

Agnes and Arthur Limited

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Inspection report

Moorland View
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Tel: 01782811777

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection visit was unannounced and took place on 16 November 2016. At our last inspection on 30 June 2015 we asked the provider to make improvements to the level of staffing, assessments when people lacked capacity and the management of the home. The provider sent us an action plan in August 2015 explaining the actions they would take to make improvements. At this inspection, we found improvements had been made although further improvements were needed when assessing capacity. The service was registered to provide accommodation for up to 50 people. People who used the service had physical health needs and/or were living with dementia. At the time of our inspection 30 people were 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.

People were supported to make choices, however the assessments did not always reflect the person's level of understanding in different situations. The home had enough staff to support people's needs. Any staff who had been employed had received a range of checks to ensure they were suitable to work in the home. The manager and provider had established a range of audits to support the improvements within the home. We saw feedback was sought from people, relatives and professionals and any areas raised had been considered and responded to.

We found staff had established positive relationships with people. Staff showed respect for people's choices. They ensured they maintained people's privacy and dignity at all times. People were able to choose the meals they wish to eat and alternatives were provided. We saw that medicines were managed safely and administered in line with people's prescriptions. Referrals had been made to health care professionals and any guidance provided had been followed.

Staff obtained information from the person and family or relatives to support the completion of the care plan. People were encouraged and supported with activities they wish to engage in. Any complaints had been addressed and resolved in a timely manner. There was a whistle blowing policy which was responded to in confidence and any concerns raised investigated.

Staff felt supported by the manager and there was a clear process in place to cascade information about the service and the needs of people. Staff had received training and the provider had invested in further training to expand the staff knowledge in dementia.

The Home is situated in its own grounds on the edge of a small, modern housing estate which overlooks the North Staffs moors. We saw that the previous rating was displayed in the reception of the home as required. The manager understood their responsibility of registration with us and notified us of important events that

occurred at the service; this meant we could check appropriate action had been taken.

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
Staff understood their responsibilities to keep people safe from harm. Any identified risks had been completed and guidance provided. There were sufficient staff and they had been recruited ensuring the appropriate checks had been completed. People received their medicines as prescribed and medicines were managed safely.

Is the service effective?

Requires Improvement ●

The service was not always effective
People were supported to make choices, however the assessments did not always reflect the person's level of understanding in different situations. Staff received ongoing training and there was an induction package to provide new staff with the skills to support people. People enjoyed the food and were encouraged to make choices about their day to day food. Referrals were made to health professionals when needed.

Is the service caring?

Good ●

The service was caring
Staff knew people well and had positive caring relationships with them. They encouraged people to make choices about their day. Staff ensured people's dignity was respected. People were supported to maintain relationships which were important to them. When required people were supported by advocates.

Is the service responsive?

Good ●

The service was responsive
Staff knew people and their preferences and these were reflected in the care plans. People had the opportunity to participate in activities they enjoyed. There was a system in place to manage concerns or complaints.

Is the service well-led?

Good 

The service was well led

Staff told us they were supported by the manager and provider.

The provider had effective systems in place to monitor and improve the quality of the care people received. The manager understood the responsibilities of their registration with us.

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Detailed findings

Background to this inspection

We carried out this inspection visit 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. Our inspection was unannounced and team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We checked the information we held about the service and the provider. This included notifications that the provider had sent to us about incidents at the service and information we had received from the public. We also spoke with the local authority who provided us with current monitoring information. We used this information to formulate our inspection plan.

The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to formulate our inspection plan.

We spoke with five people who used the service and three relatives. Some people were unable to tell us their experience of their life in the home, so we observed how the staff interacted with people in communal areas.

We also spoke with four members of care staff, the housekeeper, the maintenance person, the registered manager and the chief executive (CE). We reviewed four staff files to see how staff were recruited. We looked at the training records to see how staff were trained and supported to deliver care appropriate to meet each person's needs. We looked at the care records for four people to see if they were accurate and up to date. We looked at the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement.

Is the service safe?

Our findings

At our previous inspection we found that the provider was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not ensured there were sufficient staff to support people's needs. At this inspection we found that the required improvements have been made.

People told us they were supported by the staff. One person said, "The staff are very nice and I cannot think of anything I would change." We observed that people's needs were met when they requested support. A staff member told us, "We are allocated areas and people to support when we came on shift." We saw this worked well and staff responded flexibly to meet people's needs when the allocated staff member was busy. All the staff we spoke with felt there was enough staff. We spoke with the manager about the staffing levels. They told us since the last inspection they had introduced a dependency tool. This looks at the needs of people and the level of support they will require. The manager said, "The dependency tool works for us. We introduced an afternoon kitchen assistant, which means we don't take a carer off the floor." We saw the records of the dependency tool and saw it was regularly updated to reflect changes in the numbers of people and their needs. This meant the provider ensured people received the level of support they required.

