

Angel Care Homes Limited

Agnes House - Residential Care Home

Inspection report

11a-15 Arthur Road
Erdington
Birmingham
West Midlands
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22 March 2019

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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

About the service:

Agnes House is a residential care home that was providing personal care to 13 people who were recovering from mental health conditions at the time of the inspection.

People's experience of using this service:

Staff understood their responsibilities to protect people from abuse and discrimination. They knew to report any concerns and ensure action was taken. The registered manager worked with the local authority safeguarding adults team to protect people.

Staff were supported in their roles and received an effective level of training. They told us they were happy with the level of training and support they received and we saw them supporting people in a competent manner.

People continued to be supported by an established team of staff who provided kind and personalised care to people living in the home. Safe recruitment ensured people were supported by staff of good character.

People were protected from harm by the provider having effective systems in place to monitor medicine management, staffing, infection control and the safe upkeep of the premises.

Staff promoted people's dignity and privacy. Staff provided person-centred support by listening to people and engaging them at every opportunity. Staff were caring and understanding towards people. People using the service appeared comfortable in the presence of staff working in the service.

The premises provided suitable accommodation for people with communal areas and bedrooms which were personalised to people's individual choices and personal items.

Support plans were detailed and reviewed with the person. Staff worked with and took advice from health care professionals. People's health care needs were met.

People had a variety of activities that took place inside and outside the home. They enjoyed on a regular basis. Formal supervision meetings were carried out with staff. They told us they were supported and clear about what was expected of them.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Audits and checks of the premises, equipment and care delivery were carried out, and any issues identified and rectified.

The home continued to meet the characteristics of a rating of good in all areas. More information about the inspection is in the full report.

Rating at last inspection:

The home was rated Good at the last inspection (report published in June 2016).

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

We will continue to monitor the service through the information we receive.

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

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 safe

Details are in our safe findings below.

Good ●

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 well led

Details are in our well led findings below

Good ●

Agnes House - Residential Care Home

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

One Adult Social Care Inspector and an Assistant Inspector carried out this inspection.

Service and service type:

Agnes House is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The home accommodates up to 15 people in one adapted building. At the time of the inspection, 13 people were living in the home.

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:

The inspection took place on 22 March 2019 and was unannounced.

What we did:

We reviewed information we had received about the service since the last inspection in June 2016. This included details about incidents the provider must notify us about, such as abuse. We assessed the information we require providers to send us at least once annually to give some key information about the

service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

People who lived at Agnes House chose not to talk at length with an inspector. We briefly met with three of the people living at Agnes House, and spent time observing staff working with and supporting people in communal areas during the inspection. We also spoke with two visiting health care professionals, two members of staff and spoke at length with the registered manager.

During our inspection we looked at three people's care records and associated documents. We looked at previous inspection reports, rotas, audits, staff training and supervision records, health and safety paperwork, accident and incident records, complaints and compliments. We also looked at records that related to how the home was managed, such as quality audits, fire risk assessments and infection control records. We reviewed the comments made by relatives on a questionnaire.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from risk of abuse

- Staff told us they felt personal care was safely given. One staff member said, "I would say everyone is very safe."
- Staff had received safeguarding training and records we saw evidenced this.
- Staff understood safeguarding and whistleblowing.
- The registered manager knew what constituted safeguarding, and reported any allegations or actual issues to the local authority appropriately.
- Where staff performance fell below the standard of care expected, the registered manager dealt with this by taking appropriate action to prevent recurrence.
- The registered manager sent us statutory notifications to inform us of any events that might place people at risk.

Assessing risk, safety monitoring and management

- Staff knew people well and told us the actions they took to keep people safe from risks.
- Risk assessments were completed and reviewed regularly these guided staff in how to support people to reduce the risk of avoidable harm.
- Records detailed how known risks were to be managed to help keep people safe and provide consistent care and support.
- Staff identified and assessed risks in relation to the premises and managed these well.

Staffing and recruitment

- There were enough staff to meet people's needs. We observed staffing levels were sufficient.
- The registered manager said that staff absence was usually covered by colleagues from within the home itself to ensure people were supported by staff who knew them well.
- Recruitment processes and practices were clearly stated in the provider's own policy. We found they were being followed to ensure only suitable staff of good character were employed to work in the home.

