

AGL Care Ltd

Rose Belle

Inspection report

37 Cross Road
Witham
Essex
CM8 2NA

Tel: 01376512438






Date of inspection visit:
19 December 2019

Date of publication:
09 March 2020

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
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

About the service

Rose Belle is a residential care home providing personal care for up to seven people living with a learning disability. At the time of inspection there were five people living in the home.

People living in the home have their own bedroom and access to a large communal lounge and open plan dining room. There is a quieter space close to the staff office on the ground floor.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

People's experience of using this service and what we found

Incidents were captured and used to inform care planning to ensure risks were managed effectively, but they were not analysed at service level to identify any themes and trends. Fire evacuation was not practised in line with the procedure and we had some concerns with how the provider managed medicines. However, people were receiving their medicines safely and as prescribed. People were supported by enough suitably trained staff who knew how to keep people safe. The home was clean, and procedures were in place to reduce the risk and control the spread of any infections.

Audits used to measure the safety and quality of services provided were minimal and in general were not frequent enough to drive improvement in a timely way. Formal feedback was gathered from people using the service, staff and external professionals. The feedback was all positive and consistently praised the staff and management for the service they delivered. A clear values base was evident promoting people's autonomy and independence wherever possible

People were supported effectively by well trained staff who worked with all relevant professionals to meet people's individual needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff showed people respect, giving them choices around how they spent their days. People had their own space and could interact with others or not dependant on their preference at that time. Meetings were held

to gather people's feedback and steps were taken to make any changes people wanted in how the home was run. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

Comprehensive care plans allowed staff good information on people's needs and preferences in how they wanted to be supported. Information was available on people's life histories and any interests they had. Staff supported them with these and considered the care and support people would need at the end of their life. There had been no complaints in the last 12 months, but the registered manager had taken the initiative to investigate a safeguarding concern under their complaints policy to ensure if they needed to make any changes in practice they were able to do so.

We have made two recommendations. One in relation to medicine management and one in relation to continuous improvement.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (12 June 2017)

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Rose Belle

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was completed by one inspector

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed all the information we held about the provider and everything we had received from the service since the last inspection. We also used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We looked at all other information held in the public domain and used all of this information to plan our inspection.

During the inspection

We spoke with four staff including the nominated individual, the nominated individual is responsible for

supervising the management of the service on behalf of the provider. We also spoke with the deputy and two carers. We spoke with two people who lived in the home.

We looked in detail at two people's care plans and health information and looked at information for everyone around involvement, incidents and activities. We looked at medicine records for two people and looked in three staff personnel files. We also looked at other management information records and policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. Where we had any questions, we were provided with appropriate responses.

Is the service safe?

Our findings

Our findings - Is the service safe? = Requires Improvement

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- We found medicines administration records (MAR) were accurate but when they were handwritten they were not always signed and rarely by two people. When handwritten records are not signed and verified by a second staff member there is a risk they could be transcribed incorrectly and people could have their medicines administered wrongly.
- Some bottles and creams had not been dated when opened. This meant it was difficult to determine if any had been used past their 'best before date'. Two medicines had labels badly defaced due to wear. We asked the staff to dispose of these.
- Each person had a current stock of medicines clearly labelled in the medicine trolley. They also had a stock of spare medicines and homely remedies. We found there were large stocks of medicines held by the provider and staff were putting counts of medicines on sticky labels over the box. This left a risk of medicine stock levels being counted incorrectly.

We recommend the provider consider current guidance on medicine record keeping and audit and take action to update their practice accordingly.

- People had comprehensive medicine care plans including person centred plans for 'As Required' medicines. Each person also had a regular medicine review to ensure they had all that they required and were not taking any more medicine than was necessary.
- Medicines were administered kindly and at a pace people were happy with. No-one had any complaints in relation to how they took their medicines

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- We found where risks to people's health and wellbeing changed, staff took action to reduce risks. However, records were not always updated to include the action taken. This would include if there was a referral to an outside service or change in how they were supported.
- Community risk assessments were completed to ensure people could access the community safely and with the right support.
- Accidents and incidents were recorded, and action was taken to address any concerns. These were not analysed at service level but we saw action taken to support individuals.
- For example, one person had broken the television a number of times. On the day of the inspection the television was secured behind a shatterproof special glass to reduce the risk of this happening again.

