Leonard Cheshire Disability

Agnes Court - Care Home with Nursing Physical Disabilities

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?	Good

Summary of findings

Overall summary

We inspected Agnes Court on 8 June 2016. It was an unannounced inspection. The service provides care and accommodation to up to 24 people with a physical or learning disability. At the time of the inspection there were 24 people living at the service.

There was a registered manager at the service. 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.

People told us they felt safe at the service. Staff were aware of how to safeguard people and protect them from harm and risk of abuse. Staff knew how to report any suspected abuse. There were sufficient numbers of staff in place to meet people's needs. People were assisted promptly and with no unnecessary delay. Records relating to the recruitment evidenced that relevant checks had been completed before staff worked unsupervised at the service.

People were cared for by staff that were knowledgeable about their roles and responsibilities and had the relevant skills and experience. Staff received training required for their roles and they told us they were well supported by the management team.

There were systems in place to ensure safe administration of medicines. People received their medication as prescribed. People's individual risks were assessed and recorded. Where people were identified as being at risk, detailed management plans were in place and action had been taken to manage these, allowing people to take any risks if they wished to.

Staff had access to development opportunities to improve their skills and knowledge. Staff received regular supervision and felt supported. Staff also received training specific to people's individual needs such as what to do in an event of a person choking.

The registered manager followed the requirements of the Mental Capacity Act 2005 (MCA). This ensured the rights of people who may not be able to make important decisions themselves were protected. People benefitted from staff that were aware of the principles of the act. We observed people were asked for their consent before any care or support was carried out.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS enable restrictions to be used in a person's support, where they are in the best interests of a person who lacks capacity to make the decision themselves. The registered manager made DoLS applications where required and we noted relevant people and professionals were involved in the best interest decision making process.

People were provided with a choice of food and drinks ensuring their nutritional needs were met. The people we spoke with commented they were happy with the quality of meals provided and confirmed they were able to choose what they wanted to eat. Staff were aware of people's individual needs in relation to their nutrition and any individual needs were catered for by the chef.

People were supported to meet their health care needs. This included making referrals to various specialist services and professionals to source further advice if needed. People care records contained health plans to ensure people's individual health care needs were assessed and met.

Throughout our inspection we saw staff supported people in caring and compassionate way. People were encouraged to be as independent as possible while taking into consideration any risks associated with their individual needs. People we spoke with told us they were happy with their care and they made positive comments about the way staff supported them. People told us staff respected their dignity and privacy. People had access to an in-house activities programme as well as a choice of outings and trips. People told us they enjoyed the activities and that they could choose what they wanted to do.

People told us they felt comfortable speaking to staff if they had any concerns. The provider had a complaints procedure which was available to people who used the service and relatives. We saw when complaints were received these had been recorded on the electronic system and responded to by the registered manager.

The registered manager sought people's opinions through a yearly satisfaction survey and regular residents' meetings as well as open door policy and quality of care spot checks.

People were assessed prior to admission to the service to ensure their needs could be met. People's care records contained details of their personal preferences, likes, dislikes and the details of their health needs. People were supported to live their lives as they wanted and were supported to achieve their goals and aspirations. People's individual needs and capabilities were assessed and considered by the staff. We noted various aids and assistive technology was used to meet these needs. Staff were knowledgeable about people's changing needs and we saw many interactions which reflected staff understood he needs of people well.

The registered manager conducted a number of regular audits to monitor the quality of service. There was an open and transparent culture at the service. Staff we spoke with commented positively about the management and the team work. Accidents and incidents were recorded, investigated and appropriate action was taken when people had been involved in an accident or incident. The registered manager had a system to monitor the accidents to identify any trends or patterns.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People's medicines were managed safely.

Assessments identified risks to people and management plans were in place to reduce these risks.

Staff were knowledgeable about their responsibilities to identify and report abuse.

There were sufficient staff to meet people's needs.

Is the service effective?

Good

The service was effective.

Staff received training that helped them meet people's needs . Staff received regular supervision.

People were involved in decisions about their care. Staff understood the requirements of the Mental Capacity Act 2005.

People received sufficient food and drink to meet their nutritional needs.

People were supported to access health professionals when needed.

Is the service caring?

Good

The service was caring.

People were treated with dignity and respect.

People were supported by staff who were kind and compassionate.