Using medicines safely

- People received their medicines on time and in a safe way. Staff said, "People get all their medicines well."
- Medicines were safely received, stored, administered and destroyed when people refused to take them or they were no longer required.
- Where people were prescribed medicines to take 'as and when required' staff had information about when to administer them safely.
- The registered manager investigated errors if any were found. Staff were re-trained and had additional supervisions to prevent errors from recurring.
- People were supported by staff who followed the clear guidance for administration and management of

medication. Staff had received training in medication administration.

Preventing and controlling infection.

- People were supported to follow good infection control practice in line with their ability and understanding. We saw that people were well presented and their clothing was clean and appropriate.
- Staff told us how they reduced the risk of the spread of infection. We saw staff following the infection control policy during our inspection. They told us they used personal protective equipment (PPE) such as aprons and gloves to help prevent the spread of healthcare related infections.
- The home was tidy and cleaning took place throughout the day. Some bathroom areas might present a risk of infection due to old and worn fixtures. A member of staff told us, "The bathrooms need upgrading." The registered manager told us these were planned to be refurbished [timescale?].
- People were supported by staff to clean their own rooms and to do their own laundry. When people were unable to undertake such tasks, staff undertook them to ensure they were completed.

Learning lessons when things go wrong

- Staff were clear that they needed to report all accidents and incidents to their registered manager.
- The registered manager reviewed people's risk assessments and care plans following incidents.
- The registered manager said that they reflected on any events where things had not gone as expected. They kept records of any accidents and incidents and analysed them individually and acted as needed.

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.

People's outcomes were consistently good, and feedback from relatives and staff confirmed this.

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

- People's care and support needs had been identified at the time of admission and since then had been reviewed regularly to identify if they had changed.
- Care and support plans were focussed and individualised with details of interests.
- The plans contained specific detailed information in some instances about how a person was to be supported by staff.
- The registered manager promoted the delivery of person centred care and used this focus when reviewing and monitoring support provided to people.
- People's care plans included information known about how any specific support was to be provided in respect of culture, gender or religious needs.
- People's care plans also reflected their choices preferences such as keeping pets such as budgerigars and fish.

Staff support: induction, training, skills and experience

- Staff said their induction process had been comprehensive and equipped them to support people effectively.
- Staff we spoke with were competent, knowledgeable and skilled. They carried out their roles effectively. Staff said that access to training organised by the provider was good, one staff member said, "I have had so many different training opportunities."
- Staff received regular supervision meetings with their manager. Staff also told us they could discuss any issues with the registered manager at any time and did not need to wait until the next meeting.

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

- People were supported to have a healthy balanced diet. One person told us, "There is enough choice."
- The staff ensured people were involved in choosing meals and they were aware of people's dietary needs and preferences. A member of staff said, "There is a good variety of food, and halal food for the person who wants that."
- We saw there was enough fresh fruit and vegetables to support people with healthy eating options.

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

- Where people required support from healthcare professionals, this was arranged, and staff supported people to attend appointments.
- People were supported by the home to receive consistent care through good communication with external agencies and professionals such as district nurses, social work and psychiatry. One healthcare professional

told us, "It is an excellent home, there is good support to and from this home."

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

- The premises had been suitably adapted to meet the needs of people living there. People had shared use of the lounge, and dining room. People were supported to use the kitchen and laundry areas by staff.
- The registered manager informed us that there was ongoing refurbishment to the premises to update it and we saw some areas that had recently been renovated.
- There were suitable outside spaces for people to use when they wished.
- People were involved in decisions about the premises and environment and individuals' preferences were reflected in their bedrooms and the communal areas of the service.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- The provider followed the requirements of DoLS. One person had authorised DoLS in place. No one had conditions attached to their DoLS.
- Staff were clear about the need to uphold people's rights and respected their abilities to make decisions. Staff told us that each person knew the code to the front door apart from the person who was subject to DoLS.
- Staff ensured people were involved in decisions about their care; and where appropriate knew the process to make decisions in people's best interests. Staff had received training about the MCA and DoLS.
- Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives. Staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

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

People were supported and treated with dignity and respect; and involved as partners in their care.

