

Charnat Care Limited

# Agnes House 81

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Good</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

We carried out this unannounced inspection on the 22 October 2018.

81 Agnes House 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. 81 Agnes House provides care and support for a maximum of two people. There was one person living at the home at the time of the inspection.

We checked to see if the care service had 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. We found that people living at 81 Agnes House were able to live in a homely environment that had been created to meet their needs.

At our previous inspection on 12 and 13 August 2015 we rated the service as 'good' in four of the five questions we ask and was rated good overall. At that inspection we identified that staff needed to have training on Mental Capacity Act, 2005 (MCA) and DoLs. At this inspection we found that although the service was rated 'good' in four of the five questions we found improvements were needed to the well led question. As a result of our findings we found that the provider was in breach of Regulation 17 of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulations 2014. We rated the provider as requires improvement overall. You can see what further action we have taken at the end of this report.

There was a registered manager in post at the time of our inspection, but was away from work at the time of our inspection. 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.

There were systems in place to monitor the quality and safety of the service provided. However, these systems needed improvement as they had either not identified issues we found at our inspection or the registered manager and provider had not acted promptly on their own findings.

Staff sought consent from people before caring for them. Staff had some understanding of the principles of the Mental Capacity Act, 2005 (MCA). Where people were deprived of their liberty, processes had been followed and applications applied for.

People were supported to have enough to eat and drink and to manage their health care needs to maintain their wellbeing. People were supported to enjoy a range of activities. People were encouraged to maintain their independence and live active and fulfilling lives. People could maintain relationships that were important to them.

Staff were caring and treated people with respect. We saw people were relaxed around the staff supporting them. It was evident that people had developed positive relationships with staff and there was a friendly and calm atmosphere within the home.

Staff knew people's needs and how to manage risk and report concerns to keep them safe. People received their medicines as prescribed. Staff had received some training which enabled them to meet the person's needs.

The staff knew the person well and were aware of the signs to look out for which may indicate the person was unhappy.

## 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 were protected from the risk of abuse and avoidable harm because staff were aware of the processes they needed to follow.

People were supported by enough members of staff, who had been safely recruited, to ensure that they were kept safe and their needs were met.

People received their prescribed medicines as required.

Systems were in place to keep the home clean and steps were in place to make the improvements needed.

### Is the service effective?

Good ●

The service was effective.

People received care and support with their consent.

People received care from staff who knew people well. Steps were in place to improve the support staff needed to do their job effectively.

People were supported to eat food that they enjoyed and to maintain their health and wellbeing.

### Is the service caring?

Good ●

The service was caring

People were supported by staff who knew them well and were kind and caring in their approach.

People were encouraged and supported to make decisions about their day to day lives.

People were supported to maintain and develop their independence where possible.

Staff supported people with dignity and respected their privacy.

### Is the service responsive?

Good ●

The service was responsive

People received care and support that was tailored to their individual needs and preferences.

People had the opportunity to engage in activities that were based on their interests and meaningful to them. People's diverse needs were recognised.

Systems were in place to respond to concerns.

### Is the service well-led?

Requires Improvement ●

The service was not well led

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

Staff understood their roles and responsibilities.

# Agnes House 81

## **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 comprehensive inspection took place on the 22 October 2018 and was unannounced. The inspection team consisted of one inspector.

When planning our inspection, we looked at information we held about the service. This included notifications received from the provider about deaths, accidents/ incidents and safeguarding alerts which they are required to send us by law. We refer to these as notifications. We used the information we had gathered to plan what areas we were going to focus on during our inspection. We also contacted the local authority and commissioners of people's care to ask them for information about the service. We used this information to plan the areas of focus for our inspection visit.

During our inspection visit we met with the person living at 81 Agnes House. We spent time observing people's care in the communal areas of the home.

We spoke to three care staff and the assistant manager. We spoke with the person's relative. We looked at records relating to the management of the service including care plans, medicine management records, three staff recruitment records and Medicine Administration Records (MAR). We also looked at records which supported the provider to monitor the quality, management and safety of the service including health and safety audits, accidents and incidents records.

