

AGL Care Ltd

Rose Belle

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

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?	Requires Improvement 

Summary of findings

Overall summary

We inspected this service on 25 April 2016. This was an unannounced inspection. The service is registered to provide personal care and accommodation for up to six people who may have a learning disability or mental health support needs. At the time of our inspection, five people were living at the service.

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.

At this inspection we found the service to be in breach of regulations 18 and 14 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The service did not always focus on how they could improve their safety records and did not analyse themes and trends when accident or incidents had occurred.

The provider did not have a core set of values that staff were required to work towards.

Some quality assurance systems were in place, but were inconsistently applied

Medicine audits were not carried out consistently and staff with the responsibility for administering medicines had not had their practice observed to ensure that they could do this safely.

The service did not manage the control and prevention of infection well and staff did not follow policies and procedures that meet current and relevant national guidance.

People could access food and drink as they wished, but care plans lacked nutritional assessments, which meant that staff could not follow a structured approach to recognising and managing certain conditions. People were given meal options that were nutritious, but were not involved with developing the menus.

Staff was given a thorough induction that gave them the skills and confidence to carry out their role. Staff training however was not kept up to date.

Staff did not have a good understanding of the requirements of the Mental Capacity Act 2005 and required training in this area. Records were effective in demonstrating people's level of mental capacity and applications to apply for Deprivation of Liberty Safeguards (DoLS) to protect the rights of people had been submitted to the local supervisory body for authorisation.

Improvements to modernise the décor of the communal areas and some of the bathrooms was required

and plans had been put in place.

People and their relatives were involved in care planning and risks had been assessed.

People's privacy and dignity was maintained whilst encouraging them to remain as independent as possible, and activities were provided to meet the interests of individual people.

A complaints policy was in place along with an easy read version. All of the people we spoke with were happy to make a complaint should the need arise.

People told us they felt safe and staff understood their responsibilities to protect people from harm and abuse.

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 ●

The service was safe.

Staff could tell us how to recognise and respond to abuse.

People were protected as the provider had procedures to safeguard them and risks had been appropriately assessed to keep people safe.

Medicines were administered, handled and stored in a safe manner.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff had not completed the mandatory training required.

People were not always involved in decisions made about the environment or meal options.

The Registered Manager understood the legal requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards, but staff had not received training.

Is the service caring?

Good ●

The service was caring.

People had daily choices and preferences, and were involved in decisions about their care and support.

Staff worked in a kind and caring manner with people.

People's wishes were listened to and respected, and staff were attentive and maintained people's privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

Staff was aware of and responded to people's individual needs.

People were supported to engage in activities of interest to them.

People and their relatives knew how to make a complaint.

Is the service well-led?

The service was not well led.

Quality assurance systems were in place, but these were inconsistently applied, and action was not always taken.

Staff morale was good and they were supported by management who listened to them.

People, relatives and staff were asked their views about the service; areas for improvement were recognised but not always acted upon.

Requires Improvement ●

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 25 April 2016 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 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. They did return a PIR and we took this into account when we made the judgements in this report. We looked at previous inspection records, 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.

During our inspection, we focused on observing how people were cared for. A significant number of the people 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 our main tool 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. We spent time observing the support and care provided to help us understand their experiences of living in the Service. We observed care and support in the communal areas, the midday meal, and we looked around the service.

We looked at the care plans of four people and reviewed records about how the service was managed. These included medicine records, staff training, recruitment and supervision records, accidents, incidents, complaints, quality audits and policies and procedures. Reviewing these records helped us understand how the provider responded and acted on issues related to the care and welfare of people, and monitored the quality of the service.

We also spoke with the registered manager, two people who use the service, two relatives and three members of staff.

Is the service safe?

Our findings

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

Staff we spoke with described the procedure for reporting accidents and incidents. We checked records and found that accidents and incidents were recorded, but audits were not carried out to look at ways in which risks could be reduced. We spoke with the manager about this and he told us that audits would quickly be introduced.

We looked at the systems in place and found that medicines were stored and disposed of safely and staff had received training to administer medicines. We checked records and found that regular audits of medicines had not always been undertaken and had only recently been introduced. We spoke with the manager about this and he assured us that audits of medicines would continue to be carried out on a monthly basis.

People were kept safe from the risk of harm and potential abuse. Staff knew how to recognise and report any suspicions of abuse. Staff was aware of the company's whistleblowing policy and was confident that they would be able to talk to the registered manager if they needed to. We checked records and found that staff had attended safeguarding training.

We looked at the records of people who received medicines. Photographs were in place, and medication administration records (MAR's) were completed appropriately, with all medicines being signed for. Information about identified allergies, and people's preference on how their medicine was offered was also included. Some people were prescribed 'PRN' (as required) medicines. We saw medicine protocols were in place. This helped staff to understand the circumstances and regularity when these medicines should be given.

We looked at the ways the service managed risks to people, and found that individual risk management plans were in place. This gave guidance to staff on how to keep people safe. For example, people had individual risk assessments that covered identified risks such as medicines and accessing the local community, with clear instructions for staff on how to meet people's needs safely. Records included detailed information about the approach needed to minimise risks to people and to de-escalate difficult situations. We checked records and found fire evacuations plans in place. All of the staff we spoke with could explain how people would be evacuated safely in the event of a fire.

