Agincourt Care Home Limited

# Agincourt Care Home

## Inspection report

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Website: www.agincare-homes.com

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| 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

Agincourt Care Home is registered to provide accommodation and personal care for up to 31 older people. Nursing care is not provided. On the day of our inspection there were 25 people living in the home.

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.

The risks people took were understood by staff and in general terms had guidance on reducing those risks. However we found that the recorded guidance to staff in relation to supporting a person with unwanted behavior required to be clearer. The registered manager addressed this at the time of the inspection.

The home was clean but some areas of infection control needed to be improved upon. The laundry area needed cleaning and the storage of dirty clothes needed to be reconsidered. The registered manager addressed this at the time of the inspection.

The arrangements made for the dispensing of medicines in the home was safe but in one case required some further oversight. We looked at medicines records and found that the recording was generally safe but there was insufficient evidence of one person receiving their medicine. The registered manager acknowledged our observations and began to plan how best to improve the systems in place.

There were some outstanding maintenance work that required attention. However the provider told us about the plans they had in place to address these and that they hoped to complete some of the work in the new year (2017)

People were valued and well cared for by staff. The interactions between people living at the home and staff was observed as friendly and compassionate. People and their relatives told us staff were friendly and caring. Staff demonstrated a high commitment to their work and had built up positive relationships with people. People were treated as individuals and their diverse needs respected and met. One member of staff said "just to be able to combe their (people') hair and make them feel good makes me feel good".

People were cared for by staff with the appropriate skills and experience. Some staff had worked in the home for a number of years and told us they enjoyed their work. Staff were provided with opportunities to learn how to care for people with enduring mental health illness'. Staff told us about how they felt supported by the management and felt valued by the provider Agincare.

People and those important to them told us about how they felt included in their care plans. One relative told us about how well the staff had responded when they had concerns; another told us about being involved in planning the Christmas activities. This demonstrated that the service tried to include all people

with regards to areas of running of the home.

People were provided with support to access health care services. When people became unwell staff made arrangements for a health care professional to visit.

## 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

People were safe.  Infection control practices required some further oversight. The recording of medicines administered needed to clearly evidence when people had been given their medication..

People were  protected from harm and abuse because there were processes in place for recognising and reporting abuse.

People were supported by sufficient, safely recruited, staff.

### Is the service effective?

Good

People received effective care. Staff had the right knowledge and skills to meet their needs.

Staff worked in partnership with health and social care professionals to ensure people's needs were met.

Staff understood the principles of the Mental Capacity Act (2005) and how to apply it to their work.

People received sufficient food and drink. People had choice and flexibility around what they ate and when.

### Is the service caring?

Good

People received kind and compassionate care. Relatives told us staff were caring and professional. We saw staff communicate with people in a friendly and warm manner.

People and their relatives were listened to and involved in making decisions about their care.

People were treated with dignity and respect

### Is the service responsive?

Good

People received care that was responsive to their individual needs. People had a detailed care plan which provided staff with guidance to enable them to meet people's individual needs.

People were provided with social and emotional stimulation tailored to their needs.

People and those important to them could raise concerns. There was a complaints policy in place.

## Is the service well-led?

Good

The service was well led. There was a quality monitoring system in place to assess the service offered.

Staff were motivated and knew what was expected of them.

# Agincourt Care Home

**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 took place on 5 and 7 December 2015. The first day of the inspection was unannounced the second day was announced. The inspection was carried out by one inspector.

Before the inspection we reviewed the information we held about the service. This included notifications regarding safeguarding, accidents and changes in the service. Before the inspection we asked the provider to complete a Provider Information Record (PIR).This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we had about the service including notifications from the provider relating to people's care and welfare.

Following our inspection we contacted the local authority's contract monitoring team and the clinical commissioning group involved in the care of people living at the home to obtain their views on the service.

In order to gain further information about the service we spoke with five people living in the home. We also spoke with eight members of staff and two relatives.