We saw that checks had been carried out to ensure that the staff who worked at the home were suitable to work with people. These included references and the person's identity through the disclosure and barring service (DBS). The DBS is a national agency that keeps records of criminal convictions. One member of staff told us that they had to wait for their DBS check to come through before they started working. This demonstrated that the provider had safe recruitment practices in place.

People told us they felt safe. One person said, "I think they look after us very well here, they care." A relative said, "My relative is safe and well-looked after." We saw all staff working at the home had received training in safeguarding and were able to tell us the different signs of abuse and how to raise a concern. One staff, "It's important if you see something, and record it." We saw where incidents had been raised they had been investigated and reported to the appropriate authority.

Fire risk assessments had been completed which related to the needs of each person and how best to evacuate them in case of an emergency. These were stored in a box in the reception area with a torch, high visibility vest and safety procedures. Fire evacuation guidance and a site plan were displayed on the wall in the reception area.

Risks to people's safety had been assessed. These assessments covered all aspects of the home and environment, including elements which had an impact on the person's behaviour. For example, one person became upset when there were loud noises. The assessments recorded the triggers which had an impact on the person and provided guidance as to how to avoid the situation or how to support the person to manage. Staff we spoke with were knowledgeable about the triggers and how to distract the person when needed. We saw this in practice during the inspection and observed staff followed

the guidance recorded in the care plans.

When equipment was required we saw there was a risk assessment in place. For example, the use of bed rails and sensors. A staff member told us, "Some people have had several falls so the equipment helps alert us if they fall in their room." Some people required sensors to their room as they wandered at night into other people's rooms. The staff member told us, "These alert us so we can afford other people's dignity and privacy in the home."

We observed staff administering people's medicines. People were given a drink and time to take their medicines whilst the staff member stayed with them to ensure medicine had been taken before recording this. One staff member said, "Some people take time and you have to afford them that." There was written guidance in place relating to as and when required medicines. For example, when people required pain relief we saw the guidance that was recorded was followed. The staff had received training in medicine administration and had regular competency checks along with audits to ensure the medicines were administered safely had been completed. We saw that checks in relation to storage and the recording of stock were routinely updated.

Is the service effective?

Our findings

At our last inspection, whilst the provider was not in breach of any regulations there were aspects of care that could be improved on in relation to the understanding of people's capacity and the level of training and understanding by the staff. We reported on these in our last report. During this inspection we found that the provider had taken note of our comments and had made improvements however further improvements were needed.

The Mental Capacity Act 2005 (MCA) provides the 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 capacity to take particular decisions, any made on their behalf must be in their best interests and least restrictive as possible.

Where concerns about people's capacity had been identified, a capacity assessment had been completed, however this was generic and did not consider that a person could have differing levels of capacity dependent on the decision that needed to be made. For example to make decisions about their personal care, however not about going outside. Where people lacked capacity a best interest meetings had been completed, however they were general and not linked to the person's capacity for a particular decision. We spoke with the chief executive about the assessments, they acknowledged they were not decision specific and they were working on some new care plans to support this change. People were encouraged to make choices, for example a relative told us, "The staff always put two separate outfits out for [name] and they can choose what to wear."

We recommend that the provider researches current guidance on best practice, in relation to assessing the capacity in relation to specific decisions for people living at the home.

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 Deprivation of Liberty Safeguards (DoLS). We checked whether the provider was working within the principles of the MCA, and whether any conditions are authorisations to deprive a person of their liberty were being met. We saw applications relating to DoLS had been completed to the relevant authority and reviewed in relation to the timeframe. When people had a DoLS authorised any restrictions were documented and staff were able to explain these to us and how they ensured they were followed.

The staff had received a range of training appropriate to their role. One staff member said, "They are always pushing for training here." Another commented that the recent refresher training was more in depth they said, "We got to try fire equipment, it was more interesting. It gave us opportunities to reflect on our own working practices." We discussed with the manager and the chief executive in relation to training that was specific to supporting people with dementia. They told us they were keen to expand the staffs knowledge and understanding. We discussed some training which is available, that provides staff with an experience of dementia. During the inspection the chief executive made some enquiries about this training

and subsequently this training for the home before our inspection finished. This demonstrated that the provider responded to opportunities to develop the staffs skills for their role.

