

A.G.E. Nursing Homes Limited

# The Angela Grace Care Centre

## Inspection report

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Date of inspection visit:  
20 May 2019

Date of publication:  
10 June 2019

## 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

About the service:

Angela Grace Care Centre is a residential care home that can provide residential care for up to 78 older people including people living with dementia, physical disabilities, complex health needs and sensory impairments. At the time of inspection 75 people were using the service

People's experience of using this service:

Not everyone we spoke to, felt there were enough staff on duty to complete person-centred care. However, the registered manager had completed a dependency tool to ensure there were enough staff to meet the needs of people supported by the service and we saw evidence that people's call bells were responded to quickly.

Staff were confident in their roles and the training provided covered all areas of their jobs.

People told us they felt safe and that staff were caring, approachable, polite and friendly.

Risks associated with people had been assessed and recorded and people's care needs were assessed before they moved into the service, to ensure that effective care could be delivered to them.

Care plans detailed people's preferences as to how they liked their care to be delivered and included likes and dislikes, and how they wished the staff to communicate with them. Staff we spoke with had a good knowledge and understanding of the people using the service and people and relatives told us they were involved in their care planning. People had signed consent forms for care to be delivered.

Staff were aware when people had dietary concerns and supported people to have those needs met. People told us the food was good.

Staff were aware of good practice and guidance in end of life care, and respected people's personal, cultural and religious beliefs and preferences.

We checked whether the service was working within the principles of the Mental Capacity Act, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met and found that they were.

The provider had effective safeguarding and whistleblowing systems and policies in place. The provider followed safe staff recruitment procedures and medicines were managed safely.

People told us staff respected their privacy and dignity. A person told us, "Staff always tell you what they are doing and ask permission before doing anything."

Family members and friends were made welcome when they visited the service and were offered refreshments. Visitors could join their family member or friend for a meal.

Complaints procedures were in place for people to let staff know if they were unhappy with any aspect of the service. Complaints information was displayed on the notice boards.

Planned reviews of people's care were monitored to ensure they took place and that care plans or risk assessments were updated where needed.

The provider arranged regular family, resident and staff meetings.

The registered manager had a number of quality assurance systems in place. Audits were in place which enabled the management team to monitor the service and drive improvements as required.

The service met the characteristics for a rating of "good" in all the key questions we inspected. Therefore, our overall rating for the service after this inspection was "good".

More information is in the full report.

Rating at last inspection:

At the last inspection the service was rated Good. (Report published 17 October 2016)

Why we inspected:

This was a planned inspection based on the rating at the last inspection.

Follow up:

We will continue to monitor this service and plan to inspect in line with our reinspection schedule for services rated Good. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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.

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well led.

Details are in our Well Led findings below.

# The Angela Grace Care Centre

## **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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

Our inspection was completed by one inspector, an expert-by-experience and a specialist advisor who specialised in dementia nursing. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert-by-experience had knowledge about dementia.

#### Service and service type:

Angela Grace Care Centre is a care home. People in care homes receive accommodation and nursing or personal care. 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:

Inspection site visit activity took place on 20 May 2019 and was unannounced.

#### What we did:

We reviewed information we had received about the service. This included statutory notifications that the provider had sent us. A statutory notification is information about important events which the provider is

required to send us by law.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We contacted the health and social care commissioners who monitor the care and support that people receive.

We used all this information to plan our inspection.

During the inspection we spoke with seven people and eight relatives to ask about their experience of the care provided. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with nine members of staff including the registered manager. We reviewed a range of records. This included ten people's care records and multiple medication records. We also looked at three staff recruitment files, various records in relation to training and supervision of staff, records relating to the management of the home, and a variety of policies and procedures developed and implemented by the provider.

