

Charnat Care Limited

Agnes House Flat 81

Inspection report

81 Newbury Lane
Oldbury
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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 

Overall summary

The inspection took place on the 12 and 13 August 2015 and was unannounced.

Agnes House Flat 81 is registered to provide accommodation and support to two people with a learning disability. At the time of our inspection one person was using the service.

There was a registered manager in post responsible for the home and the services delivered within the community. 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.

Medicines were administered as prescribed

Staff understood the different types of abuse and knew what action they would take if they thought a person was at risk of harm.

Staff were available to support the person where required

Summary of findings

We found that the person living within the supported living complex had full capacity so the requirements of the Mental Capacity Act 2005 (MCA) did not apply in this instance. However, staff skills and knowledge was limited due to not having received appropriate training in the MCA and the Deprivation of Liberty Safeguards.

The person was able to make the appropriate decisions needed in determining what food and drink they had.

We saw that what the person wanted was what they had, staff listened to the person in a manner that was compassionate and showed they cared.

The person's privacy and dignity was respected.

The person was able to socialise how they wanted and were supported to practice their religion how they wanted.

We were told by the person that they would complain to the registered manager if they had a problem.

The person's healthcare needs were monitored regular by health care professions to ensure where they needed intervention this would be done in a timely manner.

We saw evidence that a questionnaire was being used to gather the views of the person, their relatives and staff on the service provided.

Summary of findings

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.

The person living in the supported living complex told us they were safe.

Staff competency was checked to ensure they had the skills to administer medicines.

The provider had a recruitment process in place to ensure newly appointed staff could support the person safely.

Good



Is the service effective?

Some of aspects of the service were not effective.

Staff had not all completed training to ensure they had the skills and knowledge to support people.

The provider followed the requirements of the Mental Capacity Act (2005).

The person's consent was being sought before support was given.

The person was able to eat and drink what and when they wanted.

Requires improvement



Is the service caring?

The service was caring.

We found that the environment in which the person lived in was relaxed and welcoming.

The person's privacy, dignity and independence was respected by staff.

Good



Is the service responsive?

The service was responsive.

The person's preferences likes and dislikes were being met how they wanted.

The person was able to express their views and raise concerns they had about the service.

Good



Is the service well-led?

The service was well led.

The person and staff we spoke with told us the service was well led. The atmosphere in the person's home was warm and welcoming.

The provider had a questionnaire/survey so the person, their relatives and staff could share their views about the service so the provider was able to make improvements to the service.

Good



Agnes House Flat 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.

Our inspection took place on 12 and 13 August 2015 and was unannounced. The inspection was conducted by two inspectors.

We asked the provider to complete a Provider Information Return (PIR) which they did. 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 reviewed information we held about the service, this included information received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law.

We requested information about the service from the Local Authority (LA) and other health care professionals. The LA has responsibility for funding people who use the service and monitoring its quality. They both provided us with information which we used as part of the inspection process.

On the day of our inspection there was one person living within the service who we were able to speak with. We spoke to one member of staff and the registered manager. We looked at the care records for the person, the recruitment and training records for staff and records used for the management of the service; for example, staff duty rosters, accident records and records used for auditing the quality of the service.

Is the service safe?

Our findings

The person living in the service said, "I like it, I feel safe". Staff we spoke with were able to explain the action they would take if people were not safe. A staff member we spoke with had a good understanding of how to keep people safe and was able to describe the action they would take if the person they were supporting was at risk of harm. They confirmed to us that they had attended safeguarding training.

We found that risks were being managed. Staff we spoke with understood how to use equipment safely. Risk assessments were being completed appropriately to identify where there were risks and how they should be reduced or managed. Activities like supporting the person to attend college, go shopping or transferring them using a hoist. We saw that general risk assessments were in place to ensure the environment where the person lived was safe.

The person we spoke with told us how supportive staff were to them and described all the support they were given. They told us there was always someone with them at all times. They had no concerns with staff levels. The staff member we spoke with had no concerns with the levels of staffing. The person needed a member of staff with them at all times which we saw was in place.

The staff we spoke with all told us they were required to complete a Disclosure and Barring Service (DBS) check as part of the recruitment process before being appointed to their job. This check was carried out to ensure that staff were able to work with the person and they would not be

put at risk of harm. We found from the evidence we looked at that the provider had a robust recruitment process in place which included the appropriate references being sought. We also found that newly recruited staff were able to shadow more experienced staff as part of an induction process and their experience, skills and knowledge were checked as part of the recruitment process. The staff we spoke with confirmed they had to go through a recruitment process. We saw evidence that the provider asked staff to make an annual declaration as to their on going suitability to work with the person.

The person living in the service said, "Staff give me my tablets, one for pain relief can't remember the others". Staff we spoke with confirmed they were trained in administering medicines and the person needed limited support with their medicines. Evidence we saw confirmed training was taking place and when medicine was administered it was being recorded appropriately using a medicines administration record (MAR). This was all being stored in the person's flat in a safe manner to ensure the medicines could not be accessed without trained staff supporting or administering them.

Staff we spoke with told us their competency was checked to administer medicines. We saw evidence to confirm that staff competency was being checked. We were unable to observe the person being supported with their medicines. We found that there were guidelines in place to enable staff to offer limited support to the person with administering their medicines. We saw evidence that where medicines 'as required' were prescribed there was a protocol in place to guide staff.

Is the service effective?

