A.G.E. Nursing Homes Limited

The Angela Grace Care Centre

Inspection report

4-5 Cheyne Walk
Northampton
Northamptonshire
NN1 5PT

Tel: 01604633282

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Ratings

Overall rating for this service	Good

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?	Good

Summary of findings

Overall summary

This unannounced inspection took place on 21 September 2016. This residential care home is registered to provide accommodation and personal care for up to 72 people. It is split into four floors and one of these floors was dedicated to supporting people who had been discharged from hospital but were not immediately medically fit enough to return home. At the time of our inspection there were 64 people living in the home.

There was not a registered manager in post, however an application had been received by the Care Quality Commission (CQC) and this was being assessed at the time of the inspection. 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.

Improvements were required to ensure the staff adequately monitored people's nutritional needs. Staff regularly reviewed the nutritional support people required however this was not always accurate or fully analysed. People were supported and encouraged to eat well and maintain a balanced diet.

People felt safe in the home. Staff understood the need to protect people from harm and abuse and knew what action they should take if they had any concerns. Staffing levels ensured that people received the support they required at the times they needed. There were sufficient staff to meet the needs of the people and recruitment procedures protected people from receiving unsafe care from care staff unsuited to the job.

Care records contained risk assessments and risk management plans to protect people from identified risks and helped to keep them safe but also enabled positive risk taking. They gave information for staff on the identified risk and informed staff on the measures to take to minimise any risks.

People were supported to take their medicines as prescribed. Records showed that medicines were obtained, stored, administered and disposed of safely. People were supported to maintain good health and had access to healthcare services when needed.

People received care from staff that were supported to carry out their roles to meet the assessed needs of people living at the home. Staff received training in areas that enabled them to understand and meet the care needs of each person.

People were actively involved in decisions about their care and support needs. There were formal systems in place to assess people's capacity for decision making under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

Care plans were written in a person centred manner and focussed on empowering people; personal choice, ownership for decisions and people being in control of their life. They detailed how people wished to be supported and people were fully involved in making decisions about their care. People participated in a range of activities and received the support they needed to help them do this. People were able to choose where they spent their time and what they did.

The manager had a number of systems in place to monitor the quality of the service. People at the home reacted positively to the manager and the culture within the home focussed upon supporting people's health and well-being and for people to participate in activities that enhanced their quality of life. Systems were in place for the home to receive and act on feedback which reflected the care provided at the home.

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.

People felt safe and comfortable in the home and staff were clear on their roles and responsibilities to safeguard them.

Risk assessments were in place and were managed in a way which enabled people to be as independent as possible and receive safe support.

Appropriate recruitment practices were in place and staffing levels ensured that people's support needs were safely met.

There were systems in place to manage medicines in a safe way and people were supported to take their prescribed medicines.

Is the service effective?

Requires Improvement

The service was not always effective.

People's nutritional needs were not always monitored efficiently.

People were actively involved in decisions about their care and support needs and how they spent their day. Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People received personalised support. Staff received training which ensured they had the skills and knowledge to support people appropriately and in the way that they preferred.

Is the service caring?

Good

The service was caring.

People were encouraged to make decisions about how their support was provided and their privacy and dignity were protected and promoted.

There were positive interactions between people living at the house and staff. People were happy with the support they received from the staff.

Staff had a good understanding of people's needs and preferences and these were respected and accommodated by staff.

Staff promoted peoples independence in a supportive and collaborative way.

Is the service responsive?

Good

The service was responsive.

Pre admission assessments were carried out to ensure the home was able to meet people's needs.

People were listened to, their views were acknowledged and acted upon and care and support was delivered in the way that people chose and preferred.

People were supported to engage in activities that reflected their interests and supported their well-being.

People living at the home and their relatives knew how to raise a concern or make a complaint. There was a transparent complaints system in place and concerns were responded to appropriately.

Is the service well-led?

Good

The service was well-led.

Improvements were required to monitor the quality and safety of the support people received at the home.

A permanent manager was in post but they were not yet registered with the CQC. They were active and visible in the home. They worked alongside staff and offered regular support and guidance.

People, relatives and staff were encouraged to provide feedback about the service and it was used to drive continuous improvement.

The Angela Grace Care Centre

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 21 September 2016 and was unannounced. The inspection was completed by two inspectors.

We reviewed the information we held about the service, including 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 also contacted health and social care commissioners who place and monitor the care of people living in the home and received feedback from them about the care people receive.