# Is the service safe?

## Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Staffing and recruitment:

- Not all staff we spoke to felt there were enough staff on duty to complete person-centred care. One staff member told us, "There are enough staff on duty to complete care tasks, however we need more staff to be able to spend time with people." Another staff member said, "There is not enough staff, we are always rushing around." Other staff said, "There are enough staff."
- People and relatives used phrases such as, "Approachable, polite and friendly" when describing staff. However, some people and relatives did not feel there were enough staff on duty, especially at weekends. A person said, "There are not enough staff sometimes." A relative told us, "At weekends and holiday times we can wait outside for a long time 15-20 minutes before someone would open the door."
- The registered manager told us, the service is currently using high levels of agency staff due to difficulties in recruitment. However, the registered manager completed a dependency tool to ensure there were enough staff to meet the needs of people supported by the service. We saw evidence that people's call bells were responded to quickly. A person told us, "When I press my buzzer they come straight away." Another person said, "When I press my buzzer they do not take long to come." The rota confirmed there were enough staff to ensure people were kept safe.
- The provider followed safe staff recruitment procedures. Records confirmed that Disclosure and Barring Service (DBS) checks were completed and references obtained from previous employers. These are checks to make sure that potential employees are suitable to be working in care.

Using medicines safely:

- Medicines were managed safely, medicines were administered as prescribed. Medicine administration record's (MAR) were signed accurately to indicate medicine had been administered to people as prescribed. However, when a person was given a 'as required' medicine staff had not documented on the back of the MAR the reasons why. The registered manager agreed to ensure staff completed this immediately.
- Records of medicines being 'checked in' to the service and medicines being 'disposed of', were not always completed and signed by two staff. The registered manager confirmed this should be happening and agreed to investigate the reasons why procedure had not been followed.
- Staff responsible for administering people's medicines told us they received appropriate training, which was updated when required and knew what action to take if they made an error. Records we looked at confirmed this.

Systems and processes to safeguard people from the risk of abuse:

- People told us they felt safe. One person said, "I feel safe the security here is good." A relative told us, "[Person's name] is safe here, they had lots of falls at home, but they have not fallen here."
- Staff were knowledgeable about the types of abuse and the actions they should take if they had any

concerns that people were at risk.

- The provider had effective safeguarding and whistleblowing systems and policies in place.
- The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised.

Assessing risk, safety monitoring and management:

- People and their relatives were involved in risk assessments and were supported to maintain their independence where appropriate.
- Risks associated with people had been assessed and recorded. Risk assessments covered areas including moving and handling, medication, skin integrity, emotional wellbeing and the home environment. For example, one person's risk assessment informed staff to offer and encourage the person to participate in activities to improve their emotional wellbeing and a nutritional assessment stated food should be 'fork mashable' as they were at risk of choking. Staff we spoke with were aware of this.
- Staff received training in moving and handling, records we looked at confirmed this.
- Plans were in place to ensure people were supported in the event of an emergency, these detailed the level of support people required. Staff had received training in fire safety.

Preventing and controlling infection:

- The provider ensured people were protected by the prevention and control of infection.
- Staff confirmed they had undertaken infection control training, to ensure they kept people safe from the risk of infection.
- Staff had access to personal protective equipment (PPE) such as gloves and aprons, to enable them to reduce the risks of cross infection. These were readily available in all areas of the home.
- People told us that staff always used PPE appropriately.
- The home looked clean and tidy throughout. Domestic staff completed cleaning schedules to ensure the property was kept clean.

Learning lessons when things go wrong:

- The provider had an accident and incident policy. This clearly set out the requirements for reporting people's, relatives and staff incidents and accidents.
- Accidents and incidents were regularly audited to check for trends or patterns and identify learning. These were shared with the staff team.



# 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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's care needs were assessed before they moved into the service, to ensure that effective care could be delivered to them.
- People and relatives told us they were involved in their care planning and we saw care files were individualised containing information on people's health and social care needs as well as their preferences.
- People's diverse needs were also detailed in their care plans. This included support required in relation to their culture, language, religion, lifestyle choices and diet. For example, a person required a specialist diet due to their culture, this was documented and completed.
- Care plans were reviewed regularly or when needs changed.
- Staff told us if they identified a change in a person's needs, they informed the management team who ensured care plans were updated.

