

Agnes and Arthur Limited

Agnes and Arthur

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Agnes and Arthur care home provides personal care for up to 50 people; nursing care is not provided. At the time of our inspection there were 43 people living at the home who received personal care, some of whom were living with dementia.

People's experience of using this service

Practices in the home required improvement. People were not adequately protected from fire risks. People's care needs were met, but their social and emotional needs were not always met. We have made a recommendation about this. Medicines were mostly managed safely, although people's prescribed thickeners had not been recorded as administered.

Safe recruitment procedures were in place. People said they felt safe.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible; the policies and systems in the service did not support this practice. Staff training in key areas was not up to date. People were supported to have enough to eat and drink.

People received a service that was not always caring as some staff were task-focused. Information about the service was not available in formats appropriate for people's individual communication needs. People said they were happy with the care provided and staff treated them well.

Care plans reflected people's daily routines, but they were not person-centred and not always up to date. People were supported to engage in activities they enjoyed. People knew how to make a complaint.

Systems to monitor the quality of the care provided were ineffective. The provider had failed to mitigate risks to people. Staff had mixed views whether they were supported and listened to. People's feedback was sought and acted upon.

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

Rating at last inspection

Good (last report published 6 December 2016).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We identified four breaches of regulation regarding safe care and treatment, safeguarding service users from

abuse and improper treatment, good governance and staffing at this inspection. Please see the 'action we have told the provider to take' section towards the end of the report.

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme based on the current rating. If any concerning information is received we may inspect sooner.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Agnes and Arthur

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

This inspection was carried out by three inspectors and an Expert by Experience. The Expert by Experience is a person who has personal experience of caring for someone who used this type of care service.

Service and service type

Agnes and Arthur is a 'care home.' People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at on this inspection.

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

This inspection was unannounced.

What we did

Before the inspection we reviewed the information we held about the service. This included the statutory notifications sent to us by the registered provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We also contacted the commissioners of the service to gain their views.

The provider had 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 any improvements they plan to make. We used all this information to plan how the inspection should be conducted.

During the inspection we spoke with 12 people. We spoke with the registered manager, deputy manager, two seniors, four care assistants, the activities co-ordinator and the administrator. We also spoke with the director who is the nominated individual for this service. A nominated individual has overall responsibility for supervising the management of the regulated activity and ensuring the quality of the services provided.

We looked at care records for three people, medicine records for 14 people, recruitment records for three staff and other records relating to the management and quality monitoring of the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Appropriate measures to reduce fire risks were not always in place. Staff did not know the actions they should take in an emergency such as a fire. Five staff members said they did not know how to use a fire evacuation sledge. The provider's emergency evacuation guide stated two people, whose rooms were on the first floor, needed to use the fire evacuation sledge to enable them to leave the building safely if there was a fire. Both people's personal emergency evacuation plans for stated they would need to use a wheelchair to safely evacuate the building, but lifts cannot be used in the event of a fire, so the evacuation sledge would need to be used.
- Staff did not know what 'progressive horizontal evacuation' was. This is the process of moving people from the source of the fire through a fire-resistant barrier, to a safe area on the same level. In the short-term, this will protect people from the effects of fire for approximately 30 minutes, and allows a controlled evacuation of the building.
- One fire escape route led out into the garden area where there was an external gate secured by a combination padlock. Five staff told us they did not know the combination number for unlocking the padlock. This meant in the event of a fire and people had to exit the building via the garden, they would be contained within the area placing them at risk of harm.
- The provider's fire risk assessment had not been updated since October 2017. A fire alarm service conducted in July 2018 identified remedial work which had not been addressed. The gas safety certificate was dated January 2018; this should be completed every 12 months. Extractor and duct cleaning in the kitchen had not been carried out since October 2017; this should be completed every 12 months.
- Deficiencies with emergency lights, which had been identified for at least four months by the maintenance officer, had not been rectified by the provider.
- Fire drills were not effective in promoting staff's competence in managing fire safety. Staff told us fire drills happened at similar times during the day and always involved using the front door in reception to exit. When we asked staff what they would do if the fire was in the reception area they did not know. The times of fire drills and the length of time taken to evacuate were not recorded and reviewed to see where improvements could be made. Night staff had not completed fire drills. An agency staff member on duty during the inspection had not been given an induction into the service and was unaware of what to do in the event of a fire.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- After the inspection we wrote to the provider seeking assurances regarding people's safety in the event of

a fire. The provider sent us evidence that the areas for improvement mentioned above had been addressed or were in the process of being resolved as a priority.