Our findings

We saw that the person within the service was being supported by staff the way they wanted. The person told us that staff did what they wanted. The staff we spoke with told us they were supported at work. Staff told us they received regular supervision and were able to attend regular staff meetings. The staff member said, “I get supervision every four to six weeks and there are team meetings three monthly”. We saw evidence that staff had access to a range of training to support their knowledge and skills, for example training in food hygiene, autism and protection awareness. However, the training records showed gaps where staff had either not completed training or they had not completed a refresher course to update their knowledge. The registered manager acknowledged there were gaps and told us that staff were being put forward for training so the gaps would reduce as staff were trained.

We saw the person giving consent to staff before they were supported. The staff member we spoke with told us the person’s consent was always sought.

We found that the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) did not apply in this service as the person living within the supported living complex had full capacity. We found that the staff we spoke with did not fully understand the MCA or DoLS and

told us they had not yet completed any training. We saw that while training was available a lot of staff had not completed any training in relation to the MCA or DoLS to ensure they would know how not to deprive someone of their human rights were the situation to arise.

We found that the person decided what they had to eat and drink. They said, “I chose my own food and staff cut it up for me”. We found that the person had a level of independence which meant staff only had to support them. We saw evidence that the appropriate monitoring of people’s nutrition was taking place and where advice or support was needed from other professionals like a dietician, the appropriate processes were in place to enable this to take place if needed.

The staff member we spoke with was able to explain the actions they would take where the person they were supporting needed to see a doctor or another health care professional. We saw evidence that the person was able to see a doctor when required and other health care professionals for example, a dentist or optician. These visits were being recorded on their care notes. We saw that a health action plan was being used to highlight their health care needs. We saw that an annual wellbeing check was also being carried out by their doctor by way of an annual screening process; this showed that their general health was being monitored.

Is the service caring?

Our findings

We found the person to be relaxed and happy around the staff supporting them. They said, “I like the staff”. The environment in which they lived was warm and friendly.

Where the person needed staff to support them on a one to one basis, this was described in their assessment and care plan documentation. We heard staff consistently ask the person if they needed anything and would they be okay. This showed to us that the support given by staff was driven by what the person wanted, and if they were able to manage they were being allowed to do so. The staff member we spoke with knew the person’s support needs and showed an understanding of the risks to the person.

From our observations of how staff supported the person it was clear that they were involved in the decision making process as to how staff supported them. Their bedroom

was decorated how they wanted and they said, “I pick my own clothes”. We saw that the person lived their lives very independently and staff promoted their independence. The staff member we spoke with was able to explain the support given to the person, the use of the hoist and how the person was supported to move regularly to manage pressure relief. The staff member said, “If [person’s name] refuses we engage them in an activity which gets them to move”.

Staff were able to explain how they ensured the person’s dignity and privacy was respected. Our observations showed that privacy and dignity was an integral part of how the person was supported. On our arrival to their flat, the staff member who was there was welcoming and checked with the person if it was okay for us to come in. This showed that staff respected where the person lived as being their home.

Is the service responsive?

Our findings

Staff we spoke with told us they were able to access the person's care notes whenever needed. We saw evidence that the person's support needs were assessed and a care plan was in place to show how their needs were to be met. Staff told us that a review of the person's support needs took place on a monthly basis. While we found that a consistent record of the review process was not being kept staff we spoke with knew the person's support needs.

The care plan was centred around the person. We saw from the care notes that due to how independent the person was that the support staff gave was limited. We saw that their preferences, likes and dislikes were being met how they expected and wanted, for example they were supported to go on holidays of their choosing. We saw that people's cultural diversity was taken into account in how their support needs were met. One person who chose not

to practise their religion on a daily basis was still able to celebrate their religion on special occasions throughout the year. Staff we spoke with were able to explain what support was given to the person to enable them to observe their religion how they wanted.

The person said, "If I had a problem I would go to the manager". Staff we spoke with understood the process and told us where they had or received a complaint they would pass it onto the registered manager. We found that the provider had a system in place to record complaints and in so doing was able to identify trends as a way of making improvements to the service. We saw that the complaints process was available in a variety of formats.

We spoke to a number of professionals from the local authority and health who all told us that they had no concerns with the quality of care delivered. They told us that staff were caring and they visited the service regularly and found staff to be transparent.

Is the service well-led?

Our findings

The person and staff we spoke with told us the service was well led. We found the environment to be warm and welcoming where the person lived. They spoke highly of the registered manager.

The provider had a procedure in place and the appropriate documentation to be completed in the event of an accident or incident. We saw that a record was being kept when an accident or incident took place, and where there may be a trend this was being monitored with the intention of reducing the likelihood of reoccurrence of specific accidents or incidents. Staff were able to explain the process they would take when these situations arose. We saw evidence that staff received training in first aid so they had the appropriate understanding and skills to know what action to take if an accident happened and someone needed assistance.

Staff we spoke with told us the provider had a whistleblowing policy, which they were fully aware of and understood the circumstances in which they would use the policy. We saw evidence to confirm this.

We saw evidence to show that questionnaires were being used to gather views. Staff we spoke with also confirmed they were able to complete a questionnaire. The provider used the information gathered to help them improve the service.

We saw evidence that quality assurance checks were carried out by the registered manager on the environment where the person lived, for example building safety and on how staff supported the person to ensure that support being given was still appropriate. Staff we spoke with confirmed that they were checked regularly by the registered manager.

The registered manager showed a good understanding of their role in notifying us of all deaths, incidents and safeguarding alerts as is required within the law.

We found that the provider returned their completed 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.