Mr & Mrs M Hamilton

Agape Annexe

Inspection report

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Date of inspection visit:
10 March 2016

Date of publication:
15 April 2016

Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

The inspection took place on 10 March 2016 and was unannounced.

Agape Annexe provides accommodation and personal care for up to four people with a learning disability and mental health needs. At the time of our inspection, the service was providing support to four people.

The service had a registered manager. 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.

People felt safe. Staff had an understanding of abuse and the safeguarding procedures that should be followed to report abuse and people had risk assessments in place to enable them to be as independent as possible.

Effective recruitment processes were in place and followed by the service and there were sufficient numbers of staff available to meet people's care and support needs

Medicines were stored, handled and administered safely within the service.

Staff members had induction training when joining the service, as well as regular ongoing training.

Staff were well supported by the registered manager and had regular one to one supervisions.

People's consent was gained before any care was provided and the requirements of the Mental Capacity Act 2005 were met.

People were able to choose the food and drink they wanted and staff supported people with this.

People were supported to access health appointments when necessary.

Staff supported people in a caring manner. They knew the people they were supporting well and understood their requirements for care.

People were involved in their own care planning and were able to contribute to the way in which they were supported.

People's privacy and dignity was maintained at all times.

People were encouraged to take part in a range of activities and social interests of their choice.

The service had a complaints procedure in place and people knew how to use it.

Quality monitoring systems and processes were used effectively to drive future improvement and identify where action was needed

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 were knowledgeable about protecting people from harm and abuse.

There were enough trained staff to support people with their needs.

Staff were safely recruited into the service.

Systems were in place for the safe management of medicines.

Is the service effective?

Good

The service was effective.

Staff had attended a variety of training to keep their skills up to date and were supported with regular supervision.

People could make choices about their food and drink and were provided with support to prepare food if required.

People had access to health care professionals to ensure they received appropriate care or treatment.

Is the service caring?

Good

The service was caring.

Staff treated people with kindness and compassion.

People were treated with dignity and respect, and had the privacy they required.

Is the service responsive?

Good

The service was responsive.

People were able to make decisions about their daily activities.

Care and support plans were personalised and reflected people's

individual requirements.

People were involved in decisions regarding their care and support needs.

There was a complaints system in place, of which people using the service were aware of.

Is the service well-led?

Good

The service was well led.

People knew the registered manager and were able to see him when required.

People were asked for feedback on the service they received. Systems were in place to respond to feedback appropriately.

Quality monitoring systems were in place.

Agape Annexe

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.

This inspection took place on 10 march 2016 and was unannounced.

The inspection was carried out by one inspector

Before the inspection, we reviewed the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law.

During our inspection, we made observations on how well the staff interacted with the people who use the service.

We spoke with two people who used the service, one relative of a person that used the service, one support worker and the registered manager.

We reviewed four peoples care records to ensure they were reflective of their needs, four medication records, three staff files, and other documents, including quality audits to see that the service was accurately auditing their work.

Good

Is the service safe?

Our findings

People told us they felt safe. One person said, "I feel safe, nothing worries me about living here." One relative told us, "[person's name] is in a safe environment. She is very secure."

The staff we spoke with had a good understanding of the signs of abuse and how to report it. One staff member said, "I follow safeguarding procedures and report to the manager. I will contact the council or the Care Quality Commission (CQC) if required." Staff told us they were confident that people were safe within the home, and that the registered manager would act appropriately to address any issues they identified. We found that the service had policies and procedure in place to protect people from harm or abuse and the staff worked in line with these procedures. We saw that staff members had received training in safeguarding adults.

People had risk management plans in place to promote and protect their safety. A staff member told us, "The plans are very thorough, they cover everything they need to keep people safe." The registered manager told us that the people within the service were very independent, and the risk assessments reflected their need to maintain independence and take positive risks. For example, the risks had been assessed to enable some people to access the community by themselves without staff support. The documents we saw addressed areas such as diet, hygiene, mobility, safety in the community. Each assessment had the detail of the potential risks and how to manage these risks while allowing for positive outcomes. There was also a section for the person to comment themselves on the risk assessment and express their view on the risks and how they like to be supported. All the risk assessments we saw had been regularly reviewed and updated.

People told us there was enough staff on duty. One person told us, "Yes there is always someone here, and I get help when I need it." A staff member told us, "This is a small service and the people are quite independent. It is a small staff team, but there is always someone on shift and people's needs are well met." The registered manager confirmed that there was three staff members currently employed, including himself. The registered manager also worked as a carer, as well as being the owner of the business. They told us, "I live just round the corner myself, so if one of the other two staff members cannot make it in, I can cover the shift myself. We do not use agency staff."