People were involved in decision about their care.

Is the service responsive?

Good

The service was responsive.

People's care plans reflected their needs and the records had been reviewed and updated in a timely manner.

People's individual needs were respected and met. Staff knew people's needs well.

People were provided with a varied programme of social stimulation and a choice of themed events.

People knew how to raise concerns. The provider had systems in place to manage complaints.

Is the service well-led?

Good

The service was well led.

The registered manager had systems in place to monitor the quality of service.

Staff were aware of their roles and responsibilities and had access to policies and procedures to guide them.

There was a positive and open culture promoted by the staff.

People and relatives had opportunities to give their views about the service.

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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 unannounced inspection took place on 8 June 2016. The inspection team consisted of one inspector and a Specialist Advisor. A Specialist Advisor is someone who can provide specialist advice to ensure that our judgements are based on up to date clinical and professional knowledge. The Specialist Advisor who participated in this inspection was a nurse with experience of working with service users with profound and multiple disabilities.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR) and this was completed. A PIR is a form that asks the provider some key information that we held about the service, what the service does well and any improvements they plan to make.

We reviewed information we had received about the service. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events, which the service is required to send to us by law.

During the inspection, we spoke with eight people using the service, the registered manager, one team leader, two nurses and three care staff. After the inspection, we contacted five relatives and six external professionals involved with the people who used the service to obtain further feedback.

We reviewed five people's care records and four medication administration records (MAR). We looked at three staff files including their supervision records. We also looked at a range of records relating to the management of the home. We observed the way staff interacted with people.

Good

Is the service safe?

Our findings

Feedback received from people reflected they felt safe at the service. One person said, "I do feel safe here". One family member told us, "I am satisfied that [person] is safe". One of the external professionals we spoke with commented, "I do think people are safe at Agnes Court".

There were safe medication administration systems in place and people received their medicines when required. We observed a nurse administering medicines to people and they followed the correct procedures. People received medicines in line with their prescriptions and medicine was stored securely. The amount of medicines, including controlled drugs (medicines which are controlled under the Misuse of Drugs legislation) in stock corresponded correctly to stock levels documented on Medicines Administration Records (MAR). A MAR is a document showing the medicines a person has been prescribed and recording when they have been administered. There were no missing signatures on the Medicines Administration Records (MAR). Protocols for 'when required' (PRN) were in place and any refusals were clearly documented on the MAR and within the nurse's handover records. The nurse told us they had yearly competency checks in medicine administration. The nurse also informed us they received training on how to administer medicines using specialist equipment such as percutaneous endoscopic gastrostomy (PEG) feeding tube. PEG is used to introduce food, fluids and medicines directly into the stomach by passing a tube through the skin and into the stomach.

People had risk assessments in place that covered areas such as nutrition, skin integrity, mobility, manual handling or the use of the minibus use. When required, people had risk assessments tailored to their individual needs. For example, the use of wheelchair, going to the swimming pool or physiotherapy. Emergency procedures in case of a person choking were in place for people who were identified as at risk. Risk assessments supported people to be as independent as possible. For example, one person had been assessed as at risk of falling. They had detailed records in place that described the equipment used. The risk assessment read, "[person] likes to maintain full independence even if at times it can be detrimental to his safety". The risk assessment said the person needed to use a safety belt whilst on his wheelchair. We spoke to the person and they expressed they agreed to the use of the belt and showed us they were able to unfasten this at any time.

People were protected from harm as staff we spoke with demonstrated a satisfactory knowledge of processes surrounding safeguarding people. All staff we spoke with described what safeguarding was and who and how they would report any issues to if needed. One staff member said, "If needed I would go to head office and out of company, to social services or the Police".

The staff we spoke with felt that for the majority of the time there was enough staff on duty to support people. One person told us the staffing levels were occasionally low over the weekend. We viewed the rota for the previous month and noted that there were two occasions when the expected staffing levels were not achieved. We discussed this with the registered manager who informed us this was due to a member of staff calling sick last minute. The registered manager was actively recruiting and showed us scheduled interviews for the next day.

Safe recruitment procedures were followed before staff were appointed to work unsupervised. Appropriate checks were undertaken to ensure staff were of good character and were suitable for their role. Staff files included application forms, records of identification and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (DBS) to make sure staff were suitable to work with vulnerable people. The DBS check helps employers make safe recruitment decisions and prevents unsuitable people from working with vulnerable people.