Recruitment checks on staff were carried out with sufficient numbers employed who had the knowledge and skills to meet people's needs. There was an established staff team in place to provide the support required to meet people's needs. Discussions with the staff and the registered manager told us that agency staff was rarely used to provide cover as existing staff, including the management team, covered shifts to ensure consistency and good practice. This meant that people were supported by people they knew and who

understood their needs.

People's needs had been assessed and staffing hours were allocated to meet their requirements. The registered manager told us the staffing levels were flexible and could be increased to accommodate people's changing needs, for example if they needed extra care or support to attend appointments or activities. Throughout our inspection, we saw people supported by staff undertaking various one to one activities and accessing the community on planned and impromptu trips out. Our conversations with staff and records confirmed there was enough staff to meet people's needs.

Is the service effective?

Our findings

Staff and the registered manager knew people well. They spoke warmly of the people they supported and were able to describe people's care needs and preferences in detail. For example, staff communicated well with people in line with their individual needs. This included using reassuring touch, maintaining eye contact and using familiar words that people understood.

We spoke with family members who told us that the service met people's needs effectively with staff who knew people well and understood how people liked things to be done. One family member told us, "The staff know how [Name] likes things to be done. I speak to the service most days and they keep me involved."

Staff told us they had regular supervisions throughout the year and were supported by their manager. We checked supervision records and found that these were in place. When we checked the training records, we found that not all staff had received regular training. For example, there were large numbers of staff who had not completed training around the MCA and DoLS, managing challenging behaviour, fire safety, manual handling, infection control and hand hygiene.

This is a breach of Regulation 18 (2) (a) of the HSCA 2008 (Regulated Activities) Regulations 2014, Staffing.

We checked records and found that information was recorded in the care plan relating to people's preferences and dislikes. We checked records and found that people were weighed on a regular basis and encouraged to make healthy food choices. We noted that 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.

This is a breach of Regulation 14 of the HSCA 2008 (Regulated Activities) Regulations 2014, Meeting nutritional and hydration needs.

During our inspection we observed the lunch time meal experience. The food was nutritious and people appeared to enjoy what they were eating. We checked meal plans and found that people were given varied choices and meal options. One person told us about all the different meal options available and what they liked the best. We spoke with staff who told us that menus were planned every four weeks, and that residents did not contribute to the development of the menus.

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 also available in the communal areas for people to help themselves. People told us that they had access to regular snacks if they wanted these.

During our inspection, building work was taking place to the area of the service. The registered manager told us that this was to provide an additional area for activities and an office. We noted that the décor in some of the communal areas would benefit from improvements. The registered manager told us that the service had

plans to modernise the décor of the communal areas and some of the bathrooms. We checked records and found that there were plans in place and people had not been consulted about the changes that would be made. We noted there were however plans to consult with them.

Staff told us that they were supported during their induction period and the registered manager had checked on their performance and progress during and at the end of their induction period. A member of staff told us, "My induction helped me to be confident in my role." We checked records and found that staff was provided with a company induction, which included an induction linked to the Care Certificate. The Care Certificate replaced the Common Induction Standards in April 2015. This is designed to help ensure staff has a wide theoretical knowledge of good working practice within the care sector.

Staff we spoke with told us that communication was effective within the team. Staff told us that they participated and contributed to handovers between shifts. We observed a handover meeting, and saw staff share information about changes that had occurred earlier in the day. This helped staff to maintain continuity and understand tasks that needed to be carried out.

The provider had conducted assessments when people were thought to lack mental capacity to identify how care could be provided in line with people's wishes. When people lacked capacity, the provider had taken action to seek that the care and treatment people received did not restrict their movement and rights under the MCA. 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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care providers and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. At the time of our inspection we found that they were meeting these conditions. Decisions about the care people received were made by the people who had the legal right to do so.

People were supported to access the health care they needed. They told us that they were able to see their GP when they wanted. We checked care records and found that staff liaised with relevant health professionals such as GPs and mental health professionals. Care plans recorded the involvement of other health professionals, for example, dentists, opticians and chiropodists.

Is the service caring?

Our findings

When asked if people liked living in the service and if staff were nice one person said, "Yes," smiled and nodded their head. Another person named the staff individually and said that they were, "Great, really great"

Feedback from relatives about the staff approach was positive and told us that they were happy with the care and support they received from the service. One relative commented that, "[Name] looks forward to going back to Rosebelle, so I know that they are happy." Another relative said, "The staff are lovely and caring."

On the day of our inspection, we observed that there was a calm atmosphere and people had good relationships with staff. We observed staff talking to people in a caring and respectful manner. Some people displayed behaviour that challenged others, and we observed staff deal with this well. For example, when one person became agitated, a staff member used distraction techniques to help divert attention and calm the situation down.

Staff interacted with people in a kind and caring manner. We observed staff taking time to listen to people responding to the person at appropriate intervals during conversations. 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. Staff responded to their needs in a timely manner and with a patient approach.

