

Charnat Care Limited

Agnes House Flat 2

Inspection report

15 Ascot Walk
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Tel: 01215525141

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27 September 2017

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection at this service on 24 January 2017. We found the service was in breach of one of the regulations. This related to the governance arrangements and the lack of robust quality monitoring systems in place to monitor the quality of the service provided to people. After the inspection, the provider wrote to us telling us what action they would take to meet the legal requirements in relation to the breach.

We undertook this focused inspection on 27 September 2017 to check that the provider had followed their action plan and to confirm that they were now meeting the legal requirements. The provider was given half an hour's notice of our arrival to ensure someone was available at the service to enable us to complete this inspection.

This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Agnes House Flat 2 on our website at www.cqc.org.uk.

Agnes House Flat 2 is registered to provide accommodation with personal care to one person with support needs that include learning disability, and autism. The service provides a 'respite service' to people. Respite means that people are supported in a care environment rather than by family or friends for short periods of time. People use the service for varied amounts of time. Some people use it a few times a year; others on a regular basis. When people are not using the respite service they live at home in the community with their families or carers. The service is provided in a ground floor flat which has one bedroom. The provider has other small residential care homes that were located near to this service and the staff worked in all of these services. At the time of our inspection no-one was using the service.

There was a registered 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 2008 and associated Regulations about how the service is run.

We found the provider had taken action and the legal requirements had been met. We found improvements were still on-going in some areas.

The provider had made sufficient improvements to monitor the quality of the service provided. This included completing audits at the service before and after people had used it for respite. These audits included a review of the environment to ensure it was fit for purpose and safe for someone to use. It also included an audit of the medicines administered to people while they used the service. We found improvements had been made and care records had been reviewed and updated to ensure they accurately reflected people's needs and provided staff with the information they needed to meet people's needs. We found improvements were still needed in relation to the environment and to ensure all care records were

audited following people using the service. We received an action plan following our visit telling us these outstanding areas had been addressed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service well-led?

We found that action had been taken to improve how well-led the service was.

People's relatives were satisfied with the service people received.

The provider had implemented audits to monitor the quality of the service provided.

This meant that the provider was now meeting legal requirements.

We could not improve the rating for Well led from 'Requires Improvement' because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

Requires Improvement ●

Agnes House Flat 2

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.

We undertook an announced focused inspection of Agnes House on 27 September 2017. This inspection was done to check that improvements had been made to meet legal requirements planned by the provider after our comprehensive inspection on 24 January 2017. We inspected the service against one of the five questions we ask about services: Is the service well-led? This is because the service was not meeting some legal requirements in this area.

The inspection team consisted of one inspector.

We looked at the information we had about this provider. Providers are required to notify the Care Quality Commission [CQC] about specific events and incidents that occur including serious injuries to people receiving care and any safeguarding matters. Appropriate notifications had been sent by the registered provider. We also spoke with service commissioners (who purchase care and support from this service on behalf of people who used this home) to obtain their views. The registered provider produced an action plan after our last inspection. All this information was used to plan what areas we were going to focus on during the inspection.

People that used this respite service were not able to share their experiences with us due to their complex needs. We spoke with the representative of one person that had recently used this service. We also spoke with one support staff and one senior, the deputy manager and the registered manager. We looked at two peoples care records, one person's medicine records and the systems in place to monitor the quality of the service.

Is the service well-led?

Our findings

At our comprehensive inspection on 24 January 2017 we found people were not living in a safe environment and staff did not have access to detailed and updated information about people's needs. We also found that audits had not been undertaken prior to or after people used the service to ensure the environment was safe and people's needs had been met.

At this focussed inspection we found the provider had taken action and made sufficient improvements to ensure they were meeting Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We spoke with a representative of a person who had recently used the service for a period of respite. They told us, "I am happy with the service provided, (person) seems to enjoy their stay and they are supported to do the things they enjoy. As far as I am aware the environment is safe for them. I always provide staff with information about any changes in (person) needs and I always receive feedback after their stay".

We reviewed the care records for two people who had recently used the service. We found care records had been reviewed and updated as required since our last visit. Information about people's anxieties and guidance for staff about how they should respond, and the techniques they should use to reassure the person had been recorded. Information to support staff when administering 'as required' medicines had also been updated. We did note for one person information about what signs and symptoms staff should look out for had not been added to one protocol we reviewed. Information about how people should be supported in the event of a fire had also been added to their individual records. Staff we spoke with demonstrated they had knowledge about people's needs and how these should be met in accordance with people's preferences.

We saw audit documentation had been implemented to check the environment before a person used the service to ensure it was safe and fit for purpose. This check also ensured that an 'alarm band' was available at the service for staff to use. A new form had also been implemented to review the person's needs prior to them using the service. This included staff contacting the person's representative to review the person's supports needs and medicines. This would ensure any changes could be updated in people's care records and shared with staff before the person used the service.

We reviewed the audits undertaken in response to a person's recent respite stay. We saw that information had been provided prior to their respite stay and the environment had been checked to ensure it was safe. We found the person's medicine records had been audited to ensure they had received their medicines as prescribed. However there was no evidence that the person's daily records had been checked. We found the standard of the recording could have been improved to ensure it was detailed and completed in accordance with best practice guidelines for report writing. The registered manager assured us that action would be taken to ensure these records are checked.

Support staff and the senior staff member we spoke with told us that visual checks were undertaken to

ensure that staff wore the 'alarm band' when lone working in this service to ensure they could alert colleagues if there was an emergency. However there was no written evidence to support that these checks were made or if the staff member was wearing the 'alarm band' when a person last used this service to support this. This was discussed with the registered manager to address this.

We reviewed the environment during our visit and saw that improvements had been made to remove items stored in the flat and new furniture had been purchased. However we did identify other areas for improvement. Examples of these included, the carpet in the bedroom was stained, and the wardrobe and chest of drawers were not secured to the wall. We received an action plan following our visit confirming that action had been taken to address all of the areas we had identified.

We saw that in addition to the audits completed by the registered manager and senior staff, the provider had completed an audit to the service in the May 2017. We were advised that this had been the only audit completed by the provider since our previous inspection. The audit identified some actions that needed to be addressed and checked the progress of the service addressing the shortfalls we had identified.