Staffing and recruitment

- There were enough staff to meet people's care needs, although people and staff had mixed views whether there were enough staff on duty or not. Although people had their care needs met in a timely way, staff appeared busy and were not seen spending time meeting people's social and emotional needs.

We recommend the provider reviews staffing levels to ensure people's full range of needs are met.

- A thorough recruitment and selection process was in place which included references from previous employers and a Disclosure and Barring Service (DBS) check. DBS checks help employers make safer recruitment decisions by reducing the risk of unsuitable people working with vulnerable people.

Using medicines safely

- Medicines were mostly managed safely. Medicine records we checked had been completed accurately, except those which related to people's prescribed thickeners (these are used to help reduce the risk of choking when someone is having something to eat or drink). When we spoke with the registered manager about this they agreed to rectify this immediately.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe.
- Staff had completed training in how to protect people from abuse. Staff understood the need to report any concerns to the management team without delay. Records showed safeguarding concerns were recorded and dealt with appropriately.

Preventing and controlling infection

- The home appeared to be clean and odour free.
- Bathrooms contained liquid soap dispensers, paper towels and foot operated waste bins, which is in line with infection control guidance. Alcohol hand gel was available throughout the home.
- Staff had access to gloves and aprons to help prevent the spread of infection and these were used appropriately.

Learning lessons when things go wrong

- Accidents and incidents were recorded appropriately. The registered manager reviewed accidents and incidents to look for any trends to ensure lessons were learnt and to help prevent recurrence.
- Staff took appropriate action following incidents, such as contacting emergency services, reviewing risk assessments and increased observations.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Training in key areas was not up to date. For example, out of 46 staff only 10 had completed up to date moving and handling training, seven had completed dementia training and six had completed fire safety training. The nominated individual acknowledged staff training needed improving. The registered manager told us, "It can be difficult getting staff to attend training as it is held at another service." During the inspection the nominated individual produced a training action plan to address this.

This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- New staff completed an induction and worked with an experienced staff member to support them in their role.
- Staff received regular supervisions and an annual appraisal. A supervision is a one to one meeting between a member of staff and their line manager.

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 service was not working within the principles of the MCA. DoLS applications had not always been made appropriately. One person, whose first language was not English, had two mental capacity assessments in their care records. One related to depriving the person by not allowing them to make their own meals and for their dietary intake to be monitored; the other related to a referral being sent to other healthcare professionals which revealed a lack of understanding regarding MCA. Both mental capacity

assessments referred to the person's inability to speak English rather than their capacity to make certain decisions, which is discriminatory. Both assessments concluded the person did not lack capacity to make such decisions yet a DoLS was applied for.

- One person had their medicines administered covertly (hidden in food or drink), but no best interest meeting had taken place to decide if this was appropriate.

This is a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People's consent was sought before staff supported them.

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

- Assessments of each person's needs were completed before a care placement was agreed or put in place, to ensure the service could meet people's needs.
- Pre-assessments did not ask questions to support all the protected characteristics of the Equality Act and were not always fully completed. The registered manager advised they would address this.

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

- People were supported to have enough to eat and drink. People were offered regular drinks and snacks. People told us the food was good and there was always plenty of choice.
- Staff sought guidance from healthcare professionals about people's nutritional needs where appropriate. Nutrition care plans outlined people's support needs at mealtimes and any identified requirements, such as the need for a specialist diet.
- Where anyone was at risk of weight loss their weight was monitored more frequently and their food and fluid intake was checked.

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

- People were supported to access external health care services when needed; this included specialist community nurses, consultants and GPs.
- Staff sought specialist advice and support from different health professionals in a timely way.

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

- Dementia friendly signage was in place to aid people's orientation around the service.
- People's bedrooms were personalised with items they had brought with them.
- People had access to a large communal area, a small lounge, dining area and a garden. Corridors were wide for easy access for those using mobility equipment.

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.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity

- People received a service that was not always caring. Staff were mainly supportive and respectful but there were occasions when some staff were task-focused rather than focusing on the individual being supported. For example, when supporting people to transfer from one area to another staff hardly interacted with the person, whilst others explained what they were doing and made general conversation.
- People received support to meet their physical needs, but this took up most of staff time. This meant that once people had received personal care there was very limited interaction with staff until they required support with another task. Where staff were seen to spend time with people, we found that they mostly had positive relationships with people. People were relaxed in the company of staff and responded well to them.
- Whilst we found the staff team were mostly kind and caring in their approach to supporting people, the provider did not deliver care in a manner which was caring, as they did not ensure risks associated with people's safety were reasonably mitigated.
- People said they were happy with the care they received and the way staff treated them. Comments included, "The carers are very good. I've got no complaints at all" and "The staff can't do enough for you. We're all well treated."