On the day of inspection, our observations confirmed that the number of staff on duty was sufficient to support people safely. Records showed that staffing levels were consistent and shifts were being covered appropriately.

Staff told us that the recruitment processes they went through included a Disclosure and Barring Service check (DBS) Identification checks and two references being sought. One staff member said, "I did not start work until all the checks were complete." The registered manager confirmed that no new staff member could start working until the checks had been completed. We looked at staff files and found evidence that DBS checks, identification checks and references had been completed.

People were supported safely with the administration of medicines. We saw that medication was stored safely in a locked cabinet. We looked at Medication Administration Record (MAR) charts and noted that they had been filled in correctly. We saw that systems were in place to monitor stock and dispose of any medication. We saw that people had guidelines within care plans around the administration of medication. Training records showed us that staff had undertaken medication training.
Temperature checks were in place to monitor the correct storage of the medicines.

Good

Is the service effective?

Our findings

People received care that was given by staff that had appropriate training to meet people's needs. One person told us, "The staff are great. They have known me for a long time, they support me well." Our conversations with staff confirmed that they were able to use knowledge that they had learnt in training and in practice to support people within the service.

All staff had received an induction before starting work within the service. A staff member told us that they had done mandatory training courses when they started such as safeguarding, medication, health and safety and more, followed by reading care plans and risk assessments. This was then followed by spending time with people and staff and shadowing their work. The staff we spoke with felt that the induction was helpful and was thorough enough to make them feel confident in working with people at the service. The registered manager told us that he delivered some of the training himself and was able to directly support staff to learn about the people in the service. We saw that the manager had gained certificates in delivering training. We saw that certificates for training courses were kept as well as a training log to monitor all staff training. We saw that as well as the initial induction training, staff were regularly updating their knowledge with refresher training courses.

The staff told us that they felt well supported by the registered manager and received regular supervisions. We saw records that showed us supervisions were taking place and covered various topics that included staff concerns and comments on their own progress.

People told us that staff always gained their consent before providing any care. One person told us, "Yes the staff always ask first." The staff and the registered manager told us that they always gained consent from people and respected people's decisions. During our inspection we saw that people were asked questions by staff before doing things, and choices were regularly offered. For example, we saw staff interact with someone about whether they were ready for lunch, what they would like to eat, and where they would like to eat it.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA). 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. We found records to show that the staff members had received training on MCA. The people being supported had capacity to make decisions about their life. The staff understood the processes that would be required should a person's capacity change or fluctuate.

People told us they enjoyed the food that they were supported to make within the service. One person told us, "I love my sandwiches, I love all the food." Staff told us, "People are given choices daily as to what they want, I support people to cook whatever they want." We saw that people were offered choices regularly during our inspection. We saw that people had detailed information within their files around their dietary

needs. Support plans had been devised to encourage people towards healthy options and guide staff in how to promote and communicate this.

People were supported to attend medical appointments to ensure their needs were being met. One staff member told us, "There is one member of staff that supports people to health appointments." We saw that people had detailed information within their files about their health and visits to various medical professionals. People had health action plans and hospital passports which broke down every area of their medical needs, and helped explain preferred methods of communication and treatment to medical staff that may not know them well. We saw that a quick reference form had been devised which summarised a person's recent health appointments with outcomes and actions included.

Good

Is the service caring?

Our findings

People told us they were happy with the care they received. One person told us, "I get on really well with the staff, they are nice to me." A relative told us, "We are so pleased with how the staff care for [Person's Name]. She has settled in so well to the home and it is the best place she could be in. The staff have contributed massively to her progress. We want her to continue living there as long as possible." The registered manager told us, "We like to keep the business small, to concentrate on the quality of care. We have built a family within our own family." We observed that staff on shift were interacting with people in a caring, positive and thoughtful manner. For example, one person became upset and agitated, and we saw a staff member approach them calmly and spoke to them in caring and concerned manner. This enabled the person to calm down and lift their mood.

The staff were knowledgeable about the people they were supporting and were able to explain people's backgrounds, needs and preferences. Staff were able to explain to us why a person would display certain behaviours and how they responded at such times. We saw that people had care plans that were individualised and promoted a caring approach from the staff. They detailed people likes, dislikes, preferences and goals.

People felt involved and supported in planning and making decisions about their care. One relative told us, "[Person's name] is very much involved in their own care. I too am kept informed about things and invited to input." We saw documentation that people were having reviews of the service they receive. In one example, we saw that the review meeting itself was limited to a small number of people, as requested by the person themselves who did not like large meetings. During our inspection we observed that people were offered choice in the way that they were supported, such as what time they would like to go shopping, or be supported with a meal.