Staff support: induction, training, skills and experience:

- All staff completed an induction which included full training and shadow shifts, to ensure they had the knowledge and skills to carry out their roles and responsibilities.
- The staff training records confirmed they received training appropriate to their roles and responsibilities. Additional training was offered to keep staff up to date with best practice guidelines.
- Staff were confident in their roles and the training provided covered all areas of their jobs.
- Staff we spoke to stated the training and support was 'good.'
- Staff received regular supervisions and annual appraisals.

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

- People's nutritional assessments stated the support they required from staff. For example, people who were at risk of malnutrition or dehydration were supported to have additional portions and/or fluids or fortified foods and drinks. However, staff did not always document people's food and fluid intake in a timely manner. The registered manager understood the reasons and agreed to change the processes to ensure charts were completed when support was given.
- Staff were aware when people had dietary concerns and supported people to have those needs met.
- People's food and drink, likes and dislikes were recorded in their care plans.
- People told us the food was good. A person said, "The food is normally tasty, there is good choice." Another person said, "The food is lovely, I always get to choose what I want."
- Staff received training on food hygiene and nutrition and hydration and were aware of people's preferences.

- When required, people were weighed regularly to ensure they remained healthy.

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

- People received support from health care professionals as and when needed, such as GPs, speech and language therapists and occupational therapists.
- Management and staff knew people well and understood their responsibility to seek professional advice when they felt people's needs changed.
- Relevant health information regarding people was recorded in their care records.
- Staff knew what action to take in an event of an incident or emergency.
- Reviews were undertaken with commissioning authorities to ensure Angela Grace Care Centre continued to meet people's individual needs.

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

- Signage was in place throughout the service to help people navigate the building.
- People's bedrooms were personalised and decorated to individual preferences.
- The service provided equipment to support people's independence and to meet people's personal care needs.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met and found that they were.

- People told us they were asked for their consent and tasks were explained by staff.
- Staff knew about people's individual capacity to make decisions and understood their responsibilities for supporting people to make their own decisions.
- Care plans were developed with people and we saw that people had agreed with the content and had signed to receive care and treatment.

# 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

Good: 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:

- During the inspection we observed periods of time where staff had not engaged people in activities or tasks. For example, during a period of over an hour, there were four people in the lounge with the TV on. No-one was watching the TV and staff came in to offer refreshments but did not interact with people other than to ask if they wanted a drink. People told us the activities were varied, "Some days good, some days nothing is offered." The registered manager agreed to discuss this with staff.
- People and their relatives told us that staff were caring. One relative said, "Staff brought [person's name] a bible as they know [person] is religious." A person told us, "Staff don't rush me when delivering my personal care." Another person said, "Staff treat me with respect."
- Staff we spoke with had a good knowledge and understanding of the people using the service.
- Care plans detailed people's preferences as to how they liked their care to be delivered and included whether people preferred a female or male carer and how they wished the staff to communicate with them.
- Staff we spoke with told us about their responsibility to ensure people's rights were upheld and that they were not discriminated against in any way.
- Information about the service and other relevant support organisations was displayed throughout the home.

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

- People and relatives were involved in their care planning. Care records had consent forms regarding who could look at people's personal information as well as sharing information with others.
- People's communication needs were fully documented in all care records, this supported staff to understand and communicate effectively with each individual person.
- Staff stated they explained things as much as possible, for example, by speaking clearly to ensure people understood.
- There were regular resident meetings held to discuss any changes, concerns or information sharing.

Respecting and promoting people's privacy, dignity and independence:

- People told us staff respected their privacy and dignity. A person told us, "Staff always tell you what they are doing and ask permission before doing anything."
- Staff were able to describe how they maintained people's privacy and dignity. For example, when supporting people with personal care, they closed doors and curtains. One staff member said, "We must always ensure we are respectful of people. I would not complete personal care unless I was sure the door and curtains were closed."