- People's individual needs and diversity were protected and promoted. Staff had ensured that cultural and religious preferences or needs were supported.
- Communication between people and staff was good. Staff had clear knowledge about how people communicated their feelings and wishes as all people living at Agnes House communicated verbally. We saw that staff were attentive and caring. One person said, "The staff are there to help us." One member of staff said, "The staff are all very kind."
- Staff showed genuine concern for people and were keen to ensure people's rights were upheld and they were not discriminated against in any way.
- Relatives said on a survey that, 'I could not have wished for a better service.'

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

- People had regular opportunities to meet with their keyworkers and other staff to help determine and plan their care and activities they enjoyed doing.
- We saw that staff responded quickly and sensitively to the changing needs and wishes of people living at Agnes House.
- Staff enabled people to make decisions about their care in line with advice from health professionals.

Respecting and promoting people's privacy, dignity and independence

- People's privacy was respected and all personal care was provided in private. People went to their bedroom for time in private as they wished. People had lockable doors to their rooms and had been offered keys to protect their privacy.
- People could choose to meet with their visitors in their own room or in communal areas.
- People were enabled to maintain and develop relationships with those close to them.
- People were supported to focus on developing their although there was no formal plan or goal setting to achieve this. In some instances, people were supported with independent living skills such as laundry and shopping.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Assessments were completed before people moved into the service, to determine whether their needs could be met appropriately. These were used to develop detailed and person-centred care plans for each person.
- Each person had an individualised care plan which contained details of known preferences and interests alongside support needs. One member of staff said, "We know the people really well."
- Care plans contained specific detailed information in some instances about how a person was to be supported in the house if they became upset or anxious.
- People had a small range of activities to engage with including pet therapy and access to exercise machines.
- Everyone living at the home were able to access and understand the provider's information.

Improving care quality in response to complaints or concerns

- People told us that a house meeting took place every two weeks so they could discuss anything that needed improving or changing.
- Staff told us that complaints and concerns would be listened to and acted on.
- The registered manager and staff regularly engaged with people so that any low-level concerns could be addressed quickly. Feedback was sought through formal questionnaires and through daily conversations and observations of people.
- The provider had an established complaints procedure and process that was available in the office.
- We saw that when complaints were received, the provider dealt with them in line with their processes, and records were maintained of action taken.

End of life care and support

- The service was not supporting anyone who was receiving end of life care at the time of our inspection. When required, documentation was available to staff to support them with meeting people's end of life needs should this be necessary. We were told that care plans and related discussions would take place with people as and when they were needed.
- The registered manager and care staff worked closely with external healthcare professionals to respect people's wishes. They made sure they provided them with the care they required to be pain free and cared for 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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People met frequently with their key worker to discuss the service they received.
- Information from people and stakeholders was used to inform how the care was delivered. There were established processes and procedures in place to ensure people received the care and support they wanted.
- The registered manager demonstrated a commitment to provide person-centred, high quality care by engaging with everyone using the service and other stakeholders.
- The registered manager understood the requirements of the regulations to make notify us as the law requires and to comply with duty of candour responsibilities when things had gone wrong.
- All the staff said they felt the home was managed well.

Registered manager and staff were clear about their roles, and understood quality performance, risks and regulatory requirements; Continuous learning and improving care

- The environment and peoples' risks were safely managed and the risk assessments were audited.
- The registered manager used clear and established processes to review the quality of the service provided, they told us they strove to continually improve the service.
- When the quality assurance audits indicated any shortfall or an issue, the registered manager addressed these.
- The registered manager attended regular forums with the local authority to share best practice and improve people's care experiences.
- The registered manager had analysed the responses of completed quality assurance surveys and took action to follow up on any issues or concerns.

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

- Staff told us there was an open culture within the home and they could make suggestions for improvement easily.
- The service worked in partnership with other organisations to make sure they followed current practice, providing a safe service for people. These included healthcare professionals such as GP's, community nurses, physiotherapists and mental health professionals. This ensured a multidisciplinary approach had been taken to support people in the provision of their care.
- The registered manager had knowledge and understanding of current practice and developments within the Health and Social Care sector.