- There were not any records for fire drills which showed the home's procedure had been followed. However, when we spoke with staff they were knowledgeable about the use of compartments of safety allowing confidence people would be safe in the event of an emergency. We were assured better records would be kept of fire drills.
- Service certificates were in place for the professional testing of any equipment and the gas and electric installations.

Systems and processes to safeguard people from the risk of abuse

- Staff had all received safeguarding training and there was safeguarding information available in the home for staff use.
- Staff we spoke with understood what constituted abuse and the action they should take to report it.
- Steps were taken to reduce risks including potential behaviours of people living in the home, which could constitute the abuse of others. We saw this was managed well reducing certain occasions which could be seen as trigger events.

Staffing and recruitment

- People were supported by enough suitably recruited staff . People's needs were met in a timely way.
- Checks on staff suitability were made with the DBS to ensure they were suitable to work with vulnerable people and two references were given to show they were of good character.

Preventing and controlling infection

- The home was clean and tidy and free from odours. Staff took responsibility for keeping the home clean and supported people to keep their personal space clean as necessary.
- Staff told us they had everything they needed to prevent and control the spread of infection; they had available personal protective equipment (PPE) including gloves and aprons.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were holistically assessed prior to placement in the home. When new people were referred, consideration was given to those already living in the home to determine if the placement was appropriate to both the person referred and people already living in the home.
- Relevant people were involved in assessments, including family and professionals involved in delivering and agreeing care and support for people.
- Hospital passports were in place for each person to allow information to be shared in the event of an emergency admission to hospital. The passport included information around medicines, allergies and specific support needs.

Staff support: induction, training, skills and experience

- There was an annual programme of training which we saw had been completed by staff and those responsible for the administration of medicines had their competency tested.
- Staff were supported by supervisions, team meetings and annual appraisals.
- New staff received a comprehensive induction and they told us they did not work independently with people until they were confident to do so.

Supporting people to eat and drink enough to maintain a balanced diet

- The provider supported one person who was diabetic and everyone else had a normal diet.
- Food was freshly prepared daily from a monthly menu which was developed with the people in the home.
- People's weight remained static and we had no concerns anyone was at risk of malnutrition.
- Drinks and snacks including fresh fruit were available when ever people wanted them. People told us the food was good, one person told us, "I love the staff best because they cook me good food."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Where other agencies were involved in the support provided to people this was recorded and signed off by the manager. This ensured the information provided by the professionals was actioned and reflected in the person's care plan.
- People were supported by psychiatrists, GPs and community teams including chiropodists and specialist nurses as required.
- Each person had two files which held different information. A health file included documents and letters provided by health care professionals. This showed us the provider had productive relationships with those

professionals working with the people in the home.

Adapting service, design, decoration to meet people's needs

- The home was an end of street domestic dwelling. There was no signage to show the home supported vulnerable people and staff wore casual clothes whilst at work.
- People had their own space which they chose how to decorate and use. One person's room was designed in order to keep them safe.
- When changes were made to the home environment, people were fully involved in the decision-making process.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Every aspect of people's care plan considered consent and whether the MCA needed to be applied. MCA was considered when support was provided to all people who lived in the home.
- DoLS applications had been made as appropriate for supporting people.
- We saw comprehensive decision specific assessments of people's understanding of circumstances, including accessing the community and using kitchen utensils.
- Where people needed support in these areas, it was discussed with relevant people and best interest decisions were made. Decisions included when it was most appropriate to access the community and how many staff were required. We also saw decision specific assessments to keep people safe and reduce risks of unintentional self-harm. This included how to support someone who liked to sleep in a way that could cause them harm.
- Plans addressed complex issues and clearly showed how to support people in both their best interest but also included the person's choices and preferences. Decisions were agreed and signed off as required to show relevant people had been involved in the decisions.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Information was gathered to show what people liked to do and how and when they liked to do it. Where ever possible this was accommodated.
- One person had a specific interest in music and had a very large collection of well catalogued music CDs. They told us staff supported them weekly to access the community to get more music.
- Family could visit when they chose and the provider supported them when they wanted to take people out for the day.
- Each interaction we saw was compassionate and understanding, with staff and people engaging in conversations that interested people.