People were protected as risks to their safety in relation to the environment were assessed and managed. We noted a range of checks were undertaken on the premises and equipment to help keep people safe. These included emergency lighting, fire systems and drills and water temperature checks. Provider had procedures in place to act in the event of an emergency to help keep people safe and comfortable. These included emergency planning for people who use the service. The fire exit protocols for staff, people and visitors were displayed and these were in an easy read format with pictures to help guide people with what to do in an emergency.

Good

Is the service effective?

Our findings

People told us staff knew how to take care of them. One person said, "I'm happy with the staff". A person's relative told us, "The staff all appear well trained and know what they are doing and appear to know and understand [person's] complex needs".

One of the external visiting professionals commented, "The staff are well trained and very in tune with both what the residents want and what they need". Another professional told us, "The level of efficiency and professionalism stands out as compared to many nursing homes".

All staff had completed induction training and shadowed experienced staff before working unsupervised. One member of staff who recently completed their induction told us they felt well supported by the registered manager. They said, "The manager would stay longer, even until 7 in the evening, to ensure I was confident when working solo".

Staff training included areas such as nutrition, safeguarding, manual handling, dignity and communication. Staff also received training in areas that were specific to people's needs. For example, PEG feeding or emergency medications. Staff told us there were other sessions listed in the staff room and they could put their names down to attend.

Staff told us they received supervision sessions where they felt they could bring up any concerns or issues they had. Staff told us they felt well supported by the management. Comments included, "We do not need to wait for one to one to raise anything" and "You can always go to the management with anything". The registered manager showed us the provider introduced new forms to record staff appraisals that were due shortly.

People told us they enjoyed their food. Comments included, "I had salmon today, I can pick what I want" and "Food is superb, 11 out of 10, you'd trouble to find a person who does not like the food". One person's relative told us, "[Person] always looks forward to meal times so I think the food is to their liking and they always seem to be satisfied with what they have". People were encouraged to eat healthy food and have a balanced diet and the staff would cater for any special needs. For example, staff told us that one person was unable to eat fried chips and that the chef would prepare the chips for them by boiling potatoes and baking in the oven. This meant the person was still able to enjoy the same meal as everyone else and their needs were met.

We observed the lunch dining experience. People were offered drinks, the tables were laid well and cutlery and condiments were available. Two menu options were available and staff were knowledgeable of people's individual needs. When people needed to use specialist cutlery, plate guards or cups to allow them to eat without support, these were made available for them. People who required assistance were assisted by staff in a dignified manner.

People were supported to maintain good health and access external health care professionals.

Appointment records indicated residents had appointments with the dentist, GP, practice nurse, neurologist, dietician and physiotherapy. Guidance from healthcare professionals had been incorporated into people's care and followed by staff. For example, one person had recently lost weight. The person had been referred to their GP and they were prescribed a high calorie food supplement. Staff told us and the records confirmed the person's weight was being closely monitored weekly.

One of the external professionals commented, "We collaborate together on the best management for each individual". Another professional also complimented the service and said, "Requests are appropriate, well thought through and the relevant clinical information given, so we can make a decision".

The registered manager followed the Mental Capacity Act 2005(MCA) code of practice and made sure that the rights of people who may lack mental capacity to take particular decisions were protected. The 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.

All people we spoke with stated that staff would gain their consent before entering their bedrooms or assisting them with care. Our observations during the inspection confirmed this. For example, during the medicines round the nurse approached people in a friendly manner explaining they had their medication for them.

People's records contained consent forms. These were either signed by people, or an entry added when a person agreed verbally but was unable to sign. The consent related to various areas such as people's wishes in relation to data protection, service provision, personal care support, photos, medication and choice of where people wanted their care file to be stored for example, in their bedroom or in the office.

Staff we spoke with confirmed they received training, were aware of the main principles of the Act and told us how they put this in practice. One staff member told us, "We ensure people are involved and we can help to manage things they can't". Another staff member told us, "We're all sensitive to abilities of people and the level of their understanding".

