Care Quality Commission

Charnat Care Limited

Agnes House

Inspection report

79 Newbury Lane
Oldbury
West Midlands
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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?	**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 is registered to provide accommodation and support to five people with learning disability. They lived in a supported living complex and in a residential service were people were unable to live independently. Three people were using the service at the time of our inspection.

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.

The provider had systems and processes to protect people from the risk of avoidable harm.

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

Summary of findings

Concerns were raised about staffing ratios where people needed more than one member of staff to support them which may leave other people unsupported and therefore at risk.

People received their medicines as prescribed.

We found that staff had not all completed training sufficiently to ensure they had the skills and knowledge to support people appropriately.

People's consent was seen being sought before staff support was given.

We found that where people lacked mental capacity and their human rights were being restricted that the provider followed the Mental Capacity Act 2005 (MCA) legislation and ensured that the appropriate approval process was in place.

People were able to make decisions on the food and drink they had. Where concerns were identified with people's nutrition or diet the appropriate advice was sought and action was taken.

Staff spoke to people in a manner that was compassionate and showed they cared.

People's privacy and dignity was respected by staff.

People's preferences, likes and dislikes were being met how they wanted. We saw that people took part in a range of activities.

The provider had a complaints process in place so people and relatives could raise concerns they had.

People's healthcare needs were monitored regularly by health care professionals to ensure where they needed intervention this was done in a timely manner.

We saw evidence that a questionnaire was being used to gather the views of people, 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.

A relative told us that people were being supported in a safe manner.

Concerns were highlighted that there was not always the appropriate staffing levels during the night and at weekends. The provider did not have the appropriate staffing dependency tool to ensure the right levels of staff.

People's medicines were being administered safely.

The provider had a recruitment process in place to ensure newly appointed staff could support people appropriately.

Requires improvement

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.

Where people lacked capacity the provider ensured that where people's human rights were being restricted the requirements within the Mental Capacity Act (2005) were being followed.

People's consent was being sought before support was given.

People were able to eat and drink sufficiently.

Requires improvement

Is the service caring?
The service was caring.

People were relaxed around staff and we saw that staff were caring and compassionate towards people.

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

Good

Is the service responsive?
The service was responsive.

People's preferences were being met how they wanted. People were able to take part in a range of social activities which they planned with staff support.

The provider had a complaints process in place.

Good

Is the service well-led?
The service was well led.

Relatives and staff we spoke with told us the home was well led. The atmosphere in the home was warm and welcoming.

Good

Summary of findings

Relatives and staff told us they were able to share their views by completing a questionnaire on the service for the provider to improve the service.

Agnes House

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 were three people living within the home. Two people were unable to speak with us but we were able to observe how they were supported. We spoke to one person who lived in a supported living complex, two relatives over the telephone, two members of staff and the registered manager. We looked at the care records, 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.

Requires improvement

Is the service safe?

Our findings

One relative told us that there were times they felt there could be more staff. Staff we spoke with had concerns that a one to one staffing ratio for people was not sufficient during the night and at weekends. This was due to managing situations where behaviours challenged and more than one member of staff was needed. Where people needed two staff due to their behaviour, this meant a member of staff would have to leave someone they were with to support another member of staff. This left people who were assessed as needing one to one care with no one monitoring them.

We had no concerns with the staffing we observed during the day. However, our observations of how people were supported identified that there would be a concern during the nights and at weekends that may leave people at potential risk. The registered manager confirmed a dependency tool was not being used to determine the appropriate staffing levels and accepted that some people could be at risk during the times identified.

The staff we spoke with 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 people 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 carried out a process so staff could make an annual declaration as to their on going suitability to work with people.

A relative said, "[Person's name] is 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. Staff said, "I would go straight to the manager and if they did nothing I would contact you [Care Quality Commission]". Staff confirmed they were being trained to understand safeguarding and how to keep people safe from harm. Evidence we saw confirmed that the provider notified the appropriate authorities of safeguarding concerns.