# Is the service safe?

## Our findings

At the last inspection on 12 and 13 August 2015, we rated this key question as 'Good.' At this inspection the rating remains unchanged.

The person we spoke with told us that they felt safe living at the home. We saw that the person was relaxed and comfortable while in the company of staff. A relative we spoke with told us, "Yes I do feel that [person's name] is safe living there."

Staff we spoke with confirmed that they had received training in safeguarding people and demonstrated a good understanding of the types of abuse people could be at risk from. Staff told us they were confident to report any concerns with people's safety or welfare to the management team or with external agencies. A staff member told us, "If there was a concern about someone I would speak to the assistant manager. If they weren't available I would contact the owners." Staff told us that they were confident that action would be taken.

Staff were knowledgeable about the person's needs and could tell us in detail how they supported the person to keep them safe and well. Staff also told us how they supported the person to manage any risks associated with their care. A staff member told us, "We all know [person's name] really well and recognise the signs if they were upset." They went on to tell us, "We know what the trigger can be and we know how to divert their attention and reassure them if they do get upset". We looked at the person's care plan and saw risk assessments were in place that guided staff on the individual risks people lived with. However, some updating of these records was needed.

The person told us, "There is always staff here and they do help me". We saw that they were relaxed and comfortable while in the company of staff. The assistant manager confirmed to us that staffing levels were based on the number of care hours funding that the home received. They told us that this meant that there was always a staff member on shift available to provide care and support. We observed during our visit that staff had time to spend with the person and they were not rushed. Staff told us there were sufficient numbers of staff available. Staff told us that any staffing shortfalls were covered by staff within the organisation and that no agency staff were used.

We saw that medication was given to people as prescribed and was stored safely. We looked at MAR medication administration records (MAR) which showed that people had their medication on time and doses were not missed and medicines were stored securely. The person told us, "The staff give me my tablets. They help me with that".

Staff we spoke with told us that all recruitment checks had been completed before they commenced employment. We checked three staff recruitment records and saw the provider had checked staff's suitability to work with people prior to them commencing work at the home. These checks included obtaining Disclosure and Barring Service Checks (DBS). Completing these checks reduces the risk of unsuitable staff being recruited.

The person told us that they helped with some of the domestic tasks. They told us, "I help look after my own bedroom and do a few jobs". We saw the home was generally clean but we did identify areas in the home that would benefit from cleaning. We discussed this with the assistant manager at the time of our inspection who agreed and told us that this would be dealt with.

We saw that there were some systems in place to learn from incidents and accidents. We saw that staff maintained behaviour analysis records and they told us that these were used to identify trends and patterns in people's behaviour so that they could learn from these and reduce the risk of reoccurrence.



# Is the service effective?

## Our findings

At the last inspection on 12 and 13 August 2015, we rated this key question as 'requires improvement'. This was because staff needed training updates and training in MCA and DoLS. At this inspection the rating has changed to good.

We saw that the week before our inspection training on supporting people with behaviour that can be challenging had taken place. Staff told us that they had completed training on MCA and DoLS since our last inspection. The assistant manager told us that further staff training updates had been identified and plans were in place for staff to receive this. The assistant manager told us that they had recognised and were taking steps to improve the frequency of staff supervision and staff meetings so that staff received the support they needed to carry out their role. The assistant manager showed us a supervision schedule showing dates of training completed and scheduled.

We saw positive interactions and staff knew the person and their preferences and choices well. We saw during our inspection that staff made attempts to involve the person in day to day decisions, such as what they wanted to do and how they wanted to spend their time.

All the staff we spoke with could tell us how they supported the person effectively. Staff told us they worked closely as a team and although they worked across different registered services supporting different people they [staff] communicated well with each other. This was confirmed by our observations at the time of our inspection.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff demonstrated through their practice that they had a good understanding of this legislation and what this meant for people. We saw that staff sought people's consent before providing support.

