AGL Care Ltd

Rose Belle

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We carried out a comprehensive inspection of this service on the 25 April 2016, and a number of breaches to the legal requirements were found. After the inspection the provider told us what action they would take. We undertook a further inspection on the 4 May 2017 and found that the provider had made improvements and the legal requirements were now being met.

Rosebelle provides accommodation for up to six people who may have a learning disability or mental health support needs. At the time of our inspection there were five people using the service.

At the last inspection we asked the registered manager to improve the quality assurance and auditing system and the way they reviewed accidents and incidents. We asked them to look at how they could improve staff values, and levels of staff training. We recommended that the registered manager should implement infection control policies and procedures, and make sure that people had their nutritional requirements assessed. We asked the registered manager to involve people more and make improvements to the décor of the premises. At this inspection we found that these improvements had been made.

The registered manager looked at ways they could improve people's safety by analysing themes and trends when accidents or incidents had occurred. They looked at different ways they could reduce risks to people.

The registered manager had implemented a quality assurance system and audits had been introduced and were being completed on a regular basis.

Medicine audits were carried out and staff with the responsibility for administering medicines had their practice observed to ensure that they could do this safely.

Since our last inspection, the registered manager had introduced a core set of values and staff told us these were dignity, self-determination, fulfilment, privacy and choice.

People's information included guidance for staff so that they could follow a structured approach to recognising and managing certain health conditions. People were given nutritious meals and were involved with developing the menus.

The registered manager had improved their approach to managing the control and prevention of infection. Staff followed policies and procedures that met current and relevant national guidance.

Staff were given regular training in a wide range of topics and had a clear understanding of the requirements of the Mental Capacity Act 2005.

Some improvement's to modernise the décor of the communal areas had been completed since the last inspection. Other areas such as the bathroom and the garden area still needed some work which would be

completed in the next six months.

The registered manager was present during 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.

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

This service was safe.

People were kept safe by staff that had been trained and knew how to recognise signs of abuse.

There were a sufficient amount of staff available to meet people's needs.

People's medicines were stored appropriately and dispensed in a timely manner when people needed them.

Is the service effective?

Good

This service was effective.

Staff were suitably trained and received regular supervision and appraisals.

People's dietary needs were met and people had access to health care if they required it.

The registered manager and staff understood the legal requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards.

Is the service caring?

Good

This service was caring.

Staff treated people with compassion and respect.

Information was provided, including in accessible formats, to help people understand the care available to them.

Is the service responsive?

Good

This service was responsive.

People's needs were assessed before they moved in and care plans reflected people's needs.

People's needs for social interaction were met and there was a wide variety of activities for people to participate in.

There was a complaints policy in place and people knew how to make a complaint.

Is the service well-led?

Good

The service was well led.

The registered manager supported staff to carry out their role to the best of their ability.

A quality assurance system was in place and feedback about the quality of the service people received on a regular basis.

People and their families told us the registered manager was approachable and managed the service well.

Rose Belle

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under The Care Act 2014.

This inspection took place on the 4 May 2017 and was unannounced, which meant that the provider did not know that we were coming. The inspection was carried out by one inspector.

Before the inspection we looked at previous inspection records and intelligence we had received about the service and notifications. Notifications are information about specific important events the service is legally required to send to us. Everyone living at the service had very complex needs and were not able to verbally communicate with us, or chose not to, so we used observation as the main way to gather evidence of people's experiences of the service.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We observed how the staff interacted with people in the communal areas, during meal times, and we looked around the service. We spent time observing the support and care provided to help us understand people's experiences of living in the service.

We spoke with the registered manger, the service manager, the deputy manager, four members of staff and two relatives. We reviewed four people's care files, four staff recruitment and support files, training records and quality assurance information.

Good

Is the service safe?

Our findings

People were relaxed and at ease in their surroundings and family members told us they were confident people were safe. When people needed help or support we observed people turning to staff without hesitation.

We found people were kept safe from the risk of harm and potential abuse. Staff told us they knew how to recognise and report any suspicions of abuse, and had received the appropriate training. Staff told us they would contact the local authority or the CQC if they had concerns that people were not being cared for in a safe way. One staff member said, "I would raise any concerns with my manager and if I needed to I would report it the local authority, or with the CQC."