Staff we spoke with understood the risks to people and the remedial actions in place to reduce risk. We saw evidence to show that where people demonstrated behaviour that challenged, risk assessment documentation was in place illustrating the appropriate level of extra staff that were required. Staff we spoke with said, "When [person's name] goes out daily we have two staff with him so we can manage any challenging behaviour". We also saw that general risk assessments were in place to manage the use of equipment.

One person said, "I take my own medicines, staff pop them and I take them, I know what I have". A relative told us that the administering of medicines seemed 'Okay'. Staff we spoke with told us they were trained in administering medicines. A staff member said, "I have done medicines training". This showed that staff would only handle medicines when they had the appropriate training. Evidence we saw confirmed training was taking place.

A staff member said, "I do have my competency checked via observations of administering people's medicines and I do a practical every 12 months". We saw evidence to confirm that staff competency was being checked. We found that when medicine was administered the appropriate record of this was being made on a Medicines Administration Record (MAR). Medicines were being stored appropriately in the main home where two staff were observed checking and administering medicines following the provider's guidelines for administering medicines. Where people lived in a supported living complex their medicines were being stored safely within their flat. We saw evidence that where people had medicines prescribed 'as required' there was a protocol on each person's record to guide staff appropriately

Requires improvement

Is the service effective?

Our findings

We saw people being supported by staff in a way that showed they were skilled and competent. A relative said, "Staff do consistently watch [person's name], but on occasions they sit playing with their phones rather than watching him". This was raised at the time of the inspection with the registered manager.

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. Staff said, "I am able to attend staff meetings and recently had an appraisal". We saw evidence that confirmed that supervisions, staff meetings and appraisals were taking place. We saw that where people had specific support needs for example, behaviour that challenged, staff were able to get the appropriate training so they had the skills and knowledge to support the person. Staff we spoke with were able to explain how they would support people in these situations. 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.

A relative said, "[Person's name] consent is sought before staff support him". We saw people's consent being given and recorded where appropriate. Staff we spoke with told us where people were unable to give consent verbally their knowledge of people through their non-verbal communication and gestures were used to satisfy them that consent was being given or not.

We found that the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) were being implemented appropriately. Where there were concerns about people's human rights being deprived due to their lack of capacity the provider had sought advice and authorisation from the local authority. Staff we spoke with did not all understand the requirements of the MCA. A staff member we spoke with did not know a person they were supporting had been approved under the MCA for a DoLS. Staff should know where a person they were supporting had a DoLS application in place and what was covered under the application. We found that not all staff had received 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.

We found that people decided what they had to eat and drink. We observed someone asking for toast and a hot drink and this was provided for them. They then decided they did not want this and were supported to find an alternative when they changed their mind. We saw evidence to show the range of meals people could have and how people's meals differed based upon what they were able to eat and drink or their likes and dis-likes. People and their relatives were regularly involved in the updating of the home's menu; we saw evidence to confirm this. One person said, "I do my shopping list on Sunday and shop on Monday. I stick to the menu as these are the things I like".

Staff were observed consistently checking whether people needed a drink. Where someone had been identified as at risk of choking we saw that the appropriate assessment and guidance had been sought from the Speech and Language Therapist (SALT) service, and this was being followed. We saw evidence that the appropriate monitoring of people's nutrition was taking place and where there was input from other professionals required like a dietician, this advice was being sought. Professionals we spoke with from the SALT service confirmed that advice was sought and followed appropriately by staff to ensure an effective service to people.

Staff we spoke with were able to explain the actions they would take when people needed to see a doctor or another health care professional. We saw evidence that people were able to see a doctor when required and other health care professionals for example, a dentist or optician. These visits were recorded on people's care notes. We saw that health action plans were being used to highlight people's health care needs and where people had specific health concerns these were being identified and any action required or outlined. People's wellbeing was being checked 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

We saw that people were relaxed and happy and able to move around their environment and the home as they wanted with limited staff intervention unless the person was at risk of harm. A relative told us that staff made them feel welcome whenever they visited and that staff were caring, friendly and compassionate towards the people they supported.