Staff felt supported when they started working at the home. One member of staff said, "I shadowed another person and had my competencies checked; I felt supported." Another member of staff said, "If I am unsure, I have gone to another staff member, they are brilliant." The chief executive told us, "We have just enrolled with the local training college and that training is much more in depth and covers all aspects from the care certificate." The care certificate has been introduced nationally to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care.

People told enjoyed the meals. One person told us, "For breakfast you can have hot or cold food, for dinner there's always at least two choice; if you don't like either you can choose something else." We observed a mealtime and saw that people were given a range of freshly prepared meals which was well presented. The tables were laid with placemats and cutlery, along with condiments and cloth napkins. We saw people received the options they had requested. When people were presented with their meal staff checked they were happy, if they appeared hesitant when it arrived, we heard, "Is that ok, or would you like something else". One relative told us, "My relative loves the food, and I am grateful it is cooked here not like in the hospital where it was cook chill meals from off-site." They added "There's always plenty to eat, and [name] is encouraged by staff."

People had a choice of hot and cold drinks throughout the day along with the options of snacks and fresh fruit. Some people had equipment to support them at their request. One person told us, "I have this two-handed cup with a spout, I would hate to slop the tea all over myself."

Staff understood people's dietary requirements and records provided details for the staff and preparing and serving the food. A record was kept of what people ate to ensure they were receiving appropriate nutritional needs. If there was a concern about a person, a referral had been made to a health care professional to provide guidance which was followed.

People told us when they need to see a GP they were supported. One person told us, "If I need a doctor they sort it, they are very good like that." We saw that referrals had been made to health care professionals in a timely manner and any guidance followed.

Is the service caring?

Our findings

People told us staff knew them well and had established relationships with them. One person said, "I absolutely love everything about the place." They added; "The staff are wonderful to me, I would say it's the best one around here." A relative told us, "They look after [name] very well indeed." A relative told us their relative could be challenging and said, "Staff had taken that in their stride; they knew this wasn't [name's] personality and they were extremely patient and understanding with them." We spoke with staff who said they felt it was important to know the person, one member of staff said, "It's the person first and foremost."

People told us they had choices. One person said, "You always have a choice in everything." One staff member told us, "We encourage choice all the time." They then described an example of a person who wished to stay in bed that morning. They had breakfast in their room then got up when they were ready. The person had chosen a shower, but not to have their hair washed. They then came into the dining room and had another breakfast. Records confirmed this had happened. We observed people were responded to by name and when appropriate, staff bent down to at eye level to encourage conversation and understanding. There was friendly banter and moments of affection which was responded to positively by the people. One staff member said, "Working with people, everyone is so different."

Relatives felt welcomed and relaxed at the home. One relative told us, "It's magnificent in every way here; I cannot fault it." They added, "One of the big things is that when I visit, I am made to feel very welcome." We saw that people who mattered to the person had been included in discussions and decisions at their request. A relative said, "I am kept fully informed, recently after a doctor's visit I was informed of the outcome."

Some people required the support of an advocate. An advocate represents the interests of people who may find it difficult to be heard or speak out for themselves. We saw records which showed an advocate had visited the person and provided the support they needed.

We saw that people's privacy and dignity was respected. People had chosen the clothes they wished to wear and when we heard people making decision, these were respected. For example, one person was adamant they did not want any lunch, the staff member respected that and made a record so other staff would be aware. A relative said, "Staff had always treated my relative and me, with dignity and respect, the care is excellent." Staff we spoke with understood the importance of dignity, one said, "It's how you would want to be treated yourself " They added, when I have supported someone to get ready I like to show them how they look in the mirror, "It feels good to know you have done a good job."

Is the service responsive?

Our findings

People were supported to have their needs met effectively by a staff team who knew them. An assessment was completed before they came to the home. The senior care staff told us, "I go out to assess people and see if we can meet their needs." They added, "I never make a decision whilst I am with the person. I have to consider the needs of the other residents too." When people did move to the home they had been encouraged to personalise their rooms as much as possible. Relatives told us they had been encouraged to make it how they wished and bring items from their previous home. For example, one relative told us they had brought in pieces of furniture. They said, "I was impressed with the speed with which the maintenance man ensured the items were safe and bracketed to the wall."

Staff members told us they used the care plans to obtain information to support their role. One staff member told us, "I look at the care plans to get to know the person and see what had happened." We saw the plans covered all aspects of the person's preferences and wishes. All paperwork was kept securely in a locked cabinet. One staff member told us, "It's important as it's private and confidential."