The provider had systems in place for assessing and managing risks. A wide range of risk assessments were in place that provided guidance for staff about how to meet people's individual needs. For example, detailed information about the person's needs, ability and behaviour was available. The plans described what the person could be feeling, and how they might choose to express certain feelings. This included information about how to respond and support the person.

Staff told us there were enough of them available to meet people's needs and we found that most staff had worked at the service for a number of years. This meant staff knew people very well and had developed established relationships with them. Throughout our inspection we saw people were supported by staff undertaking one to one activities and supporting people to access the community on planned and impromptu trips out.

Systems were in place to protect people in the event of an emergency. Personal emergency evacuation plans (PEEPs) were in place and regular fire drills were carried out. The fire alarms were regularly tested.

Staff could describe how they would report accidents and incidents and we saw that when accidents or incidents had happened these had been appropriately recorded. The registered manager had recently introduced an audit which looked at how risks could be reduced. This considered what action could be taken to reduce the risk of incident or accident happening again. For example, when an incident had occurred the registered manager reviewed the care plan which included alternative suggestions for staff so that they could try and divert the person's attention.

We looked at the way medicines were managed and found this was safe. Systems were in place to make sure that medicines were stored and disposed of safely. Staff had been trained to administer medicines and had their competency observed by the registered manager on a regular basis. Medicine Administration Records (MARs) were completed appropriately and information about identified allergies, and people's preferences on how their medicine should be taken was included. Some people were prescribed 'PRN' (as required) medicines and protocols were in place. This helped staff to understand the circumstances and regularity when these medicines should be given. Medicine audits were completed by the registered manager on a monthly basis.

Systems were in place for the safe recruitment of suitable staff. For example, checks on the recruitment files for four members of staff showed they had completed an application form, provided a full employment history and that the registered manager had checked that they were eligible to work in the United Kingdom. The registered manager had also undertaken a Disclosure and Baring Service Check (DBS) before they had started work. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal records and weather they are barred from working with people who use health and social care services.

Good

Is the service effective?

Our findings

At our last inspection we found that the provider had breached Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safe care and treatment. This was in relation to the lack of staff training and meeting people's nutritional needs. At this inspection, we found the provider had taken action to meet the shortfalls.

At out last inspection we found that not all staff had been trained in topics such as, Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty (DoLS,) moving and positioning, challenging behaviour, fire safety, infection control and hand hygiene. Since our last inspection improvements had been made and all staff had been fully trained to carry out the job that they were employed to do.

All of the staff told us that they were confident in carrying out their role effectively and did not require any additional training. One staff member explained about the support they had received. "We have had a lot of training; [the registered manager] is so supportive. Since I have been a shift leader they have provided me with further training to enable me to be confident and clear about what I am doing." We saw that training certificates were retained within staff files and since the last inspection the provider had created an area at the back of the building which was used for activities and also as a training room.

At our last inspection we found that people's care records lacked nutritional assessments for people who were diabetic and there was not a structured approach to show that staff could recognise and manage the condition. At this inspection, we found that the registered manager had improved this area. Information was now available to staff which specified people's food preferences and dislikes. Guidance was available for staff explaining how they should support people. For example, information about how to support someone who has diabetes and information about how to support someone who was at risk of choking had been introduced. People were weighed on a regular basis and encouraged to make healthy food choices.

We observed the lunchtime meal experience. The food was nutritious and people appeared to enjoy what they were eating. Menus had been developed with people. One staff member explained, "I have a big emphasis on food. At the weekend we cook different food or have a take away. They love it, and get really excited about trying different foods."

We observed staff asking people if they wanted drinks, by using communication that the person appeared to understand. People had access to jugs of juice and water. Fruit was available in the communal areas so that people could help themselves.

Family members told us that staff knew people well and understood how they liked things to be done. One family member told us, "The staff know how [Name] likes things to be done. [Name] make their wishes known. [Name] doesn't use speech but body language. They make their likes and dislikes known very clearly."

Staff told us they were given an induction that enabled them to be confident in their role and that they were

well supported by the registered manager. Staff were given regular supervision and had an annual appraisal every year. One staff member said, "This is a really good company to work for. I left and I returned, because they are so supportive."

At our last inspection, building work was taking place to some areas of the service and we found that the décor in some of the communal areas would benefit from being improved. At this inspection we found some improvements to modernise the décor of the communal areas had been completed, but other areas of the service, such as, the bathrooms and the garden area still needed to be updated. The registered manager showed us a plan which stated that this work would be completed within six months.