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are 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 were being met. The registered manager had made referrals in relation to DoLS. One person had been assessed as lacking the capacity to make certain decisions and we saw a request for a DoLS authorisation has been applied for and granted. The documentation was detailed and gave a rationale for the application. The person's capacity has been assessed in relation to this decision. The registered manager showed us they had recently introduced templates to record capacity assessments to further improve the recording of these.

Good

Is the service caring?

Our findings

People told us and we observed staff were caring. People were treated by the staff with respect, kindness and in a compassionate manner. One person told us, "Staff are nice, I go along with everyone, I am happy here". Another person said, "Very caring (staff)".

We observed examples of caring interactions throughout the day. Staff knew people well and they understood people's needs. Staff did not miss an opportunity for a meaningful interaction with people. For example, one person was watching TV in the lounge. We observed a member of staff who was passing by approach them and offered the person some sweets. The person accepted and we saw the person appreciated the interaction.

People were treated with dignity and respect. We saw staff knocking at people's bedroom door before entering. People told us staff respected their dignity. One person said, "They'll shut the door when I am in the shower". One of the visiting external professionals commented, "They definitely respect the residents' dignity and privacy. I have never had any negative feedback from residents".

Throughout the day people were supported to make decisions about how they wanted to spend their day. For example, we observed one person was having their lunch on their own, in the lounge area. We asked the person if that was their choice not to join the others in the dining room. The person confirmed this and said, "It's quieter here". Staff were observed to check with residents weather they wanted their bedroom doors opened or closed after being assisted with personal activities.

People bedrooms were personalised and people told us they could choose the colour of their bedroom. One person stated, "I love my bedroom". Another one added, "I'm very happy with my bedroom". One relative told us, "[Person's] room has just been redecorated at our request and a new carpet and shower room floor laid". People's cultural and spiritual needs were assessed, recorded and people were supported to meet their cultural needs. There were two catholic residents who were visited by a priest on regular basis.

People were complimentary about their relationships with staff. They described the team as very good. Throughout the day we saw positive banter and heard laughter. One person told us, "They (staff) always laugh with me". Some of the staff members had been with the provider for a number of years. This meant they knew people well and were able to form positive relationships with people. Staff told us they enjoyed working at the service. One staff member stated, "It's a great service, I was only planning to stay short term for experience but I've stayed much longer than planned, it's a nice place to be". Another member of staff said, "I previously worked here but I came back as I love working here".

Relatives we spoke with commented on caring nature of the staff. One person's relative said, "From my perspective the quality of care is good". Another person's relative told us, "Most of the staff I have had contact with understand [person's] needs and treat them with compassion when having to deal with personal issues".

We also received positive feedback from external professionals. Comments included, "[People's] quality of life seems to be their main focus", "The staff seem very caring and go out of their way to ensure good and loving care" and "There is very clear evidence of genuine care for the residents".

Good

Is the service responsive?

Our findings

People and their relatives were involved in assessments before admission to the service. The assessments led to the development of individual support plans which were regularly reviewed to ensure they were always up to date and reflected people's needs. People's care plans were written in a person centred format and gave a detailed history of the individual and detailed what support they required including people's personal preferences.

People's individual needs and capabilities were considered and various aids and assistive technology was used to meet these needs. For example, one person was unable to communicate verbally and they used an alphabet board. This meant they could spell out what they wanted to say by pointing at the letters. The bedrooms had a large touch pad which allowed people to open and close their bedroom door with ease. One person had difficulties reaching for her call bell and they were given a call bell pendant to wear. People had specially adapted powered wheelchairs where they either used their chin or one foot to operate and move themselves around. The lift recognised when people entered and would automatically go to the top or ground floor without needing to press any buttons. Further assistive technology such as adapted computer accessories was available in the IT suite.

People told us the service responded to their needs well. One person said, "I am in charge of what's happening". One person's relative told us, "My [person] has a complex illness which is difficult to manage but the nursing staff does an excellent job in keeping abreast with their needs". One external professional told us, "With many patients who have great difficulty with communication they take their time and show great skills in understanding the individual".

People's needs were met and the daily care records were maintained well. For example, one person required checks at certain times throughout the night. We saw the checks had been completed as per care plan. Another person required all urine input and output measured as part of their physical health checks and this was carried out and recorded. One person wished to lose weight and they told us how the staff supported them with visiting weekly local weight loss club. They told us, "I go to quieter session now, I am happy with my progress, I am going to do it till I have my goal (weight)".

