

Leonard Cheshire Disability

Agate House - Care Home with Nursing Physical Disabilities

Inspection report

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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

Agate House is registered with the Care Quality Commission (CQC) to provide accommodation for up to 36 people with a physical disability under the age of 65 years who require personal care or nursing. . At this inspection there were 36 people accommodated at the home.

At the last inspection the service was rated Good. At this inspection we found the service remained Good.

People and their relatives told us that people were safe living in the service. Risks to people were appropriately assessed and managed. There were robust recruitment procedures in place to help ensure staff were of good character and suitable to work at this type of service. There were sufficient numbers of skilled and competent staff available to support people when they needed it.

Staff received appropriate induction, training and support to help them carry out their roles effectively. The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). People were supported to have choices and control of their lives and staff supported them to retain as much independence as possible. People received appropriate support to eat and drink sufficient amounts to keep them healthy and people were supported to access a range of health care professionals to meet their individual needs when required.

People who used the service were treated in a kind and caring way by staff who respected their privacy and maintained their dignity. People, relatives and professionals were given the opportunity to feed back on the service and their input was valued and used to improve the service.

People received personalised care that met their individual needs. People were given appropriate support and encouragement to access meaningful activities appropriate to people's individual abilities and interests. People told us they knew how to complain and were confident they would be listened to if they needed to make a complaint.

The service was being well managed by two deputy managers as the registered manager was off on long term sick leave. The deputy managers had worked hard to create an open, transparent and inclusive atmosphere within the service. There were systems and processes in place to monitor the overall quality of the service and where shortfalls were identified they were promptly acted upon to improve the service.

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 had been trained in how to safeguard people from harm and were knowledgeable about the potential risks and signs of abuse.

Individual risks to people's health, were assessed and kept under regular review to take account of changing needs and circumstances.

Safe and effective recruitment practices were followed to help make sure that staff were of good character and suitable to work in this type of service.

There were sufficient numbers of staff deployed to meet people's needs.

People were supported to take their medicines by staff who were trained and had their competencies checked.

Is the service effective?

Good ●

The service was effective.

Staff received training and support to enable them to care for people effectively.

Staff obtained people's consent before assisting them and were aware of the mental capacity act and the steps that needed to be followed to protect people's best interests.

People were supported to eat and drink sufficient amounts to help maintain their health.

People's day to day health needs were met in a timely way and they had access to health care and social care professionals when necessary.

Is the service caring?

Good ●

The service was caring.

People and their relatives told us that the staff were kind and caring.

People's support plans were person centred, and their care was arranged around their individual needs.

Staff respected people's dignity and privacy and supported people as they wished, whilst encouraging them to remain as independent as possible.

Staff had developed positive and caring relationships with people they knew well.

Is the service responsive?

Good ●

The service was responsive.

People's support plans were detailed to inform staff how to provide person centred care and support.

People were supported to take part in a variety of activities according to their individual abilities and wishes.

Peoples views were sought and feedback was acted upon.

Concerns and complaints raised by people who used the service were appropriately investigated and resolved.

Is the service well-led?

Good ●

The service was well-led.

The management team were open, transparent and there was an inclusive culture in the home.

People who used the service felt the service was well managed and felt the managers were approachable and helpful.

The deputy managers demonstrated an in-depth knowledge of the people who used the service.

Staff told us that the management team was approachable and they felt well supported.

The provider had system in place to receive feedback from people who used the service and their relatives.

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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.'

The inspection was carried out by one inspector on 19 October 2017 and was unannounced.

Before the inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us. The provider completed 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.

During the inspection we spoke with three people who used the service, two relatives, three support staff, a nurse, admin staff, a member of the maintenance team, activities coordinator and the two deputy managers. The registered manager was not at the service as they were off work at the time of our inspection.

We reviewed two care records, two staff recruitment files, training records and other records relating to the overall management 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.

Is the service safe?

Our findings

The service was safe. The provider had systems and processes to help keep people safe from avoidable harm.

Staff had been trained in how to safeguard people from avoidable harm and were knowledgeable about the potential risks and signs of abuse. One member of staff told us "I have had safeguarding training and would have no hesitation reporting any concerns. I know the managers would listen to any concerns. We discuss safeguarding regularly so everybody is reminded". We saw safeguarding information on a poster with relevant contact details, signposting staff and people about who to contact should they have any concerns.

Individual risks to people's health, were assessed and kept under regular review to take account of changing needs and circumstances. We saw that people had their individual needs assessed and they were kept under regular review. For example most of the people who lived at the home required a mechanical hoist to assist with moving and transferring them. We saw that two staff were assigned to do these tasks safely. People had their own equipment and sling which had been individually assessed for them. We saw in people's room a notice to say 'person was at risk of choking' which was a constant reminder for staff. This information was also clearly documented in people's care plans to inform staff of how to support people safely with eating and drinking.