During our inspection we spoke with 15 people who lived at the home, five relatives, nine members of care staff, one member of housekeeping staff and the registered manager. We also spoke with three healthcare professionals who were providing support to people at the home.

We looked at care plan documentation relating to seven people, and three staff files. We also looked at other information related to the running of and the quality of the service. This included quality assurance audits, training information for care staff, staff duty rotas, meeting minutes and arrangements for managing complaints.

Good

Is the service safe?

Our findings

People were protected against the risks associated with the appointment of new staff because the required checks were completed before staff started providing care to people. There were appropriate recruitment practices in place. Staff employment histories were checked and staff backgrounds were checked with the Disclosure and Barring Service (DBS) for criminal convictions before they were able to start working with people who used the service. The manager confirmed, "New staff have all their checks completed before they are able to offer support to people. They can complete their induction before we have all their employment checks back but they are supervised at all times."

There was enough staff to keep people safe and to meet their needs. People told us that the staff came when they needed them. One person said, "I know they're busy but they do come quickly when I press my button [on the call bell]." Another person told us, "They [the staff] come quickly enough, day or night." Staff told us that there were enough staff available to meet people's needs and to ensure people received good support throughout the day. The registered manager confirmed that they used a dependency tool to ensure they had enough staff to meet people's needs. We saw that there were enough staff available to provide the support people when people needed it. Staff had time to sit with people that needed reassurance and to have positive interaction. However, on occasions, better organisation of staff deployment would help ensure staff were always in the appropriate places at the appropriate times.

People were supported by staff that knew how to recognise when people were at risk of harm and knew what action they should take to keep people safe. One member of staff told us, "If I had any concerns I would document them and tell the nurse in charge or the manager." Another member of staff said, "There's a copy of the safeguarding policy in the staff room that we can refer to if we need to." Staff received training to help them to identify and recognise signs of abuse, particularly if people were unable to communicate this to staff. The staff understood that they were responsible for reporting any concerns, and they understood who they could speak to in order to make a report. The provider's safeguarding policy explained the procedures staff needed to follow if they had any concerns and the registered manager had a good knowledge of the procedure. We saw that appropriate safeguarding referrals had been made to the relevant authorities and full investigations had been completed when concerns were identified, with appropriate learning or outcomes identified to prevent similar occurrences.

People's needs were reviewed by staff so that risks were identified and acted upon as people's needs changed. One person said, "They're very good at making me feel safe here. I have this frame to help me walk and the staff encourage me to use it." Staff understood the varying risks for each person, and took appropriate action. For example, when it had been identified that people were at risk of falls or pressure ulcers appropriate measures had been put in place to minimise those risks to people. One person's relative showed us a sensor mat that was used when the person went to bed so the staff could come and help support them if they got out of bed. The relative said, "I feel so much better now that [name] is here. Her bed can go right down to the floor and there is a mat just in case she falls out of bed so the staff can come and help her if she needs it." Staff understood people's risk assessments and ensured people's care was in accordance with them. People's risk assessments were reviewed regularly, particularly if people's

behaviours or health changed and people were supported to maintain their independence as best they could.

Accidents and incidents were monitored and recorded by staff and reviewed by the manager. Staff were responsible for recording all accidents and incidents, and ensuring the management were made aware of what had happened. These were fully investigated and reviewed to identify if there were any triggers, trends or repeated incidents. For example, following one person's unexpected fall it had been identified that the person had become unwell with an infection, and immediate medical treatment was sought. The manager completed regular follow up each incident to ensure appropriate action had been taken each time.

There were appropriate arrangements in place for the management of medicines. One person said, "They're very good at getting my tablets. They usually come at the same time every day and I haven't ever ran out." Staff followed a system of checking people's Medication Administration Records (MAR) and preparing the appropriate medication for each person. People were asked if they were ready for their medication and when one person asked if they could have theirs after their breakfast this was respected. People who wanted their medicines that had been prescribed on an 'as required' basis, for example Paracetamol, were asked if they wanted any, and the time and amount was recorded to ensure people were not given any inadvertent overdoses. People were supported to take their medicines in the way they chose for example, with a spoon or put into their hand for them to be more independent. Staff allowed people the time they needed to take their medicines, they were not rushed and staff offered explanations and encouragement if people were unsure what they were for, of if they didn't want to take them. Procedures for giving people covert medicines had been followed where necessary and medicines were securely stored at all times.