We looked around the home and observed care practices throughout the inspection. We looked at six people's care records. We reviewed records relating to the running of the service such as environmental risk assessments and quality monitoring audits.

Observations, where they took place, were from general observations

Good

# Is the service safe?

## Our findings

The home was clean but infection control practices in the home needed to be improved. We looked around the home and observed that most communal areas were clean. However we did note that not all staff used protective gloves when either cleaning the toilet areas or moving used continence aids. This was not good practice and put people at unnecessary risk of cross contamination.

We looked in the laundry area where we noted a bag used to bring dirty laundry into the area had over flowed spilling used clothing on the floor. The laundry floors and machines were dirty with accumulated dust and stains. We looked at the infection control audit for the home. The audit given to us at the time of the inspection did not look in depth at the laundry area. (However, following the inspection the provider made us aware of other infection control audits that had taken place which covered the laundry area). We spoke with the registered manager about our observations who took action to have the laundry area cleaned.

The administration of medicines dispensed at the home required improvement. We looked at the Medicine Administration Records (MAR) and weekly checks of stock. We noted in one person MAR there was no recording in relation to the administration of pain reliving cream (as this was a cream we had no way of reliably assessing if this had been administered or not). We spoke with the registered manager who acknowledged our concerns and told us they would take steps to improve the systems in place to account for medication and reduce the risk of people not receiving their medicine as prescribed.

The risk people took or posed in their everyday life was recorded but improvements in the guidance to staff were required. People's care records recorded risks such as those associated with malnutrition, dehydration and risk of falling. These records were reviewed and following changes in need were generally updated as required. We noted in one person's care records that they had periods of disruptive behavior due to their enduring mental health illness. We spoke to staff who knew the person well how they should react to situations that caused the person stress. It was noted that whilst these risks were reflected in the person's care plan review, this latest information had yet to be transferred to the front sheet of the relevant care plan. The manager updated this before day two of the inspection.

People were protected from harm and abuse because staff had received appropriate training in safeguarding people from harm and abuse. Staff were able to describe how they would recognise abuse and were aware of their responsibilities to report it. The provider had a safeguarding policy which staff were aware of. Staff told us how they would report poor practice and were aware of whistleblowing procedures. People told us they felt safe living in the home. One relative told us they are confident their loved one is safe and described the home as "first class."

New staff were recruited safely. We looked at the staff records of three of the most recently recruited staff. We found that the provider had recruited staff safely by carrying out appropriate background checks, including references, employment history and criminal records checks. Staff and relatives told us there was enough staff on duty to meet people's individual needs. We looked at the staff rota which confirmed what

we had been told.

The provider had plans for ongoing improvements to the building. The home required a certain amount of general maintenance in order to maintain it in good condition. There was a plan in place to have the rear exterior of the building painted and any soft wood replaced. There was also a plan to refurbish all of the people's bedroom doors to make them look like a 'front door'. We were told this was to help personalise people's private rooms and make them more homely.

Good

# Is the service effective?

## Our findings

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 homes 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.

Mental capacity assessments were meeting the requirements of the MCA. When people had expressed a wish to leave the home the registered manager had made a MCA assessment and best interest decision before making an application to deprive the person of their liberty (DoLS) had been granted by the approving authority. For example, a new person took up residency during the inspection. As the person was asking to leave the home the registered manager made arrangements to carry out a capacity assessment. They also requested the capacity assessment carried out by the placing authority be made available to them to help them with this assessment. The registered manager explained that they would apply for a DoLs to ensure they could keep the person safe and legally at the service. This demonstrated the registered manager was aware of the process to follow to ensure the person's rights were respected. Staff were aware of the MCA and what that meant for the people living at the home.

Where people living at the home were assessed as not being able to make decisions about the care and support they received, there were decision specific assessments in place in line with MCA. There was evidence that best interest decisions had been made which had included people important to the person concerned.