We received mixed feedback from people's relatives when we asked them about the décor of the service. One family member told us that this was an area of concern to them, and that they would like to see it improved. Whilst another explained, "When [Name] needed new furniture [the registered manager] involved all of us in choosing the furniture. I would say that none of the people who live at the home are very careful and some of them are very strong and can damage the furniture at times."

We observed a handover meeting, and saw staff communicating effectively with each other. For example, they shared key information about any changes that had occurred earlier in the day, or told staff about anything they needed to be aware of.

Staff had been trained in the Mental Capacity Act (MCA) 2005 and had a good understanding of how to apply the principles to support people to make decisions. The Mental Capacity Act 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 only 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. Staff had a good awareness of issues around capacity and consent and could describe a person's capacity and their ability to make some decisions. For example, how the person may react to our visit, and how their memory may fluctuate, or how their health condition affected the way a person could behave or communicate.

We checked whether the service was working within the principles of the MCA and found they were. Staff understood the importance of assessing whether a person could make a decision and the steps they should take to support the decision making process. When a person lacked the capacity to make a certain decision an Independent Mental Capacity Advocate (IMCA) was instructed to represent the person wishes. For instance, when one person had moved into the service an IMCA was involved to make sure the person's views and wishes were heard.

Staff understood the importance of asking people for consent before providing any care and support. For example, we saw staff offering visual choices, one person was shown the tea and coffee caddies, and was able to choose a cup of tea.

People were supported to access the health care and had access to a GP when this was needed. Information in people's care plans showed that when staff had liaised with relevant health professionals such as GPs and mental health professionals their involvement was recorded.

Good

Is the service caring?

Our findings

Staff and the registered manager knew people well and spoke warmly of the people they supported. One relative said, "[Name] is happy and the staff understand them."

Staff were able to explain to us people's care needs and preferences in detail. For example, staff communicated well with people in line with their individual needs. This included a reassuring touch, maintaining eye contact and using familiar words and/or body language that people understood.

There was a calm atmosphere and we saw people had good relationships with staff. We observed staff talking with people in a caring and respectful manner. Some people displayed behaviour that challenged others, and we observed that staff dealt with this well. For example, when one person became agitated, a staff member used distraction techniques to help divert the person's attention and calm the situation down.

People benefitted from being supported by staff who had an in-depth understanding of their individual needs and preferences. We observed staff working with people and saw that people were not anxious or uncomfortable with them. Staff interacted with people in a kind and caring manner and they took the time to listen to people responding to the person at appropriate intervals using gestures that they understood.

Staff paced their responses according to the person they were talking to and they repeated themselves when they felt someone might not have understood their reply. We observed staff respond kindly when a person became frustrated and anxious. The staff member dealt with this situation very effectively and offered the person reassurance until they felt calmer. We saw staff responding to people's needs in a timely and patient way.

Staff treated people with dignity and respect and could explain how people should be treated with equality. Information was available about people's sexual orientation so that staff could understand how to support them appropriately.

Information was available in different formats so that people could understand the care available to them. For example, some care plans had easy read sections to assist the person to be more involved in the review of their care.

We observed people's privacy was respected and bedrooms had been personalised with belongings, such as furniture, photographs and ornaments. On the day of our inspection bedrooms, bathrooms and toilet doors were kept closed when people were using them. We noted that staff asked people if it was okay that we looked at their bedroom areas to obtain their permission. One person was very protective over who accessed their bedroom area and did not give their permission. Their choice was up held by staff.

Information on advocacy was available but no one required this at the time of the inspection. This type of service can be used when people want support and advice from someone other than staff, friends or family members. Family members told us they were always made welcome and were able to visit the service at any

time.

Good

Is the service responsive?

Our findings

People received care and support specific to their needs and had access to activities that were important to them. One relative said, "It is difficult to get [Name] to do things, but the staff do encourage them as much as they can."

Staff encouraged people to access the local community to pursue their hobbies and interests. During our inspection, three people went out at various the times of the day to either socialise with their friends or take part in activities.