Requires Improvement

Is the service effective?

Our findings

Improvements were required to ensure that people's nutritional needs were adequately supported. People were weighed on a regular basis, however there was not always adequate oversight of this from the nursing staff to identify if people had lost weight and needed additional nutritional support. In addition the Malnutrition Universal Screening Tool (MUST) was not always used correctly, which could provide an inaccurate picture of people's nutritional needs. We spoke with one member of staff who confirmed that the GP and dietician reviewed each person on a regular basis but confirmed there was a lack of oversight internally to identify quickly if people needed additional support. We reviewed the nutritional needs of people and found that at the time of the inspection they were being adequately supported.

People were supported to maintain a balanced diet and eat well. One person told us "The food is very good, I don't usually eat this much!" Staff were aware of the support people needed to eat their meals and this was provided. For example, when required, people were given adapted cutlery to enable them to hold their cutlery independently, and if necessary staff cut up people's food for them to enable them to be able to feed themselves. Staff were also aware of people's preferences, for example one person preferred to eat their meal with a teaspoon and this was provided. People that had swallowing difficulties were given pureed meals and thickened fluids and this was also reflected in their care plans. We saw that staff helped to serve or feed people if they required assistance.

People's healthcare needs were monitored and supported in a timely way. One person said, "The staff are very quick at getting me seen if I need a doctor." Staff were knowledgeable about people's health needs and understood when people were not feeling themselves. One member of staff said, "Sometimes we know people have an infection if their behaviour suddenly changes so we get them tested [for an infection] quickly and get antibiotics if they need them." People's care plans were reviewed and updated as people's health deteriorated or improved and staff were made aware of people's changing condition.

People that were staying at the home on a short term basis after being discharged from hospital told us that the staff had been very accommodating to help them in their recovery. One person said, "Some people from the hospital come and help me do my exercises but the staff here are good to and encourage me to be independent." We spoke with three healthcare professionals who visited the home and they provided excellent feedback about the service. One professional said, "They're very good at helping people to make progress. We work together and let them know how people are developing and the staff here encourage them to do what they can. It works really well and we've never had any issues." We saw that each person had a quick glance wipe board on display in their bedroom which identified people's current mobility or health needs so all staff could give consistent and repetitive care.

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 Mental Capacity Act 2005 (MCA). We checked whether the service was working within the principles of the MCA and we saw that they were. The 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.

The management team and staff were aware of their responsibilities under the MCA and of the requirements to obtain people's consent for the care they received. We found that when staff had identified that people's mental capacity may be limited; an assessment was completed to identify how the person should be best supported. Care plans contained guidance for staff to support people to make any choices where they were able to. Staff carefully considered whether people had the capacity to make specific decisions or provide consent in their daily lives and where they were unable to, decisions were made in their best interests.

People living at the home received their care from staff that had completed training which helped them to provide safe and effective care. One person who lived at the home said, "I don't know much about their training but I've never had a problem with anything they've done, or how they've treated me." One relative told us, "The staff seem competent. They know what they're doing, and have never caused me any concerns." Staff were happy with the training they had received. One member of staff said, "In induction we had all the training and learnt the best way to treat the residents and how to support them". New staff were required to complete an induction and were able to observe and shadow a number of shifts to understand how people's needs were met. Staff told us they were given time to gain their confidence before they were expected to provide care to people on their own. The staff also told us they felt the training was good and prepared them to perform their role well. One member of staff said the dementia awareness training was really good. They said, "It helped me to better understand what is happening in the brain of someone with dementia and the best way to support them." The manager told us that staff were required to regularly refresh their training to ensure their skills and knowledge was up to date with current practices and policies.

Staff had the guidance and support when they needed it. Staff were confident in the management and were satisfied with the level of support and supervision they received. One member of staff told us, "Supervision is useful to discuss any concerns, how we are feeling, progression and training and to give positive feedback on how we can improve." The manager frequently spent time on each floor of the home to observe how staff were providing care and support to people. Staff found this reassuring that this helped to provide an opportunity for informal supervision and to maintain an open and accessible relationship.

Good

Is the service caring?