- Staff said they encouraged independence and supported people to make decisions for themselves wherever possible. One relative told us, "The staff promote [persons] independence and encourage them to do things."
- Family members and friends were made welcome when they visited the service and were offered refreshments. Visitors could join their family member or friend for a meal if they wished.
- We saw documents were kept in locked cupboards throughout the building, to prevent unauthorised access to personal information.

# Is the service responsive?

## Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- Most people told us they were happy that staff knew what care they needed. One person told us, "I chose what time to go to bed and what time I want to get up." Another person said, "I love gardening, the staff have set me up a little area outside my bedroom for me to do gardening without others being allowed to touch it." Two people told us they were unhappy with the way staff interacted with them. This was raised with the registered manager who spoke to both people and agreed to raise the concern with the staff concerned.
- People's care plans reflected their individual needs. They detailed people's like, dislikes, preferences, routines, and how staff could best support them.
- People's communication needs were identified, recorded and highlighted in care plans. We saw evidence that the identified information and communication needs were met for individuals.
- Care plans were reviewed regularly to reflect people's changing needs. Where a person's needs had changed, the care plan had been updated to reflect these changes.
- The registered manager understood their responsibility to comply with the Accessible Information Standard and could access information regarding the service in different formats to meet people's diverse needs.

Improving care quality in response to complaints or concerns:

- Complaints procedures were in place for people to let staff know if they were unhappy with any aspect of the service. Complaints information was displayed on the notice boards.
- People and relatives confirmed they knew how to make a complaint and who to speak with. One person told us, "I have made a complaint already." A relative said, "If I have concerns, I will mention it and it is normally resolved."
- We found complaints were well managed and people were responded to appropriately. There were written records of responses, which showed these were dealt with appropriately.

End of life care and support:

- Staff understood people's needs, were aware of good practice and guidance in end of life care, and respected people's personal, cultural and religious beliefs and preferences.
- People were supported to make decisions about their preferences. Other healthcare professionals such as GPs, community and palliative care nurses were involved as appropriate.
- The provider ensured staff had training to aid their understanding of supporting people at the end of their life.
- The service continued to support families and friends before and after a person died.

# 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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:

- The registered manager was clear about their responsibility to be open and transparent in line with their duty of candour responsibility. We saw evidence of duty of candour and outcome of complaints letters being completed.
- It is a legal requirement a provider's latest CQC inspection report is displayed at the service where a rating has been given. This is so people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their rating in the home.
- People were protected against discrimination. There was a policy which covered equality and diversity, which staff understood and adhered to.
- We saw evidence of audits completed for a range of checks including care plans, medication administration charts, staff records and daily notes. Action plans were completed and reviewed to ensure all documentation was up to date and reflected best practice.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:

- The registered manager was aware of their role and responsibilities about meeting CQC registration requirements including submitting statutory notifications about the occurrence of any key events or incidents involving people they supported. Notifications were submitted in a timely manner.
- Staff meetings took place regularly and had clear actions required.
- Planned reviews of people's care were monitored to ensure they took place and that care plans or risk assessments were updated where needed.
- All staff knew who they should talk to if they had any concerns or suggestions. The registered manager was available to staff, residents and relatives as required.

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

- The provider had systems in place to take account of people's opinions of the service. Surveys had been completed in 2018 and 2019 by people, their relatives and staff. Recent surveys showed people and relatives were very happy with their care, however staff surveys were more negative especially regarding staffing levels. The registered manager was supporting staff to get a better understanding of their concerns.
- The registered manager had supported staff through supervisions to understand their personality traits. This was to support team building and relationship building.

- Staff meetings and supervisions were available for staff to share any feedback. Staff said they could make suggestions and raise concerns.
- The provider advertised regular family meetings, however they were not always well attended.

Continuous learning and improving care:

- The registered manager had a number of quality assurance systems in place. Audits were in place which enabled the management team to monitor the service and drive improvements as required. Where improvements were identified actions were put in place to address any issues.

Working in partnership with others:

- The registered manager had arranged for local school children to carry out a singing performance for people living at the home.
- The service ensured that they collaborated with other stakeholders to ensure the best possible outcomes for people.