People told us that their privacy and dignity was respected. One person said, "Yes the staff respect my privacy and dignity." A staff member told us that they respected the fact that they worked within a person's own home, and were mindful to always respect privacy by knocking on doors and checking with people first. We saw that all staff had signed a confidentiality agreement which outlined the expectations of keeping a person's information private and confidential. This was backed up by policies that the service had in place.

People told us that relatives and friends could visit whenever they liked. One person told us that they had family that they usually visit, but who also visited them on occasion. We spoke with a relative of a person who told us, "We always feel very welcome at the house, the staff are very friendly and approachable."

The registered manager told us that advocacy services could be made available if required, but nobody currently needed any.

Good

Is the service responsive?

Our findings

People told us they received care that met their needs. One person told us, "The staff know how to look after me, they are like my family, they know me." Staff told us that people had personalised schedules to suit their preferences and build upon their independence. We saw records that included sections such as 'What is important to me' 'What people should know about me' and 'How best to support me'. All of these sections contained detailed information with input from people themselves. We saw that staff members had a schedule to work through on their shift. On it was a rundown of what was planned for the day for each person and what time they were due to do things.

Staff told us they knew the people in their care and felt that their written care plans reflected people's views. We saw that peoples needs had been assessed by the registered manager before moving in to the service Staff had a handover between shifts to pass on information to ensure continuity of care and support.

During our inspection, we saw that people's decisions were respected. For example, one person was prompted to make themselves breakfast. The person was able to tell the staff member that they did not want to make breakfast in the house, and would instead go in to town to get something to eat The person was then supported to make sure they had everything they needed before going out.

People told us that they felt encouraged to take part in social activities and opportunities. One person told us, "I go to a day centre sometimes, and sometimes staff do activities with me." Another person told us, "We all went on holiday to Hunstanton, we stayed in a caravan, and the staff took us." We saw that each person had information within their files that documented the things that they had done and the things that they would like to do.

People felt that they were given the time they need to speak with staff. One person told us, "I've always got someone to talk to." We saw documentation that people were having regular meetings with keyworker members of staff where they were able to discuss the care they were receiving and talk about anything they wanted to. People were also involved in resident meetings where they were able to sit and discuss house issues and progress with the staff. We saw minutes of these meetings which showed they had taken place.

People were offered support that they needed in line with their personal preferences. We saw information within a person's file that was in place to support and respect a person's sexuality. Guidelines were in place for staff to support them with appropriate communication and behaviour. This was communicated in a positive and private manner.

People we spoke with were aware of the formal complaints procedure in the home, and told us they would tell a member of staff if they had anything to complain about. One person told us that they had not made any formal complaints but would do so if needed. Information was displayed in a manner that enabled people to understand and follow the complaints procedure if necessary. A relative we spoke with also told us that they felt very comfortable that if they had any concerns then they would be listened to and acted upon promptly. We saw there was an effective complaints system in place that would enable responses and

improvements to be made and recorded.

Good

Is the service well-led?

Our findings

People and staff told us that they thought the management of the service was good. One person said, "I love the registered manager, we are good mates. He helps me out and takes me places." A relative of a person told us, "[Person's Name] has many complex issues, and the way that they have been supported is fantastic. The service is managed very well which is why everything has been so successful." A staff member told us, "I feel very supported by the registered manager. He is always available to help."

The service promoted links with the community. Some people were supported to attend day service activities. We saw that good lines of communication were open between the services. Other people were supported to be as independent as possible and access the community by themselves. During our inspection we saw people encouraged into going out and about into the community for shopping and social trips.

Staff told us that the service had a whistleblowing procedure. They were aware of this and were able to describe it and the actions they would take. This meant that anyone could raise a concern confidentially at any time.

We saw that staff could respond to people's needs in a proactive and planned way and worked well as a team providing care in a structured and caring manner. They said the training and support they received ensured they were fully aware of their roles and responsibilities. The staff did not have any issues or concerns about how the service was being run and were positive about the service in general.

There was a registered manager in post. People we spoke with knew who he was and told us that they saw him on a daily basis. During our inspection we observed him interacting positively with people who used the service and staff. Our observations showed us that the registered manager understood his responsibilities, and as they regularly worked as a carer within the service, they had an excellent knowledge and understanding of the staff and people who used the service. They were able to clearly deliver the visions and values that the service had.

Open communication was encouraged within the service. We saw that staff had regular team meetings which covered various areas of the service and the people that were being supported. One person was invited along to a staff meeting to discuss changes to the way he was being supported by staff.

The registered manager had a good understanding of the types of information that the CQC required as notifications. A notification is information about important events which the service is required to send us by law in a timely way.

We saw that the service had carried out quality audits in areas such as medication files, risk assessments and health and safety. Quality questionnaires had been completed by the people who use the service, family members and staff. No negative comments had been received but systems were in place to continually review quality and record and respond appropriately to anything raised.