We observed that where people needed staff to support them on a one to one basis, this was being done as described in their assessment and care plan. People were able to make decisions on what they did with staff support where needed. Staff were seen to support people in a caring and friendly manner, one person who liked to spend time on the trampoline in the garden was able to do so, while staff watched them from a distance to ensure the person came to no harm. The staff we spoke with knew people's support needs and showed an understanding of the risks posed to people through their behaviour or from other environmental factors.

We saw that people were involved in the support they received. People were dressed and presented appropriately for their age. People were well presented and their bedrooms were decorated in a way that reflected their personality or likes and dis-likes. Staff we spoke with told us that where people lacked the capacity to verbally express what they wanted to wear, they were supported to pick the clothes they wanted to wear from their wardrobe. One relative said, "[Person's name] is very happy". People told us they were able to share any concerns with their keyworker or the registered manager whenever they needed. We observed people making choices about the service they received with staff supporting the process.

People's independence was respected by staff. We saw that people were able to live their lives how they wanted and their independence was promoted. People went out when they wanted and where decisions and choices needed to be made about the support they received, staff were seen involving them in the decision making process. Relatives were actively involved in supporting people's decisions and where people needed external support from an advocate or social worker we saw that this was happening. A social worker we spoke with confirmed people were able to get the support they needed to make decisions.

One relative said, "Dignity and privacy is respected I have no concerns". Staff were able to explain how people's dignity and privacy was respected. A member of staff said, "People dictate to us where they go and when, if they want some privacy in their room or anywhere they can just do so". They went on to say, "When I am supporting someone with personal care they are always covered over and are left to wash themselves where they are able. I wouldn't dream of just standing and watching". Our observations were that people's privacy and dignity was respected.

Good

Is the service responsive?

Our findings

One relative we spoke with said, "I was involved in the assessment and care planning process, and I am involved in reviews". We saw evidence that people's support needs were assessed and care plans were in place to show how people's support needs were to be met. Where people had specific health concerns these were clearly identified. Staff told us that people's support needs were reviewed on a monthly basis. We saw no evidence to show that reviews took place consistently. However, staff we spoke with knew what people's support needs were.

Care plans were centred around people's needs. We saw that people's preferences, likes and dislikes were being met how they expected and wanted. People were all supported to go on an annual holiday to a place of their choice. One person said, "I go to football at Wrexham with my mom". Other people with less capacity had activity plans in place which showed they took part in a number social interests like going swimming on a weekly basis to keep fit, going out to pub lunches, listening to music they liked as well as being able to visit places of interest. The plans in place were varied and offered people a range of opportunities to take part in activities they wanted, which were regularly reviewed.

One person said, "If I had a problem, I would go to the manager and he would sort it out". A relative said, "I would know how to complain and I was given a copy of the complaints process". Another relative told us they had used the complaints process to raise concerns they had about the service which were satisfactorily resolved. Staff we spoke with understood the process and told us if they 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 any trends as a way of making improvements to the service. We saw that the complaints process was available to people and 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 people received. They told us that staff were caring towards people and they visited the service regularly and found staff to be transparent. They told us where recommendations were made by professionals, staff acted on the advice given and as a result people were supported appropriately.

Good

Is the service well-led?

Our findings

Relatives, professionals and staff we spoke with told us the service was well led. We found the environment within the home and where people lived in a supported living complex warm and welcoming. They all told us they knew who the registered manager was and spoke of them in a favourable manner. One relative said, “The manager is usually around and I am able to voice my opinions”. 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.

On our arrival to the home, the registered manager had not arrived but cover arrangements were in place and staff knew who was in charge and how the registered manager could be contacted. Staff were able to explain the support mechanisms in place for them during the night and at weekends and bank holidays.

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.

A relative told us they received a questionnaire to share their views on the service. We saw evidence to show that questionnaires were being used to gather the views of people, relatives and staff. 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 people received and the analysis was also shared with people and relatives.

We saw evidence that people and relatives were able to meet on a regular basis to share their views on the service. Where relatives had transport difficulties transport was made available to get those relatives to and from the meeting.

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

We found that the provider did not return their completed Provider Information Return (PIR) as we had requested. We were informed by the registered manager that the form was not received for this service.

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.