Supporting people to express their views and be involved in making decisions about their care

- Records were kept showing how people were involved in making decisions both about the support they received, events that took place and how the home was managed including times of meals and colours of rooms when they were to be decorated.
- People were given one to one time with staff to allow them to be involved in the things that interested them. This included attending the local sports centre and trips out to the hairdresser followed by a lunch of their choice at a venue they chose.

Respecting and promoting people's privacy, dignity and independence

- We were told how people had their privacy respected and many had keys to their rooms. Rooms mostly had ensuite bathroom facilities. One person told us, "I can go to my room whenever I just want some peace and quiet."
- Another person had wanted a room downstairs as they liked to lie in bed with their bedroom door open and see what was going on. As soon as the room became vacant, they were given the opportunity to move into it, which they did.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Records used to support people were specific to each person's individual needs and went into detail as to how those needs should be met. Details included specific ways to provide personal care and how to manage potential triggers to reduce anxiety.
- When we spoke with staff they were aware of how to support people. On the day of the inspection one person was in the quiet area close to the office. There was a table upon which the person set up items of interest to them. Staff knew this helped reduce this person's anxiety.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People who required glasses to aid their vision had these readily available and staff knew how to communicate with each person in a way they understood and helped reduce any anxiety.
- Information was available in various formats and prints around the home. This included details of activities and how to complain.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff told us what people liked to do and how they supported them to achieve them. No one at the home was able to move on to more independent living but staff at the home supported people to remain as independent as possible in the home. People had access to both the kitchen and laundry area to independently cook and wash their clothes if that is what they wanted to do.
- One person told us, "I like to watch cartoons and listen to music in my room." Another was going to attend the sports centre, and another liked to go out for lots of short walks through the day. Each told us they got to do things they liked to do.
- Each person had a family life care plan which included how contact with their family or friends was maintained. They included how trips out with family were organised and overnight stays with family took place safely.

Improving care quality in response to complaints or concerns

- The provider had not received any complaints in the 12 months prior to the inspection.
- There was a complaints procedure available on the notice board and people told us if they did not like

anything they would tell staff and it would get better.

- There had been a concern raised with the local safeguarding board which the registered manager had investigated under the complaint's procedure. We saw each point of the concern had been investigated in line with the provider's procedure. A response was provided to the safeguarding team and the concern was not investigated any further by them as they were happy the provider had taken the appropriate steps to manage the concern.

End of life care and support

- People living in the home were mobile and mostly physically fit and well. In the past the provider had worked with other local teams to support people at the end of their life and would seek relevant advice and support again if required.
- There was basic information held in people's files around their wishes at the end of their life.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent.

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Whilst on site we asked to see the audits completed on service delivery. The registered manager was unavailable on the day of the inspection, so we requested information was forwarded to us after the inspection. We received an annual audit planner which identified what audits were completed and when.
- We were provided with four completed audits all completed in November 2019. However, only one of the audits received was identified on the annual planner as for completion in November 2019.
- There was not any clarity in how the information from audits was used to make improvements. One audit dated 25 November 2019 identified more information was required in the care plans and an audit of a care plan dated the same day stated no action was required. Mostly, the audits did not identify any concerns. Whilst the inspection did not identify any major areas of concern some areas which could have been improved should have been identified in the audits, including some concerns with medicines, fire evacuation and the recording of incidents.
- We also found the frequency of audits had a large gap including the audit of care plans which were audited twice in the year. There were additions and changes made to care plans regularly following professional intervention, changes in need and the identification of risk management strategies. Regular care plan audits were required to ensure all the information was available for staff to review in the records held.

We recommend the provider ensures audits and monitoring information is completed to allow for the analysis of current performance. This will enable them to be used to drive improvement and monitor changes in future performance more effectively.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- All of the staff we spoke with spoke of the people in the home in the highest regard. The focus was very much on what people could do and achieve rather than on any barriers they may face due to living with a disability.
- Staff told us they enjoyed working at the home and worked well with each other supporting each other whilst at work.
- Meetings took place where all those involved could put forward ideas for improving support provided to people. This included how best to support people at times of anxiety.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Annual surveys were completed by people living in the home, staff employed and visiting professionals. We saw nothing but very positive praise for how the provider supported people living in the home.
- Resident meetings took place and activities and themed nights were agreed.
- We saw people had been involved in developing how they wanted to be supported when they were upset, and we saw that this was followed.