People received care from staff who had suitable knowledge and skills to meet their needs. Staff received induction training before they started work and there was an on-going programme of training for staff to develop their skills. Staff confirmed they had received enough training to carry out their roles.. Staff told us about the training they had undertaken and how they accessed training. They told us the training was available through the provider's academy. We spoke with a senior representative of the provider who told us about the role of the academy. They informed us that they had developed a partnership with a local college to deliver training for those involved in the caring profession.

Training covered areas such as dementia care, control of substances hazardous to health, health and safety and assisting and moving. The staff at the home told us that they had regular one to one supervision with the registered manager and that this gave them the opportunity to raise any issues they may have with their work and to discuss their personal professional development. Staff records confirmed this.

People had sufficient food and drink. People told us they were happy with the food. One person told us "

lovely food, sometimes a bit too much, if I don't fancy what the girls (staff) give me they always get something different". Relatives told us that they considered there was always enough for people to eat and confirmed that people have a choice of what they are served. One relative told us "I eat here sometimes, the food is as good as you can get". We saw people eating a range of different lunches according to their personal choices. People who needed more help were provided with this in a calm and supportive manner. There was a choice of food on a daily basis, if people did not want what was on the menu, they were provided with an alternative. There was a system in place to monitor people who were at risk of malnutrition or dehydration. The staff we spoke with could identify people who they had concerns with and informed us of the plans to monitor these people. What we were told was reflected in the care records.

People had regular access to various healthcare professionals. For example, people had appointments with opticians, dentists, chiropodists and speech and language therapist. People's care plans indicated if people needed additional support to have their health needs met the provider would make arrangements to address this. One relative told us "the staff are good at keeping me informed if my relative seems a little off colour. They will always call the doctor then me next".

Good

# Is the service caring?

## Our findings

People were treated with kindness and compassion. Staff spoke warmly about people they supported and we saw staff helping people in an unhurried calm manner. Staff were able to talk to us about people and knew people well. People responded positively to staff and were relaxed in their company, smiling and talking with them. When people were unable to communicate verbally staff were able to communicate in a way which people understood and were able to communicate back.

Staff developed effective relationships with the people they cared for and this motivated them to provide quality personalised care. We observed that staff would sit and talk with people about things that interested them. They provided spontaneous activities such as reading a newspaper or going through a magazine with people. When people who could not verbalise wanted help staff responded to the non-verbal signs such as waving or becoming restless. We spoke with staff about how they got to know the needs of those people who could not tell them. One staff member told us "some of it is trial and error some of it is just observing what interests them and building on this. We speak with the relatives and take time to talk with the person to find out how they respond, I love my work no two days are ever the same, the people living here are like my big family". Another member of staff told us "just to be able to comb their (people') hair and make them feel good makes me feel good".

People and their relatives were complimentary about staff. People told us staff are kind and friendly and relatives described staff as very good. One person told us "I do like it here, the girls (staff) get me drinks and food and help me to bed". One relative told us "staff always have time for you, to tell you what's been going on, I feel listened to when I think a minor change is needed such as sit with others more often". Relatives also talked about feeling welcome at the home and considered staff to be caring. Health care professionals also confirmed this.

Staff knew people's routines and respected them. The staff we spoke with told us about peoples individual routines such as what time they liked to get up, how they like to spend their day, if they liked to rest on their bed after meals. They also told us that they have to 'gently help' people with some daily living decisions based on experience such as what they liked to eat and when and where to socialise. Staff were seen to give people information about what was happening in the home and encourage people to sit with others in activities that they knew interested them. We looked at people's care records that largely reflected what we had been told.
People were treated with respect and dignity. We observed staff support people discreetly, when people required help to mobilise staff spoke calmly and quietly to the person encouraging and reassuring them. We observed when people refused support their decision was respected such as help getting dressed. (We further noted that staff would later return and ask again if this was part of the person's individual agreed plan of care)

Good

# Is the service responsive?

## Our findings

People's care was planned and delivered in a way that was tailored to their needs and preferences. People's care records gave staff detailed information about the person, including their preferences, likes and dislikes and the level of support needed.

