something I wouldn't do it". Our observations supported the persons feedback and we heard staff offering choices and asking them what they wanted to do for the remainder of the day. A relative we spoke with told us, "The staff do ask [name] consent and discuss all decisions with them. [Name] would not do anything they wouldn't want to do so they have control of their life".

Staff we spoke with were aware of the importance of gaining the persons consent before providing support. A staff member told us, "It is important to ask for consent as this is their home and it's their life so I always respect their wishes". Staff we spoke with confirmed they had completed training in relation to MCA and DoLS. During discussions staff were able to share their general understanding of this legislation although they were not able to tell us the all of the five key principles of the MCA. A staff member told us, "I did the training a while ago I cannot remember all of the five principles but I know I must assume people have capacity and give them choices".

We saw the persons liberty was being restricted as they were supported by staff all the time to enable them to live in the home safely. A DoLS authorisation had been agreed and received by the registered manager two days prior to our inspection. This had two conditions attached to it which must be complied with to minimise the level of restrictions to the person's life. The registered manager was able to demonstrate the action they had taken to work towards meeting these conditions. The registered manager told us they would be sending a memo out to the staff that worked with the person to make them aware of the authorisation and conditions imposed.

Is the service caring?

Our findings

The person told us, "The staff treat me well, yes they are kind and respectful and they talk to me nicely, they don't shout. They give me time alone when I want it. They would knock the door if closed to make sure I am okay or to ask me something. I am happy with them and the support I get". The relative we spoke with told us, "The staff speak to [name] respectfully and they have good relationships with them".

On our arrival we could see our presence had an impact on the person and they became anxious. In response to this they called a staff member who they knew really well. This staff member came to the home to offer support and reassurance. We observed the person become less anxious and saw the person refer to the staff member as 'their friend' and other terms of endearment were used. We saw the person hugging the staff member and observed friendly banter. The person appeared to be comfortable in both the staff members presence.

The person told us, "I am independent I can shower and dress myself, and I choose what I want to wear. The staff just support me with some things I find difficult to do and to keep me safe". We saw the person was encouraged to be independent and to have choice and control over their life. For example, staff encouraged the person to make their own drinks and we saw the person sort out and load their laundry.

Discussions with staff demonstrated their values to ensure the person lived an independent life as possible with support. A staff member said, "My job is to ensure [person] lives their life how they want and makes their own choices where possible". We saw staff communicated with the person to ensure their understanding and used gestures where required and understood by the person. Staff could tell from the person's body language and expression when they needed reassurance due to showing signs of agitation and anxiety.

We saw an advocate from the local authority had been appointed as part of the Deprivation of Liberty authorisation. We discussed with the registered manager the responsibilities of the advocate as the relevant person's representative under the Mental Capacity Act. An advocate is an independent person who can provide a voice to people who otherwise may find it difficult to speak up.

Is the service responsive?

Our findings

The person told us how they were actively involved in their care. They said, "I have a care plan and the staff discuss this with me and we discuss any changes. The staff write notes about me and how I have been everyday". Records seen contained information about the person's needs, life history and information about which people were important to them in their life. It provided staff with information about their preferences in life such as their likes and dislikes with food, things they like doing and places to visit. The person's support plan focused on their whole life including their goals, skills and abilities to do things for themselves and manage their health.

Discussions with staff demonstrated they knew the person well, and their preferred routines. A staff member told us, "[Name] is a great person to work with and they have set routines they like to follow everyday and if these are not followed that this is when they can become anxious".

The person told us about their interests and their hobbies and showed us some of these. The person said, "I like going out shopping with staff and I go to college and do life skills. We usually go on the bus which I enjoy. I have a bus pass. I had to relearn the bus routes as they changed them which was hard for me but I think I know them now. The staff support me to do the things I like".

The person told us about how staff support them to maintain relationships with people that matter to them. They said, "The staff support me to go and visit my family every week which I enjoy and is important to me". The relative we spoke with told us, "The staff bring (name) here each week and we have a catch up. Some staff talk to us more than others they are all different. (Name) keyworker has left and I don't think a new keyworker has been identified. We used to get regular updates on how they have been but we don't anymore". We are unable to attend any reviews so regular feedback is important to me". These comments were shared with the registered manager to address.