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and saw that the provider had submitted applications where they had assessed that people were potentially receiving care that restricted their liberty. There was a process in place to record the expiry date of any authorisations that had been made. Staff that we spoke with understood the conditions and were able to tell us how these were being complied with.

The person told us, "I go shopping for my food. That's where I have been today. I go to West Bromwich". We saw that staff understood the person's specific dietary needs and preferences. We observed a meal time and saw that the person received the required support they needed to eat their meal.

The person we spoke with told us that they received support to attend medical appointments when needed. Staff we spoke with told us that they sought advice from health professionals in relation to people's care. Staff told us about the changes in the person's health care needs and the action that they had taken to support the person. This included further specialist tests and a referral to an occupational therapist for advice and support.

The premises were suitable to meet the needs of the person. It was a domestic house with some minor alterations. It reflected the values that underpin the Registering the Right Support. The person had their own bedroom, bathroom and lounge and shared areas included a kitchen and dining room. We saw that the person could make a choice about where they spent their time. For example, at lunch time they decided to have their lunch on their lap in their own lounge whilst watching television. There was an accessible garden area with seating provided. The person told us, "I like it in the garden. We have parties out there in the summer".

# Is the service caring?

## Our findings

At the last inspection on 12 and 13 August 2015, we rated this key question as 'Good.' At this inspection the rating remains unchanged.

We saw lots of chatting, laughing and warm, caring and kind interactions between the person and the staff supporting them. The person told us, "They [the staff] are nice. I do like them". They told us that they were happy with the staff and the support they got ".

Staff spoke warmly about the person they supported and provided care for and were able to detail the person's care needs and how they gave assurance when providing care. They could tell us about the person's personality, likes and dislikes.

The person told us, "I can get up when I want. The staff are there to help me when I need it". They went on to tell us, "I can choose what I want to wear". They told us that they helped to put things away in the kitchen, plump up the cushions and tidy their own bedroom. Staff told us that they supported the person to maintain their independence.

We observed that staff treated people with dignity and respect. We saw staff were prompt to respond to request for care and support. Staff could tell us how they would promote people's privacy and dignity when supporting people with their personal care. Staff also described ways in which they treated people with respect, for instance ensuring that discussions about people's care took place in private. We did see some personal information displayed at the home about a person who lived at one of the providers other registered service. When we brought this to the attention of the acting manager they recognised that it was not appropriate and told us the information would be removed.

The person told us that they went shopping for their own clothes. We saw that the person was well presented and wearing clothes that reflected their age, gender, weather and their own individual style. A staff member had been out clothes shopping with one person and they described how they had supported the person to pick their own clothes.

The person told us that they regularly saw their family members. Staff told us that they supported the person to maintain family and friend relationships that were important to them. The assistant manager was aware of how an advocate can be used when people may have difficulty making decisions and require this support to voice their views and wishes. They knew how they could refer people to this service when needed.

# Is the service responsive?

## Our findings

At the last inspection on 12 and 13 August 2015, we rated this key question as 'Good.' At this inspection the rating remains unchanged.

The person told us about the things they liked to do, "I like going out to the shops. I like going to the charity shop and choosing a book". They showed us a book that they had bought that day and showed us a collection of personal items, hobbies and interests that they had in their bedroom and lounge. They told us that they liked the Eiffel Tower and we saw that they had pictures, lamp shade and storage boxes with illustrations of the Eiffel tower on. They told us, "I like colouring and sewing and watching television programmes". We saw throughout our inspection that the person was supported to do the things that they wanted to do. Staff supported the person on a one to one basis and we saw throughout our inspection that all activities and conversations were focused around the person and what they wanted to do and their care and support.

The person told us that they didn't look at their care records. However, they told us that staff did ask them about their care. We saw that people were supported by staff to make decisions about their care. They told us, "The staff ask me what I want to do". We saw that the person had a support plan in place, which identified how staff should support the person in a way that met their needs. We saw that families and other professionals had been consulted with to develop these plans. They included 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 and what they liked to do.