The service facilitated various social activities and stimulation. On the day of the inspection we observed a well-attended book reading club in the garden during late morning. Later in the afternoon we observed craft classes which were followed by an early evening signing and volunteers' event. The choice of activities was displayed on the board in the reception and included trips to zoo, bowling, local attractions and even a trip to the seaside.

People said they enjoyed the organised activities and told us about some of the activities they had taken part in. One person said, "I get to go out shopping". Other comments included, "I'm going on holiday to Devon next month", "I went out with staff to buy a new coat" and "I like it here, I don't get bored, and there is always things to do throughout the day". One person's relative commented, "My [person] does not join in with the activities on offer but when he expresses a wish to go out they do their best to take him where he

wishes to go".

The provider had a complaints procedure which was available to people who used the service and relatives. There were no complaints received by the service in the last year. We saw older concerns received had been recorded on the electronic system and responded to by the registered manager. People we spoke with told us they would make any complaints through the staff or they would go to the registered manager. One person said, "I have no worries, if anything I'd go to (registered manager)". The registered manager said that they had an open door policy and good lines of communication with relatives and any issues were resolved as quickly as possible.

Questionnaires were used to allow people to provide feedback about the service. The provider used an external consulting company to carry out the annual surveys. We viewed the survey results for the last two years and noted around half of people completed the forms and the feedback received was largely positive.

People were also able to raise their concerns during regular residents' meeting. One member of staff told us these meetings were chaired by the registered manager or someone from head office so people felt comfortable making any comments without the staff being present. We viewed the minutes from the meetings and the results of 'have your say' questionnaires were discussed. People also had been allocated key workers who they could raise any concerns with.

Good

Is the service well-led?

Our findings

People and their relatives complimented the way the service was run. The registered manager had been in post for twelve years which contributed to the stability of the team. One person told us, "The manager is lovely; I love everyone here, I'm very happy here". People's relatives also spoke positively about the manager. One person's relative said "I think that the home is well run and manager in particular is very involved". Another person's relative added, "I have always had a positive response from management when I have had to contact them".

All external professionals we contacted were very complimentary about Agnes Court. One of the professionals commented, "I have been very impressed by the home on all accounts". Another professional told us, "It is a friendly, supportive environment and I think staff and residents all seem happy".

Throughout the day of the inspection we observed residents entering nurses' and registered manager's offices to have a chat. It was apparent the people knew the staff and the registered manager well and established a good rapport with them. We observed the service run smoothly and staff seemed to be well organised. The team worked together well and people's needs were met appropriately and in a timely manner. The registered manager said they walked round the service each day to check how things were running and obtain feedback from people and staff.

Staff praised the registered manager for their support. A staff member said, "You can go to her (manager) for anything". Staff had regular meetings and we noted issues such as training and performance were discussed. The registered manager used staff meeting as an opportunity to promote good practices. We saw entries such as 'remember to act as someone is watching you all the time, it's a good habit to get into' or 'remember if it's not written down it did not happen' were recorded. The registered manager ensured that any issues requiring a follow up were raised with the staff. For example, a concern was raised about attitude of one member of staff. We noted this has been addressed, raised and recorded on the staff meeting minutes as a learning opportunity for the whole team.

Staff were aware of the whistleblowing policy and felt confident that any concerns raised would be taken seriously. One member of staff told us, "We are aware we could report externally if needed, head office, or outside the organisation to Care Quality Commission (CQC) or to the Police".

The registered manager used a number of various audits to make sure policies and procedures were being followed. These included medication audits, health and safety audits, and monthly reports of occupancy or staffing issues such as sickness. The registered manager was also supported by the head office and received monthly quality monitoring visits from the senior management.

Additionally, the registered manager introduced a monthly quality of care audits. Each month a number of people were consulted about their views of the service. The registered manager showed us the form used and we saw areas such as dignity, respect and person centred planning were included. The form gave the opportunity to escalate the concerns to the management if required.

Accidents and incidents were recorded on the electronic system and in people's files and any actions were identified and implemented. There was a system in place to enable the management team to have an overview of all accidents and identify any trends.

The provider also had systems in place to ensure any safeguarding issues were followed up immediately and acted upon. The manager was clear on their responsibilities to notify the Care Quality Commission of any reportable occurrences.