People's care needs were reviewed. Care plans were reviewed at least monthly or as required. Relatives told us they were kept informed of changes and their input was welcomed and valued. One relative told us about how the staff had responded to their concerns over their loved ones weight loss by the introduction of a system to monitor food and fluid intake. They told us that this intervention was helpful when health care professionals had questioned if the person was receiving enough nutrition. Other relatives told us about how they feel listened to and felt they can make suggestions.

People were involved in activities. There was one member of staff that came to the home on a part time basis who provided some social stimulation. We observed them sat speaking with small groups and individuals, talking about things that interested people and reading with them. We spoke with two people who told us they enjoyed these sessions although they did not identify this discrete stimulation as an activity. Throughout the inspection we observed staff playing cards with people, reading to them and generally socialising. People appeared to enjoy this stimulation. (We further noted that one person was supported to go out to the shops by a staff member to buy items they needed.

People, their families and staff were encouraged to provide feedback about the service and how it could be improved through regular surveys and meetings. The surveys sought to understand what people thought about the service, staff, food and information provided. The relatives we spoke with told us about being consulted not only about their loved ones care but also about the service in general. One relative told us about being consulted about events that had been held, another told us about being consulted about better community involvement. This demonstrated that people important to those living at the home could comment on the service in general.

There was a complaints policy and the procedure for reporting complaints. People and their relatives told us they knew how to raise concerns and they felt listened to. The registered manager dealt with concerns promptly to avoid them escalating into a complaint. For example one relative told us about concerns they had with a judgement that had been made by a visiting professional regarding their loved one. They told us about how the registered manager had listened to their concerns and negotiated a solution with the health care professional.

Good

# Is the service well-led?

## Our findings

The service was well led.

There were auditing systems at the home. There had been a series of audits in areas such as people's care records, health and safety, staff training and infection control.
We spoke with the registered manager about some of our observations during the inspection. They demonstrated that they had taken action to address issues in the laundry and care records when pointed out to them. They further acknowledged issues such as medicines auditing requiring to be more robust and discussed when they will implement improvements. They had an understanding of the issues and had started to plan with regards to addressing them. This demonstrated openness and willingness to take action to ensure improvements were made.

We looked at other audits and found that these had been used to make improvements at the home. An example of this was the process in place for reporting accidents and incidents. These were reported on an electronic system which was monitored for trends not only by the registered manager but also the provider. We spoke with the registered manager who told us that as a result of these analysis they had found that people spent some time awake throughout the night. They had responded to this by putting extra staff on duty throughout the night. This showed that the management used information to provide a safer service.

There was a management structure in place. The registered manager was supported by a deputy manager, care and ancillary staff as well as benefiting from the support of the provider. There was a process in place which ensured staff and people were kept informed of changes. The registered manager attended operational management meetings and cascaded information to the deputy manager and other staff within the management team.

Staff told us they were motivated to do a good job. Staff told us they felt supported by management and told us they could raise concerns and they would be listened to. The staff told us that if they raised issues, such as concerns over people's emerging health care needs, the registered manager dealt with it appropriately. One member of staff told us about how they appreciated the encouragement and support they had received regarding training and career development. All of the staff we spoke with told us they felt valued by the management at the home and also by the provider. One staff member told us "Agincare look after their staff" We looked at staff minutes that demonstrated an openness where staff could raise issues, discuss improvements and celebrate success.

We spoke with a senior representative of the provider about the development of training opportunities and partnership working with a local college. They told us they had identified this as a need to ensure that they had good quality, well trained staff that would not only help ensure good quality care for the people they supported but to also develop the standards of the care sector.

People and their relatives knew who the management team were and told us they were approachable. One relative said the staff and management were "available to discuss concerns" and willing to "put things right

if they went wrong"