Through our discussions with staff it was clear they were non- discriminatory in their approaches. Staff were able to tell us how they supported people to ensure they were not discriminated in any way due to their beliefs, gender, race, sexuality, disability or age.

We looked to see how the service ensured that people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers of NHS and publicly funded bodies to ensure people with a disability or sensory loss can access and understand information they are given. The provider had some information in different formats to meet people's needs, for example easy read or large print and we saw that people's care plans contained information about their communication needs. We saw that some information was provided in an easy read format.

The person told us that they could speak to staff if they were unhappy about something. The assistant manager told us that no complaints had been received and the provider had a policy in place to ensure any complaints received would be logged, investigated and responded to.

# Is the service well-led?

## Our findings

At the last inspection on 12 and 13 August we rated this key question as 'Good'. At this inspection we found that improvements were needed to the management and oversight of the service. Quality monitoring systems were not robust. There was a lack of evidence that the provider was continually evaluating the service and making the required improvements. We rated this key question as requires improvement.

It is a condition of the providers registration to have a registered manager in place. At the time of our inspection there was a registered manager in place. 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. The registered manager was not available at the time of our inspection as they were away from work. They were also the registered manager for other registered services in close proximity to 81 Agnes House.

The provider had a system in place to monitor the quality of care that people received and to look at where improvements could be made. We found that the system was not always effective. This was because some shortfalls had been identified by the providers own quality monitoring systems. However, they failed to act on their own findings in a timely way. For example, we saw that audits of the safety and maintenance of the environment completed in April 2018 had identified that carpets in some areas of the home were thread bare and required replacement and redecoration was needed in certain parts of the home. We found that these issues remained as still requiring attention. We also found that some systems were not effective because although they were completed they had failed to identify the issue. For example, infection control audits had been completed a few days before our inspection and the checking of cleaning schedules had not identified any issues. However, at the time of our inspection we saw areas in the home that required high level cleaning.

We also found that the providers system had failed to identify some of the shortfalls we found. This included care records that had not been updated when care needs had changed. For example, a person's mobility had deteriorated and their care plan and risk assessment had not been updated to reflect this. We found that care records in relation to a condition on a DoLS authorisation had not been updated to reflect the condition. The providers systems had failed to identify that confidential information was not being stored securely. We found that personal and confidential information was stored in an unsecured utility area used as a laundry and general storage room. We found that personal information pertaining to a person living in another registered service was displayed at this service. The provider's systems had failed to identify that their own complaints system was effective. A complaint made to the provider about the service was not recorded in the complaint records and the assistant manager was not aware that a concern had been raised. The system to identify and plan for staff training needs had not always been effective. The evidence above showed that the provider was in breach of Regulation 17 of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulations 2014.

A relative that we spoke with told us that although they were happy with the care that their family member

received they were not happy with the management of the service. They also felt that the home had not always been well maintained and there had been delays with repairs to equipment.

Staff were caring and showed commitment to their role and the people they supported. Staff that we spoke with told us that they felt they supported each other as a staff team. They told us that the assistant manager was their first port of call because the registered manager was responsible for different registered services at different locations and wasn't always available. However, they told us that they would bring concerns to the attention of any member of the management team if needed and had been informed on how they could whistle blow if they had any cause too. However, we found that there was limited opportunity to provide staff with constructive feedback. The assistant manager was unable to provide us with minutes of staff meetings and staff and managers were unsure when the last staff meeting had taken place. The assistant manager told us and records confirmed that staff supervision had been infrequent. We were told by the assistant manager that they had started to address this area.

Registered providers are required by law to display the ratings awarded to each service on their website and in the home. We confirmed that the rating was on display in both places. Showing this rating demonstrates an open and transparent culture and helps people to know the rating of the service they are using.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Quality monitoring systems were not robust. There was a lack of evidence that the provider was continually evaluating the service and making the required improvements.