Our findings

People appeared relaxed and comfortable in the company of staff and people told us that the staff treated them well. One person said, "They're very nice staff. I'm very happy here." Another person said, "The staff are so charming. They're so kind. It's so good here, I don't want to go!" We saw that staff spoke with kindness and compassion to people, and enabled people to be as independent as possible. We heard one member of staff reassure one person they would get them a different chair to sit in and when they were concerned that the member of staff might have other things to do they were reassured. They told the person, "It's no bother I promise you. I won't be a minute."

Staff demonstrated a good knowledge and understanding about the people they cared for. Each person had their preferred name recorded and staff called people by this name. The staff showed a good understanding of people's needs and they were able to tell us about each person's individual choices and preferences. People had developed positive relationships with staff and they were able to share jokes and banter with each other. One person said, ""The staff are helpful and you know you can talk to them, they always react to what you're saying". We saw one member of staff support one person who wanted to dunk biscuits in their tea but were unable to do this for themselves. Generally there was lots of laughter and fun between people and the staff. People seemed to enjoy the company of staff and were very comfortable with them. We observed one member of staff sitting with a resident talking quietly and holding hands. Staff adjusted their approach according to who they were talking with and how the person was feeling.

People were encouraged to express their views and to make their own choices. This was evident in many aspects of care, for example supporting people to choose the clothes they wished to wear, where they wanted to eat their meals, and how they wanted to spend their time. People told us they were asked if they wished to join in with activities and were supported to do so. Staff respected people's decisions if they wanted to spend time in their bedrooms and were checked at regular intervals to identify if they needed any support.

Staff understood the need to respect people's confidentiality and did not discuss issues in public or disclose information to people who did not need to know. Staff told us, "We don't discuss residents with other people who don't need to know and we keep records confidential." Any information that needed to be passed on about people was placed in confidential documents or discussed at staff handovers which were conducted in private. Staff respected people's privacy and ensured that all personal care was supported discreetly and with the doors closed. We saw staff knocking on people's bedroom doors and entering in a cheerful and friendly way.

We observed the home provided personalised care which supported people's individual requirements. Staff were encouraging and attentive. We observed staff offer reassurance when people showed signs of distress or anxiety, reminding one person that they were safe and the staff were their friends. Staff frequently held people's hands, or gave them a cuddle if this seemed appropriate. People responded warmly and positively to staff touching them and this often gave people the reassurance they required. Another person was given their doll when they became distressed and this helped to calm them and lower their anxiety levels.

The manager had a good understanding of advocacy services and when they may be needed. They confirmed that one person was currently supported by an advocate to help them make decisions about their care. The manager understood the circumstances in which they may need to identify an advocate for people within the home.

Visitors, such as relatives and people's friends, were encouraged at the home and made to feel welcome. One relative said, "I come almost every day and the staff always seem happy to see me. I feel like part of the family." Another relative said, "We can come and visit whenever we like, and they keep me updated with how [name] has been." Relatives also commented that they felt able to make their relatives comfortable. One relative said, "I can make drinks for their relative and themselves; I'm made to feel really welcome. I really like that."

Good

Is the service responsive?

Our findings

People's care and support needs were assessed before they came to live at the home to determine if the service could meet their needs. For people that were staying at the home on a short term basis, following a discharge from hospital, a member of the management team liaised closely with the hospital to understand people's needs and decide if they could be cared for at the home. For people that were moving to the home on a long term basis, we saw that people were assessed for their care needs with as much involvement of the person or the people around them.

People's care and treatment was planned and delivered in line with people's individual preferences and choices. One person said, "The staff know what help I need to have a wash and get dressed, and they encourage me to do as much as I can. I'm getting better at it." Staff told us they could refer to people's care plans to understand the care each person required and they used this is a guide. One member of staff said, "We talk to people to see how they are feeling and this helps to decide what help they need that day." Each person had a care plan that was tailored to their own care and support needs. For example, it was recorded what support people required from staff to have a wash, to mobilise and to support them to make decisions. The care plans contained background information for staff to help understand people's needs. We also saw that care plans were regularly reviewed, and had been updated when people's care needs had changed.

People and their relatives were involved in deciding on the care and support they wanted, as their needs changed. One relative told us they felt fully involved in the care their loved one received, and felt able to make suggestions to help them feel settled. We saw that people and their relatives had reviews with the staff about their care. We saw that staff acted on suggestions to make improvements to people's care when necessary. For example, at one person and their relatives request, bed rails had been installed on one person's bed to help prevent them from falling out of bed when they were sleeping.