The person told us, "I know how to make a complaint, I would tell a senior [staff member] or go to the manager if I was not happy with anything. I have no concerns at the moment". The relative we spoke with told us, "Yes I know a complaints procedure is in place and I would raise any concerns if needed with the staff, or I would go higher if required". We saw a complaints procedure was in place in an easy read format to enable the person to access this. The registered manager advised us that no complaints have been received since our last visit.

Staff we spoke with told us that both the person and the family did not wish to discuss their preferences for end of life care. Staff told us that when they felt able to this information would be discussed and their preferences recorded in their support plan.

Is the service well-led?

Our findings

The systems in place for assessing the quality of the service did not always identify short falls in the service provided. We found although audits had been completed by the management team these had not identified the shortfalls we found at the time of the inspection visit. For example, we noted that the home is located on the first floor of a building and the windows of the home had not been restricted. We also noted that that cleaning products were not locked away. We asked for a copy of the risk assessments to demonstrate these risks had been assessed. Although we were advised an assessment had been undertaken previously, a copy of these could not be provided to us at the time of our inspection.

The registered manager completed new risk assessments which indicated that restrictors would be fitted to the required windows and the cleaning products would be locked away to reduce the risks to the person. We noted areas of the home which had not been cleaned, and pointed these out to the registered manager. We noted some repairs such as a small hole in the flooring and fireplace, paintwork which had been scrapped off the wall, and other wear and tear work which had not been reported in the maintenance book or identified on the audits. The registered manager took action and we received confirmation following our inspection to confirm repairs had either been completed or dates planned as part of the action plan implemented.

We found that although staff had completed training in MCA they were not able to tell the fundamental principles of this legislation, and there was no evidence of how their knowledge had been regularly assessed to ensure they retained this information following the training. We found some staff were waiting for refresher training which was provided by the provider in core areas such as PRICE (Protecting Rights in a Caring Environment). Although we were advised staff had not used these techniques for a number of years when supporting this person, protocols were still in place in the person's care plan for staff to follow. Therefore, staff would not be able to use certain techniques safely until refresher training was provided.

We found information was not readily available for us during our inspection for example when we asked for evidence of people's DBS checks we had to wait for this to be provided following our inspection as the management team were unable to find the folder containing this sensitive and confidential information. Although staff told us support systems were in place such as supervision and appraisals their personnel files lacked the evidence to demonstrate they received these on a regular and consistent basis. We asked for evidence of planned supervision and appraisal dates for the staff team and although we received this following our visit this contained gaps for people. We have not received any evidence to support staff receive appraisals or updated training information at the time of writing this report. However, it was noted on the action plan sent to us that the dates were being updated.

Since our last inspection there has been a change of registered manager. They have been in post for nearly a year. The relative we spoke with told us they had not spoken with the new manager since their appointment. They said, "I know his name but he has never been in touch to introduce himself or discuss anything about [name]. I think the communication between us and the management team has deteriorated since the change of management. I used to get regular feedback and updates but now I don't especially since [name]"

keyworker has left". This feedback was shared with the registered manager.

Staff we spoke with told us they felt supported by the senior team but they didn't really have much to do with the management team. A staff member said, "If there are any issues I would go to a senior we don't see the assistant or manager much". Information shared with us indicated that at times when suggestions or requests were made, action to address these were not taken by the management team, therefore staff did not always feel listened to. Staff confirmed they have access to team meetings but they were not sure of the frequency. Specific meetings to discuss the person that lived at this home were not arranged and staff attended meetings where other people that lived in other services were discussed. Evidence of one such meeting was sent to us following our visit. We asked to see evidence of any provider visits and this information was not available to us at the time of the inspection visit and no information had been shared with us at the time of writing this report.

The person told us they thought their service was managed well. They said, "I am okay I get to live my life the way I want and I am very happy in my home and never want to leave. I know who the manager is and I sometimes see him and he asks if I am okay. I know I could go to him with any concerns but I would speak to a senior first as I am closer to them. I cannot think of anything that would make things better for me as I am happy".

We saw records which demonstrated that regular audits were completed of the medicines, water and fire checks were completed. Where shortfalls were identified as a result of these specific checks action was recorded and taken to address the issues.

Staff we spoke with knew about the whistleblowing policy, and were confident to raise concerns. Whistleblowing is the process for raising concerns outside of the organisation about poor practice. Staff told us, "I would not hesitate to raise any areas of concern".

The registered manager knew and understood the requirements for notifying us of all incidents of concern and safeguarding alerts as is required within the law and we saw that these had been reported appropriately. Previous rating of the home was displayed as required.