Safe and effective recruitment practices were followed to help make sure that staff were of good character and suitable to work in this type of service. There was a robust process in place for the recruitment of staff. This included completion an application form, provide proof of identity, having a minimum of two references taken up and a disclosure and barring check (DBS). We saw from recruitment records that gaps in employment were explored along with the right to work in the UK.

There were sufficient numbers of staff deployed to meet people's needs. People were supported promptly. We noted that call bells were answered in a timely way. We observed staff supporting people over lunch and they did so in a calm and relaxed manner. One staff member told us "It is busy because nearly everyone requires two staff to support them. It can be a challenge sometimes to get round to everyone particularly if someone calls in sick at the last minute. If we are supporting someone and the call bell rings sometimes we have to go and tell the person we will be with them in a few minutes because we cannot leave the other staff member to hoist a person on their own. But we get by and do the best we can".

There were suitable arrangements for the safe storage, management and disposal of medicines and people were supported to take their medicines by suitably trained staff who had their competency assessed. We checked a random sample of boxed medicines and found, they had been safely administered to people at the correct time. Medicine administration records (MAR) were completed correctly. We saw that the MAR charts had a photo of the person any known allergies were recorded on the front of the record to alert staff. Regular audits were undertaken to ensure any errors were quickly identified.

Is the service effective?

Our findings

People were supported by appropriately skilled and knowledgeable staff. Staff told us, and records confirmed that they received the training and support they needed to carry out their role effectively. A staff member told us, "We are well supported and the managers are very approachable. We do a lot of training". New staff completed an induction which involved them familiarising themselves with the people they were supporting. One staff member told us "We had an opportunity to read the policies and procedures and the statement of purpose to help us understand about the ethos of the service". Staff also completed training in safeguarding, moving and handling as well as a range of other topics relevant to their role.

Staff received training and support to enable them to care for people effectively. Staff had access to on-going training and regular refresher training to help ensure they had the right skills and experience to meet people's needs effectively. Staff were supported by two deputy managers. We saw that there were regular team meetings held and staff were able to contribute to the agenda if they wanted to discuss anything. In addition staff had individual one to one meetings with their line manager which provided them with an opportunity to discuss their personal development or to identify any additional training that was required. One staff member told us "We are well supported we can always go and speak to one of the managers if we need to discuss anything, we don't have to wait for a team meeting or supervision".

Staff obtained people's consent before assisting them and were aware of the mental capacity act and the steps that needed to be followed to protect people's best interests.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). People using the service had their capacity to make decisions and consent to their care assessed appropriately under the MCA. DoLS applications had been made to the local authority and authorised where appropriate and to help keep people safe. Staff demonstrated they understood MCA and DoLS and how this applied to the people they supported.

People and their relatives told us that the food provided at the service was appropriate to meet their wishes, preferences and needs. People received support to eat and drink sufficient amounts to keep them healthy. People had risk assessments completed in relation to their ability to swallow. For example one person who had difficulty swallowing had been assessed by the speech and language therapy team (SALT) and had been given a special thickening powder to reduce the risk of them choking. Another person had been assessed as needing a soft diet. People told us they had a choice of what they ate. On the day of our inspection we observed five different choices of food. In addition to the main courses and people's specialist dietary requirements people could also choose a 'lighter' food option if they preferred. People's weights were monitored and if there were any concerns they were referred to a dietician or the SALT team for assessment.

People's day to day health needs were met in a timely way and they had access to health care and social care professionals when necessary. Appropriate referrals were made to health and social care specialists as

needed. People told us that professionals visited the home when required such dentists, opticians and chiropodists.

Is the service caring?

Our findings

People and their relatives told us that the staff were kind and caring. We observed that staff interaction was caring and compassionate to the people they supported. One relative told us "They are lovely here, the staff some are better than others but generally they are very nice". Another relative told us "I have always found the staff to be really good. They must be dedicated to work with people with such complex needs, it is not easy they are very busy and work hard."

We observed that staff spoke to people in a way they understood. For example we saw a staff member bend down to the same level as a person they were supporting and made eye contact with them and were able to engage in a short conversation to reassure the person why we were there. The person immediately became more visibly relaxed and continued to eat their lunch.

People's support plans were person centred, and their care was arranged around their individual needs. People were involved where they were able in making decisions about their care. Where people were unable to participate in the planning of their care, relatives, staff members and health and social care professionals were involved in the development and review of peoples care plans. This helped to make sure peoples wishes were taken into account by people who knew them well.

We saw that care plans were very detailed and provided staff with all the information they required. Each care record contained a profile about the person which helped staff to understand about the person's life and journey and about what was important to them and who was involved in their lives.

People's relatives told us that they were able to visit the home at any time and they were always warmly welcomes. One relative said, "We can visit at any time without notice and are always offered a cup of tea, they make us feel really welcome."