People were supported to participate in activities they enjoyed and had an impact on their quality of life. There was a comprehensive activity program in place for people to join in if they wished. People were asked if they wanted to join in with a variety of activities including board games, singing and dancing, ball games, pampering sessions or looking at items that fascinated them. We saw that one person was supported to look at old style jewellery which helped initiate conversations about the person's past and their interests. Another person enjoyed singing along to songs from their past and appeared content whilst they did so.

A complaints procedure was in place which explained what people or their relatives could do if they were unhappy about any aspect of the home. One person said, "I haven't got any worries here but if something wasn't right I'd just have a quick word with the girls [the staff] and I'm sure they'd sort it out pretty quickly." Staff were responsive and aware of their responsibility to identify if people were unhappy with anything within the home and understood how they could support people to make a complaint. However, we saw that when people or their relatives had made a complaint they were not always kept up to date with the progress of the investigation into the complaint, particularly if there had been a delay. We saw that complaints that had been raised were investigated thoroughly and where appropriate, lessons had been learnt.

Good

Is the service well-led?

Our findings

The home did not have a registered manager in place however, when the last registered manager left the provider took swift action to recruit a suitable candidate and this manager immediately submitted an application to the CQC to become the registered manager. People at the home reacted positively to the new manager and staff commented that they had seen some improvements since the new manager had begun. Staff felt confident to speak with the registered manager or senior members of staff if they had suggestions for improvement or concerns. We saw that staff had identified that during the late afternoon some people required additional support and assistance to keep them content. The manager listened to this feedback and recruited a new member of staff specifically to support people during this time. One member of staff said, "The new manager seems to listen to us. The staff upstairs explained the issues they were having and the new member of staff should really help."

The culture within the home focused upon working together to provide good care for people. The manager had introduced a short daily meeting which incorporated the heads of each department, for example, laundry, kitchen, housekeeping and nursing staff. These meetings identified any new admissions, and ensured each department was aware of their needs and prepared for their arrival, and discussed any issues or concerns that needed attention. These meetings were a quick way to ensure a smooth and consistent approach from all the staff involved in the running of the home and ensured issues were dealt with quickly.

All of the staff we spoke with were committed to providing a high standard of personalised care and support. Staff worked well together and as a team, they were focused on ensuring that each person's needs were met and liaised with families to keep them updated when people's needs changed. Staff spoke passionately about providing care to people in a person centred way, clearly describing the aims of the home to provide an environment that was homely and recognised people as individuals. Staff clearly enjoyed their work and told us that they were content working at the home. One member of staff told us, "I love working here. I just love talking to people and helping them get on." We saw that staff were thanked for their commitment and hard work and the manager showed gratitude to staff throughout their daily work.

Systems were in place for people, visitors and staff to provide feedback about the home and the quality of care people received. People and their relatives were invited to attend meetings with the staff to consider what was and wasn't working well for them, and the home had received a number of compliments from people and their relatives. They included comments about the kindness that had been shown during people's stay. One relative wrote, "Thank you very much for taking care of our mother whilst she was at the Angela Grace home. We really appreciate the time and friendship you gave her." Staff took time to observe people's reactions and body language to gain feedback from people about what they enjoyed or were unhappy about. We saw that the reception area of the home had a place that visitors could provide ideas and feedback about the home, and staff were asked to attend staff meetings to provide their own feedback about the service. Minutes of the meetings showed that there were opportunities for staff to discuss their ideas and make suggestions for improvements. Visiting professionals were also asked for their opinions and feedback in an annual survey. The feedback was highly positive but where improvements had been identified, these had been actioned.

The home had quality assurance systems in place and the manager had introduced their own systems to identify if people were receiving appropriate care and treatment. For example, an antibiotic register, hospital admissions log and a pressure ulcer audit where in place. These systems were newly introduced so the inspection was unable to see the impact these had, but the manager was committed to embedding these systems into the service. We saw that the nursing staff had been requested to audit people's care plan's and found that they were all up to date, and they were scheduled to be further reviewed by the management team. The management completed medication audits, and these helped to identify and drive improvements. We saw that when actions had been identified, they had been completed and the issues had been addressed.

The provider supported and organised community events. For example, during the summer months the home had hosted a street party and invited people's relatives and the Salvation Army. There were also other events that relatives could attend including a high tea on the day of our inspection. One relative said, "I like that they run events that relatives can go to as well, and they're always very good. It's good for [name of relative] to do something different too."