

Charnat Care Limited

Agnes House

Inspection report

79 Newbury Lane
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West Midlands
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Date of inspection visit:
25 June 2019

Date of publication:
06 August 2019

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

About the service

Agnes house is a residential care home providing personal care to two people aged 18 and over at the time of the inspection. The service is registered to support up to five people who may have a learning disability. The service has two buildings which accommodate up to five people, however at the time of the inspection there was nobody residing in one of the buildings.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them. However, we have found improvements are needed.

People's experience of using this service and what we found

The building required maintenance to meet the needs of people living in the service. Training staff received was not always up to date, which meant staffs skills and knowledge was not updated in a timely basis. We found people had enough to eat and drink.

We have made a recommendation about mental capacity assessments. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; however, the policies and systems in the service did not support this practice.

We have made a recommendation around involvement in care planning. People were supported by staff who knew them well and promoted their independence.

Governance systems required strengthening. Audits were completed but did not always identify issues that needed addressing and when problems had been identified, these were not always addressed in a timely way. The culture within the service did not always provide positive outcomes for people. However, the provider did work in partnership with other professionals.

People were protected from the risk of potential abuse. Staff were aware of the different types of abuse and knew how to report their concerns if necessary. People received their medicines safely and were protected from the risk of cross infection as staff wore personal protective equipment. Staff were safely recruited, and people received support in line with their commissioned hours.

People received personalise care that was responsive to their needs and accessed the community regularly. The provider was working in line with the Accessible Information Standards and although nobody was receiving end of life support the provider had systems in place to address this situation should it arise.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and remain as independent as possible.

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

Rating at last inspection

The last rating for this service was good (published 23 December 2016).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good 

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement 

Agnes House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service one days' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

Due to the needs of the people who lived at the service we were unable to speak to them. However, we

spoke with one relative about their experience of the care provided and five members of staff including the registered manager, senior care worker and care workers.

We reviewed a range of records. This included two people's care records and two medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with one professional who regularly visited the service and one relative.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to safeguard people from the risk of abuse.
- Staff knew the different types of abuse and what signs to look out for.
- One staff member told us if they suspected abuse they would, "Approach the senior then the registered manager."
- Staff were also aware of external agencies they could report their concerns to although one staff member told us they had, "No reason to think management would not act on my concerns."
- Where safeguarding concerns had been identified these had been reported to the local authority as required.

Assessing risk, safety monitoring and management

- People's risks were assessed and managed. Risk assessments had been completed which covered environmental risks and specific health needs.
- One relative told us, "They would like to think" their relative felt safe.
- Where people had behaviour which challenged, plans were in place to ensure they had the right support to meet their needs.

Staffing and recruitment

- Staff were safely recruited. The provider ensured that Disclosure and Barring Service (DBS) checks were completed on new starters. DBS helps employers make safer recruitment decisions.
- The service was providing staffing levels in accordance to people's commissioned hours.
- Staff told us staffing levels were adequate and there are plans in place for incidents like staff phoning in sick.

Using medicines safely

- People were safely supported with their medicines.
- Medicines were kept securely, and medication administration records had been completed.
- We saw the stock levels for medication were correct and body maps were in place to guide staff on where to apply medicated creams.
- The registered manager completed medication competency checks with staff to ensure they were completing the task correctly.

Preventing and controlling infection

- People were protected from the risk of cross infection. We saw the home was kept clean.
- We witnessed staff wearing personal protective equipment (PPE) when carrying out care tasks.

- Staff were aware of their responsibilities around PPE with one staff member telling us, "I wear it every time I do personal care."

Learning lessons when things go wrong

- Lessons were learned when things had gone wrong. For example, a concern had been raised by a relative about the condition of their loved one's clothes. Following this the registered manager had implemented a system where the person's clothes were checked monthly.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

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

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

- The building required maintenance to meet people's needs effectively. For example, there was a hole in the ceiling of a person's bedroom.
- We spoke to the registered manager about this who was aware of the situation and after the inspection a temporary fix had been placed.
- People had access to garden space and enjoyed using the space. However, staff and a relative expressed concern about how over grown the garden is and the risk this poses to the person.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's care plans referred to people lacking capacity and decisions were made in their best interests, however there was no documentation in place to evidence how this decision had been reached. This meant people could not be assured their rights would always be upheld. We discussed this with the registered manager who stated they were in the process of completing capacity assessments for individuals.
- DoLS had been applied for where needed. However, mental capacity assessments had not been documented to show how the decision had been made to apply for the DoLS in the persons best interests.
- Staff told us they asked people's permission before supporting them with tasks such as personal care.

We recommend the provider researches best practice guidance to ensure they demonstrate consent to care and treatment and best interest decisions are always in line with legislation and guidance.

Staff support: induction, training, skills and experience

- During the last inspection it was identified there were gaps in training staff received.

- Staff told us they received training, however one staff member told us they had to, "Prompt them [the provider] for training."
- We viewed the providers training record which showed several gaps for staff where their training had expired. This included various topics such as safeguarding, Mental Capacity Act and behaviour management training.
- Although the registered manager informed us training in behavioural management was being planned for, it meant staff were supporting people without having received refresher training on a timely basis to ensure their skills and knowledge were updated.