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

- The provider did not always support people to be involved in decisions about their care. This was because information was not always available in an appropriate format for people's needs. For example, one person's first language was not English, but information about the service or their care was not available in their first language.
- Information about advocacy services was not readily available. An advocate helps people to access information and to be involved in decisions about their lives. This was addressed during the inspection.

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain their independence where it was safe to do so. One person told us how important this was to them.
- People's dignity was promoted and people were treated with respect.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people's needs were not always met.

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

- Care plans did not always reflect how staff should support people with specific needs. For example, one person was living with diabetes but there was no guidance for staff on how to manage the risks associated with this condition. Another person sometimes displayed distressed behaviour, but there was no guidance for staff how to minimise the risks involved and support the person appropriately. Staff could tell us about this but there was no guidance for them to refer to.
- Care plans contained information about people's daily routines, but they were not always person-centred and information on people's social history was minimal.
- Care plans were reviewed regularly but reviews did not always reflect that people's needs had changed.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People were supported to take part in activities such as playing dominoes, flower arranging, knitting and trips out to the local pub. During our visit a 'Mad Hatters tea party' took place with support from young people from the Prince's Trust. There were lots of cakes for people to choose from and people enjoyed this very much.
- People were supported to practise their religious beliefs. One person led weekly worship at the service with staff support. Other people were supported to access religious groups in the community.
- One staff member supported a person to celebrate important dates with customs and traditions from their country of birth.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider was not meeting the requirements of the AIS. One person required specific support with their communication. Staff told us they used an application on an electronic device or picture cards to communicate with this person, but we did not see this in practice during the inspection.

Improving care quality in response to complaints or concerns

- People knew how to complain. People told us if they had any concerns they would speak to staff or the registered manager.

- The provider's complaints process was on display. Complaints raised were fully investigated and complainants received an outcome of the findings.

End of life care and support

- The registered manager informed us nobody was receiving end of life support at the time of our inspection.
- Care plans contained details of people's end of life preferences where people had felt able to discuss this sensitive matter.

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.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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

- The provider had a quality monitoring system, but this was ineffective in identifying and generating improvements in the service. Audits had not identified the issues we found during this inspection such as appropriate measures to reduce fire risks not being in place, discrimination of one person, a lack of understanding of the MCA and care plans not being detailed enough.
- Where people were prescribed thickeners this was not recorded when administered, either on medicine administration charts or fluid charts. Staff could tell us in detail about people's needs in this area but records did not capture this.
- The service was not well-run as the provider had not ensured that people were adequately protected from the risk of harm.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- It is a legal requirement that a provider's latest CQC inspection rating is displayed at the service. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had a copy of their ratings displayed at the service and it was on the provider's website.
- The registered manager understood their responsibilities to report events such as accidents and incidents to the Care Quality Commission.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider used various ways to seek feedback from people and relatives, such as surveys and meetings. A 'you said, we did' board was on display in the reception area. People and relatives had suggested changing the time of residents' and relatives' meetings to later in the day. The time of meetings was changed to 6pm which meant people's feedback was acted upon.
- Staff meetings were held regularly. Staff had mixed views about whether they felt supported and listened to.

Continuous learning and improving care

- When an incident occurred, this was investigated thoroughly and lessons learnt where appropriate.

Working in partnership with others

- Staff worked closely with health and social care professionals.
- The service worked with the Prince's Trust so young people could visit the home and support staff with activities for people. People who used the service enjoyed this.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to assess the risks to the health and safety of service users and done all that was reasonably practicable to mitigate any risks, particularly in relation to fire safety.</p> <p>Regulation 12 (2) (a) (b)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The provider had discriminated against a person whose first language was not English by conducting mental capacity assessments which referred to the person's inability to speak English, rather than their capacity to make certain decisions.</p> <p>Regulation 13 (4) (a)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to assess, monitor and improve the quality and safety of the service, Risks to the health, safety and welfare of service users had not been mitigated. Accurate, complete and contemporaneous records for each service user had not been kept.</p> <p>Regulation 17 (2) (a) (b) (c)</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider had failed to ensure that staff received appropriate support and training to carry out their duties.</p> <p>Regulation 18 (2) (a)</p>