Staff respected people's dignity and privacy and supported people as they wished, whilst encouraging them to remain as independent as possible. One staff member told us "I treat people as I would wish to be treated myself or how I would want my family member to be treated. We observed that while staff were providing personal care bedroom doors were kept closed. One person who used the service told us "The staff do respect my dignity, they always keep me covered when they are helping me to get washed and dressed".

Staff had developed positive and caring relationships with people they knew well. Staff we spoke with were able to describe peoples individual needs and wishes in detail. One staff member told us "I have worked here for 8 years now and have got to know people very well. I really miss them when I am having my days off. It is like having another family really". People who used the service confirmed staff were kind and caring towards them and said "Yes, they are very nice and really do care for us very well".

Is the service responsive?

Our findings

The service was responsive. People received care that was flexible and responsive to their changing needs. People and their relatives told us that staff knew people well and understood their needs. Staff were able to confidently describe people and were able to identify non-verbal signs and what they meant to individuals. For example one person who could not communicate verbally was looking towards the ceiling the staff member immediately explained that their relative had died and when they looked at the ceiling it was a sign that they were thinking about their relative in heaven. In the case of another person If they looked at an item the staff passed the item to them. This demonstrated that staff had got to know peoples individual needs very well and were able to support them appropriately.

People's care records contained personalised information about them, such as their health conditions, their preferences and life history. This information enabled staff to support in the way they wished to be supported but also in a way that helped people to remain as independent as possible.

People were supported to engage in a range of stimulating activities relevant to their individual needs and abilities. We saw there were arts and crafts on the day of our inspection along with a review of newspapers, crosswords and word games. Activities were primarily provided Monday to Friday but activities staff told us "It just depends what is going on sometimes we do activities in the evening or at the weekend. The activities staff told us "We are very lucky to have three mini buses so we can take a group of people out or just an individual it gives us the flexibility to do what people want to do".

The activities coordinator told us that in addition to the range of activities at the home people were supported to go out in the community and enjoyed visits to local areas of interest as well as indoor skiing bowling visiting the arts and theatres. The activities coordinator told us "We also have quiz evenings at other homes and we take in in turns to host the quiz evening, this enables people to 'engage' and interact with other people outside their own service".

People and their relatives were provided with a range of opportunities to feedback their views on the service. People's views were sought through residents meetings and people were able to give their feedback through completion of questionnaires. People's views were taken into account and things changed. Some of the feedback was about food choices and menus as well as the range of activities. People were also able to have access to WIFI as this had been requested.

People and their relatives also told us they would feel comfortable raising any complaints with the management team should they need to and that they were confident that appropriate actions would be taken. We saw that there was a process in place to investigate and report findings when a complaint was raised. The deputy manager told us "We look positively when a concern is raised as it gives us an opportunity to improve. We saw that the service had received many lovely compliments and thank-you cards demonstrating that people were happy with the service they received.

Is the service well-led?

Our findings

The service was well-led. The management team were open, transparent and there was an inclusive culture in the home. One person told us "I think this is a good home and it is well managed". People were able to tell us who the managers were. One person told us "They are always out and about on the floor yes they do have a visible presence". The home had a registered manager. The registered manager was not at the service at the time of our inspection. They were off sick. The home was being managed by two deputy managers.

People and their relatives told us that they felt the service was well-led. One relative told us, "The managers are always available if we have any concerns and always acts on anything we raise with them. They are very approachable."

The provider had a regular programme of audits to assess the quality of the service. Managers from another service operated by the provider undertook audits within the home in such areas as health and safety, medicines, food hygiene and care plans. Additionally the provider's quality team undertook audits in line with CQC domains (Safe, effective, caring, responsive and well-led). Where shortfalls were identified, records demonstrated that these were acted upon promptly.

We saw that the home was well maintained with a programme of tests and checks completed regularly. This included things like water temperature checks, portable appliance testing (PAT), checks of fire extinguishers, and gas safety checks. In addition the maintenance staff showed us records of requests for items to be fixed or where faults had been identified. Records showed that the requests were dealt with proactively which helped ensure risks were mitigated and managed effectively. The provider promoted a positive, inclusive culture within the service. For example, staff told us they worked in a way that was open and were able to challenge senior staff service to reflect what they did well and what could be improved for the benefit of the people who used the service For example more community events and outings.

The provider sought the feedback of people who used the service, their relatives, staff members and external health professionals. This information was used to drive forward improvements in the service. People's views were sought and people, staff and relatives felt the management listened and valued people's views and input.

Staff were clear about their roles and responsibilities and told us they felt valued and motivated. One staff member told us "We work well as a team we have had challenges over the last six months. But we do the best we can. At the end of the day we are all here for the same reason and that is to make sure people receive good quality care. I go home tired but knowing that I have done a good job and that is important to me".