People's care plans detailed their preferred routines with personal care and daily living. Information was personalised and looked at the needs of the individual. Care plans were available in pictorial formats and gave staff clear details about each person's specific needs and how they liked to be supported. For example, information about how staff should communicate with the person using non-verbal cues and de-escalation techniques was available. This information provided staff with guidance about how the person's needs were to be met and gave instructions for frequency of interventions and what staff needed to do to deliver the care in the way the person wanted. Care plans were reviewed monthly or as people's needs changed.

We saw that staff were flexible and could respond quickly to a change in someone's needs. For example, we observed the effective use of distraction techniques when someone became quickly agitated.

People were given a choice of what activity they wanted to get involved in. Some people spent time relaxing in their room's or in the lounge, whilst other people went out to the hairdressers and for lunch. Staff told us people were able to choose when they got up in the morning and when they wanted to go to bed at night. We saw people spend their time in different parts of the building as they wished. An activities room had been built and some of the people who did not want to go out decided to join in with the arts as crafts session instead. When people wanted a drink we observed staff involve and encourage people to try and to do this for themselves.

Some people had structured days away from the service, while other people had support from staff to plan a day that was individual to their wishes. Activities were personalised and included swimming and trampoline sessions, shopping trips, going to the barbers or hairdressers, educational classes, going out for walks, meals out, take away nights in, and day trips and holidays.

Information advising people how they could make a complaint was on display at various places throughout the service. This included posters and leaflets in easy read formats, to assist people to make a complaint if they wanted to. Family member's told us that they had never had to make a complaint about the service their relative had received. One person said, "I have never had any reason to complain about the service."

Good

Is the service well-led?

Our findings

At our last inspection we found that the way the registered manager monitored the quality of the service people received needed to improve. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider had taken action and improvements had been made.

Systems to audit the service were in place and changes had been made since our last inspection to make these more robust. For example, people's medicines and finances were now audited on a monthly basis and the registered manager retained an oversight over the accidents and incidents that had occurred. They considered the ways in which risks could be reduced and how things could be done better.

Since our last inspection, the service manager had introduced number of audits which reviewed the effectiveness of the service. This included feedback from people and their family members, and reviewed key areas of the service, such as training, health and safety, work place risk assessments, fire safety, food safety, premises and the environment, staffing, safeguarding, care and support and leisure and activities.

The service manager explained, "After the inspection we introduced reflective practice with the aim of improving the whole service. We have reflected on some of the shortfalls that were identified and we have worked hard to put things right."

Following the introduction of the these new systems, we recommend that the registered manager continues to embed the new approach to monitoring the quality of the service and continues to look at different ways they can continuously improve the service being offered to people.

An annual survey had been completed and positive feedback had been received from staff and relatives. These results had been analysed and a detailed report had been produced which included information about what areas of the service the registered manager planned to improve moving forwards. One relative had commented, "We are so happy with the service, we realise how hard and challenging [Name] can be at times."

Regular staff meetings were held and staff were empowered to contribute their ideas about ways in which to develop the service. The registered manager had introduced the concept of continuous improvement, and had started to looked at ways they could include and encourage the staff to improve as part of this approach. They explained, "We hold regular staff meetings to look at ways we can all make improvements together. These meetings are used constructively to make improvements in a positive way. There are things that we can all improve on and we have introduced reflective practice to help us to do this." People's personal records had been stored safely in locked offices when not in use but were readily available to staff, when needed. .

Staff confirmed this approach and told us they felt valued and that the registered manager listened to their suggestions when decisions were being made about people's care. For example, one staff member said, "We

are encouraged to share our views and make suggestions. For example, I thought that making stronger links with the local leisure centre would really benefit the lives of the people, by given them more access to wider range of activities. So I made the suggestion and [the registered manager] has taken it on board. We are reviewing how it goes, but so far it's working well."

The registered manager explained that meetings had been held with people to involve them in decisions such as choosing what food they want to eat. They said, "We tried different foods, and then watched for their reaction which gave us an indication if they liked the new seasonal menu. We then made changes and removed things they didn't like and added things they indicated they did like."

Family members told us that they thought the service was well led. One family member told us, "The registered manager does a good job with the resources they have."

Staff told us team morale was good, and we observed that there was a positive culture amongst the staff team. The registered manager had introduced a core set of values and staff told us these were dignity, self-determination, fulfilment, privacy and choice.

Staff described the registered manager as approachable and supportive. One staff member said, "They have an open door policy, and they are always available. I feel very supported."