We observed staff treating people with dignity and respect. Staff could tell us how people be treated with equality. 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 being supported with personal care and we observed that staff knocked on bedroom doors and waited for a response before entering.

Staff could explain that they understood the importance of maintaining people's privacy and human rights. Staff supported people to maintain contact with friends and family. Visitors and family members told us they were always made welcome and were able to visit at any time.

We checked records and found that advocacy services had been involved with a person living at the service and their involvement had been clearly recorded.

Is the service responsive?

Our findings

People received care and support specific to their needs and were supported to participate in activities that were important to them. Staff encouraged people to pursue their hobbies and interests and to maintain links within the community. Three people were out at the time of our inspection either socialising with their friends or taking part in activities.

Relatives we spoke with told us that the service was responsive to their family members care needs. A relative told us, "It is difficult to get [Name] to do things, but the staff encourage them. It is not easy."

People had an allocated staff member as their key worker who was involved in that person's care and support arrangements. Conversations with relatives and staff informed us that key workers met regularly with people and where appropriate their representatives, to discuss the care arrangements in place and to make changes where necessary if their needs had changed. Records seen confirmed this. A relative told us, "I speak to [Name] twice a week, if there are any problems they always let me know."

We observed that each person was well supported and that the service was 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 agitated.

During our inspection we observed people being 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. Staff told us people were able to get up in the morning and go to bed at night when they wanted to. We saw people choosing to spend their time in different parts of the building as they wished.

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 what people liked to do.

During our inspection people undertook their regular planned activities out of the service. For example, on the day of our inspection one person had gone to a musical activity, whilst another went out shopping. Staff told us that people were supported to go out to the shops, for walks, for meals out and to access their local community.

We checked records and found that people's choice and preferred routines with personal care and daily living were recorded. People had their needs assessed before moving in, which helped the service understand if they could meet the person's needs. We found that care plans were personalised to the individual and gave clear details about each person's specific needs and how they liked to be supported. These were reviewed monthly or as people's needs changed. For example, the care plans we looked at described in detail how staff should communicate with the person using non-verbal cues and de-escalation techniques. Daily records detailed the care and support provided each day and how they had spent their time. Staff members shared information about changes to people's needs in a handover meetings at the end of each shift.

We found that an easy read complaints leaflet was available and in the office on display. All of the family members we spoke with told us they were aware of the provider's complaints process but had not raised any formal complaints with the service. People and their relatives told us they would make a complaint if they needed to. One relative told us, "I have not had to make a complaint and [Name] has lived there for years. I feel I would be able to make a complaint if I needed to and this would be taken seriously."

Is the service well-led?

Our findings

We found the leadership of the service could be more proactive at developing the service. We checked records and found that whilst the provider had identified some areas of risk it did not always have strategies in place to minimise these. For example, the quality assurance report had recommended that nutritional assessments should be introduced and people should be more involved in mealtime planning. This had been identified some months before but changes had not been made.

We reviewed the services approach to infection control and found that infection control audits were not in place and that no one was responsible for taking a lead on infection prevention. This meant that risk assessments had not been undertaken to stop the spread of infection. This meant that not all possible steps were taken to stop the spread of infection. We checked records and found that decontamination policies were not available. We spoke with the manager about this and he told us that this would be quickly rectified.

Systems to audit the service were in place and we found that some improvements were needed to make the auditing process robust. For example, we checked records and found that medicines had not always been audited and accidents and incidents were not reviewed to see where areas of risk could be reduced. This meant that the quality of the service was not as good as it could be.

We checked records and found regular staff meetings were held but that they were not involved in contributing their ideas about ways in which to develop the service. We noted that improvements could also be made to hold regular meetings that involve people in the service and their relatives.

We spoke with staff and they were unable to explain to us what the provider's vision and values were. We checked records and found the service did not have clear vision or a core set of values that staff were required to work towards.

Some quality assurance systems were in place, but we found that these had not been consistently applied. For example, all of the people, family members and staff we spoke with told us that they had completed a survey about their experience of the service and we checked records and found that surveys had been carried out. We noted that the feedback about the service was mainly positive but that feedback from the most recent questionnaire had not been analysed.

Family members told us that they thought the service was well led. One family member told us, "I think the service is well led and the manager does a good job." We spoke with staff who told us team morale was good, and we observed that there was a positive culture amongst staff.

On the day of our inspection, we observed that the manager was visible and knew people well. We saw people speak to him and that he was open in his response. One person said, "[Name] he's the boss, I like him. Sometimes I go and speak to him and he spends time talking with me." Family members spoke positively about the registered manager. One family member said, "I find the manager is good, he is honest and approachable."

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs
Personal care	We checked records and found that information was recorded in the care plan relating to peoples preferences and dislikes. We checked records and found that people were weighed on a regular basis and encouraged to make healthy food choices. One person at the service was diabetic, we noted that care records lacked nutritional assessments and there was not a structured approach to record that staff could recognise and manage the condition.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
	Training, learning and development needs of staff must be reviewed at appropriate intervals during the course of employment. Staff must undertake training, learning and development to enable them to fulfil the requirements of their role.