Charnat Care Limited

Agnes House Flat 1

Inspection report

83 Ascot Close
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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 1 is registered to provide accommodation and support to one person with learning disabilities.

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 though 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 decisions on the food and drink they had with staff support.

We saw that staff spoke and 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.

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

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 felt safe.

The person was able to take their medicines appropriately with support from staff.

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

Good

Is the service effective?
Some 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 understood the requirements of the Mental Capacity Act (2005).

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

The person was enabled to eat and drink sufficiently.

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 and that staff were caring and compassionate towards them.

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

Good

Is the service responsive?
The service was responsive.

The person's preferences 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 flat 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 1

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). 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 two members 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.

Good

Is the service safe?

Our findings

The person said, “There are enough staff to support me”. Staff we spoke with told us there were enough staff. One member of staff said, “I do feel there is enough staff to support him”.

We had no concerns with the staffing we observed during the day. The person lived independently with limited support from staff and was able to do most things for themselves. Staff were required to support the person on a one to one basis to ensure their safety for example, when crossing the road staff would be there to support them and staff would be with them throughout the night.

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, “I do feel safe”. Staff we spoke with were able to explain the action they would take if people were not safe and were at risk of harm or abuse. A staff member we spoke with told us they were being trained in safeguarding and how to keep people safe from harm, but they had limited understanding. Evidence we saw confirmed that the provider notified the appropriate authorities of safeguarding concerns when they arose.

Staff we spoke with understood the risks to the person and the remedial actions in place to reduce any risks. The person living in the service said, “Staff go out with me to help me with road awareness”. We also saw that general risk assessments were in place to ensure the environment where the person lived was safe.

The person living in the service said, “I take my own medicines, staff pop them and I take them”. Staff we spoke with confirmed this and told us they were trained in administering medicines. One staff member said, “I am not able to administer medicines yet as I have not done my training”. This showed that staff would only handle medicines when they had the appropriate training. Evidence we saw confirmed training was taking place.

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. However, medicines were being stored appropriately and locked away safely within their flat. 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 the person had medicines ‘as required’ there was a protocol in place to guide staff appropriately.

Requires improvement

Is the service effective?

Our findings

The person living within the service told us they were being supported by staff the way 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. One staff member said, "I am able to attend staff meetings and I have had an appraisal". We saw evidence that confirmed this. 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 adult 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 that the person living within the service was able to give consent. They told us that, "My consent is always given". Staff were able to explain how they would gain consent if the person was unable to give consent.

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 mental capacity. We found that the staff we spoke with did not all have an understanding of the MCA or DoLS and told us they had not yet completed any training. One staff member who was unable to answer questions on the MCA went on to say, "I have not done any training in MCA or DoLS". 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. The registered manager was aware of this and agreed to take action to ensure all staff complete the available training.

We found that the person decided what they had to eat and drink. We found that with limited support from staff the person was able to prepare their own meals. They offered us some cake they had baked earlier in the day. This individual relied less on staff support because they were independent enough to manage most things for themselves. 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.

Staff we spoke with were 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.

Good

Is the service caring?

Our findings

Through our discussions with the person they came across as relaxed and happy around the staff supporting them. They said, “The staff are nice and I like them, they help me”.

Where they 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 enabled to do so. The staff we spoke with all 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 told us, “I decide what clothes I buy and wear”. The person explained to us what they did for themselves and how staff supported them if they needed support. We saw that the person lived their life very independently and staff promoted this. We were told by the person that they decided when they went to bed and got up. They also explained that they saw their parents regularly and looked forward to it.

We saw from the interaction between staff and person that they were listened to, and the person was in control of how staff supported them.

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 it was the person’s home. Due to the person’s ability to do most things for themselves their privacy and dignity was being respected. They decided how staff supported them and when. The one to one support the person needed was predominately when they were out in the community when staff needed to ensure their safety in getting from one place to another.

Good

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 was taking place on a monthly basis. While we saw that a consistent record of the review process was not being kept staff we spoke with knew the person's current 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. They told us, "Staff support me to go to college". We saw that their preferences, likes and dislikes were being met how they expected and wanted for example, they were able to go on holidays of their choosing, and socialise how they wanted.

The person said, "If I had a complaint I would speak to the registered 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.

Good

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 where they lived to be warm and welcoming. They spoke highly of the registered manager. A member of staff said, “The manager is around and regularly checks on staff”.

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.

We found the atmosphere warm and welcoming where the person lived.

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.

The person said, “I do get a questionnaire to complete and so do my mom and dad”. 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 did not return their completed Provider Information Return (PIR). We were informed by the registered manager that the form was not received for this service.