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

- People had their needs assessed, which covered some of the protected characteristics such as religion and sexuality.
- Where people had behaviour that may challenge, care plans were detailed on how best to support the person and gave staff guidance on communication techniques.
- The provider had completed reviews of care plans.

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

- People were supported to maintain their nutrition and hydration needs.
- Where people needed adapted cutlery, we saw this was provided for them and where they required space to eat their meal this was provided for them.
- We witnessed staff verbally encouraging a person to use their cutlery as detailed in their care plan.
- Where people were on a specialist diet, the information in care plans was contradictory to the food we saw being served. We spoke to staff about this who stated they would clarify this with the relevant health professional to ensure they were working with the most up to date advice.

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

- People were supported to access healthcare services when appropriate.
- Records showed that a variety of health professionals were involved in people's health needs.
- The registered manager stated they were in the process of implementing a care passport, which would detail people's needs and preferences should they be admitted to hospital.
- Staff were aware of people's favourite food choices and supported them with making healthier food choices.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- One relative told us, "The majority of staff are caring towards [person's name]."
- A health and social care professional told us, "Staff know people very well."
- A staff member told us the best thing about their job was, "Going out with [people who use the service] and planning the day care."
- From our observations, staff knew people well and people felt comfortable approaching staff.

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

- It was not always evident how people were involved in making decisions about their care. We saw records that showed key worker meetings had taken place but no outcome of the meeting. We recommend the provider research best practice in maximising communication and involvement in care planning.
- One relative told us they were involved in their loved one's key worker meetings, "Monthly but this hadn't happened in a long time."
- We observed staff giving people choices about their care, for example what time they wanted a shower.

Respecting and promoting people's privacy, dignity and independence

- People had their independence promoted. For example, people were encouraged to clear their plates away after meals.
- Staff could give us examples of how they supported people to maintain their privacy and dignity. For example, closing doors and supporting people with their personal care in private.
- We observed these practices on our inspection.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place. Where there had been complaints raised we saw they had been responded to.
- There had been a concern raised by a relative about the cleanliness of the vehicle used to transport people using the service. The registered manager admitted this has fallen below standard and stated they had introduced a system to address this.
- One health and social care professional told us, "Every time I send a complaint to them I get a response and it is investigated."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to access the community on a regular basis and engage in activities.
- However, people's relatives felt some of these activities were not best suited to the needs of the person.
- We spoke to the registered manager about this who stated community activities have to be planned and risk assessed to meet the individual's needs.
- People were supported to visit family members regularly in the community.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care that was responsive to their needs. Care plans detailed people's likes and dislikes and routines.
- Staff knew people well and could tell us about their communication needs and personal preferences. For example, one staff member told us a person can become overwhelmed with too much choice, so they offer him, "Two choices, for example with clothes."
- One relative told us more established staff, "Knew [person's name] likes and dislikes and spend time trying to understand what [person's name] is trying to communicate."
- A health and social care professional we spoke to said, "Staff know them very well. I have questioned staff and they know their care plans."

Meeting people's communication needs

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

- The provider was following the AIS. People had communication passports in place which included the use

of pictures.

End of life care and support

- The service was not supporting anyone with end of life care at the time of the inspection, however they did have a system in place to address this matter such as a when I die booklet and end of life planning policy in place.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

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

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The culture within the service did not always promote positive outcomes for people.
- There had been complaints from a relative about staff conduct when supporting a person in the community. We spoke to the registered manager about this who informed us they had investigated and taken action.
- One person's care plan detailed they required support to maintain regular contact with their relative. The relative we spoke to stated the phone calls stopped from their loved one, "A while back and I don't know why it stopped." This meant we could not be assured that people were being empowered to achieve their planned needs.

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

- Governance systems required strengthening. Audits were completed but did not always identify issues that needed addressing such as the food fridge temperature recordings.
- When problems had been identified, for example repairing the hole in a bedroom ceiling, this was not rectified in a timely manner.
- Robust systems were not in place to ensure staff had access to the latest skills and knowledge. For example, some staff's training had expired.
- Records provided to us demonstrated that accidents and incidents were audited, however the information contradicted what we had received from the registered manager. This meant we could not be assured accidents and incidents were analysed effectively.
- The registered manager was aware of their duty to submit notifications to CQC and had been doing so when necessary.

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

- The service did not always engage with people. Relatives we spoke to informed us the registered manager was not readily available to contact. One relative told us since the registered manager has been in post they have spoken to them once. With another relative telling us the registered manager, "Never gets back to them."
- We spoke to the registered manager about this who stated their time is split between different services, but

relatives can make an appointment to see them if they wish.

- Feedback from staff was the registered manager did not attend the service that often, however they were able to contact the deputy manager if they needed to.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of their duty of candour and told us it was about the, "Welfare and wellbeing of clients open and honest in everything that you do. Transparent and be truthful."

Working in partnership with others

- The provider worked in partnership with others. One health and social care professional told us, "Communication between the home I have found is good and they listened to advice with regards to any changes needed."