Staff were responsive to people's needs. One person said they were cold and a staff member offered to get a blanket. Some people due to their memory loss reverted to the past. We saw the staff responded to people individually knowing their situation and life history. For example, one person said they were looking for their son. The staff member asked if the 'baby doll' that was on the sofa could be their son. The person picked up the doll and was delighted to be reunited. This interaction was positive because the staff member knew the person and that the son they were referring to was still a baby.

Staff told us they had a daily handover when the staff changed. All the staff we spoke with said it was useful. One staff member said, "I always have my note pad to remind me if I need to follow things up." Staff were able to identify people's needs and the support they needed to provide following the hand over. For example one person had been unwell and required regular observation calls, we saw these happened. This meant people received the care they needed following any changes.

People were encouraged to be independent and had choices about how they filled their time. One person said, "There are plenty of activities here to participate in; Bingo, painting and going out." A relative told us "[Name] goes out quite often with staff. They were out earlier this week when I called." We observed people enjoyed a Bingo session, others colouring art work and after lunch there was a clothing sale and other people watched a DVD in the lounge. We saw a staff member giving a hand massage. The staff member told us they had received training in massage, "It's an opportunity to chat to the person and give them some positive touch." The person told us, "It's lovely and makes me feel good."

People felt able to raise any concerns. One person said, "I have no complaints whatsoever." Another person said, "I know who the manager is and I would go to them." A relative said, "What's there to complain about?" We saw where a complaint had been raised they were investigated and responded to in a timely manner. This demonstrated that the provider responded to complaints.

We saw many thank you cards displayed on the noticeboard and during the inspection a relative delivered a card and bouquet of flowers to thank the staff for the care they had provide to their relative who had recently died. A staff member said, "It's lovely, it really means a lot to feel we have done something right."

Is the service well-led?

Our findings

At our last inspection, whilst the provider was not in breach of any regulations there were aspects of care that could be improved on in relation to the culture of the service and audits to reflect the service and drive improvements. We reported on these in our last report. During this inspection we found that the provider had taken note of our comments and had made improvements.

We saw areas of the home where audited. The manager told us, "I put things in place to check the quality and then follow them up with action plans." We saw this was the case, for example medicine audits were completed and any action followed up with memos to the staff and additional competencies when required. We saw the accident audit recorded any actions taken for each event and reflected on the number of falls per person and location. This enabled the manager to consider future risks to the person or areas within the home. The manager told us they evaluate the quality of the home through the audits and the checks which were completed daily. These involved heads of department meetings, resident of the day and a daily walk round report. They told us, "These give me the knowledge about people and I can ensure things are followed through."

Staff told us they had received support in relation to supervision. One staff member said, "The management are fabulous, if you have a problem you can go to them." They added, "I have just had my supervision, its covers my role and training." Some staff had a champion role linked to dignity, dementia or tissue viability. A staff member told us, "Staff work through a booklet on these topics and if they need support the champions are there to offer it." This meant staff were supported to expand their knowledge in areas of the care begin provided.

There was a whistle blowing policy which investigated any concerns raised. We saw the manager followed a procedure and considered any information as confidential to protect the whistle blower. A whistle blowing policy provides protection to staff if they have information of concern.

The manager felt supported by the provider, they said, "If I need anything I can ask, they are supportive." They told us about improvements to the home which they had been supported with. For example the sweet shop due to open in the garden and the dementia room which was a conversion of one of the bedrooms. The manager attended the group managers meeting and told us, "It's an opportunity to share views and information." For example this home had taken part in a research project on dementia. This involved researchers reviewing the quality of life for people, their relatives and the staff skills over a period of time. We spoke with one of the researchers who told us, "The home are very supportive of the research. When we visit they allocate a staff member that knows about the project and the people so they can provide the correct information." They added, "The staff are always receptive to suggestions." All the data will be analysed from 100 care homes and provide information for future training requirements.

The provider had asked for feedback from the people who use the service and relatives. The overall feedback from the surveys was positive, comments included, 'The staff are brilliant, always having a laugh

and doing a good job.' And 'I enjoy the knitting, and the sing-a-longs.' They had also asked for professional feedback. A health care professional had noted, 'Sometimes my visits not always required, however they are always in the person's best interest.' We saw where suggestions had been made they were followed up. For example a relative had suggested timed air fresheners and these had been purchased and were in use. Another relative had asked for a newsletter so they could see what was happening in the home. A newsletter had been produced and the chief executive said they were cascading the idea to their other homes in the group.

We saw there was a relaxed atmosphere at the home. One person said, "They don't mither you here." Staff told us, "The unrushed atmosphere helps to reduce incidents." We found the provider had conspicuously displayed their rating or offered the rating on their website. The registered manager understood the requirements of their registration with us.